

Community Resource Center Strategy Update



MECKLENBURG COUNTY
North Carolina
Department of Community Resources



Agenda

- **Purpose**
- **CRC Overview: Service Model & Customer Volume**
- **Why CRCs Were Established**
- **CRC Options**
- **Questions and Discussion**



Purpose

- Health & Human Services (HHS) Leadership Team and Asset and Facility Management (AFM) were asked to reimagine the future Community Resource Center (CRC) strategy
- Three options, each with operational and funding impacts, will be presented for the BOCC's consideration and feedback



CRC Overview: Service Model and Customer Volume



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Department of Community Resources



Consolidated Human Services Agency

- CRCs are part of a broader Health and Human Services Agency with four departments and 3,000+ staff
- A wide array of services are provided for approximately 400,000+ residents in Mecklenburg County
- 30+ federal and state-mandated programs including Child and Adult Protective Services, Clinical Services, Medicaid, Food and Nutrition Services, and WIC
- Mandated functions governed by NC General Statutes and federal requirements



CRC Model: Access to Coordinated HHS Services

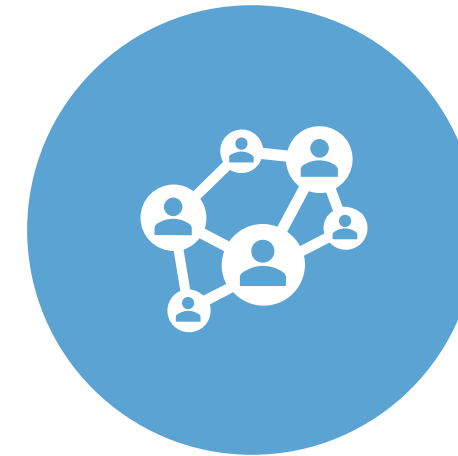
Community Resource Centers (CRCs) are place-based facilities where residents can access multiple services in a single location, reducing barriers and streamlining service delivery



Convenient Locations:
Located near where HHS customers live to improve access and engagement



One Place:
Coordinated delivery of County and community partner services in a “one stop shop”

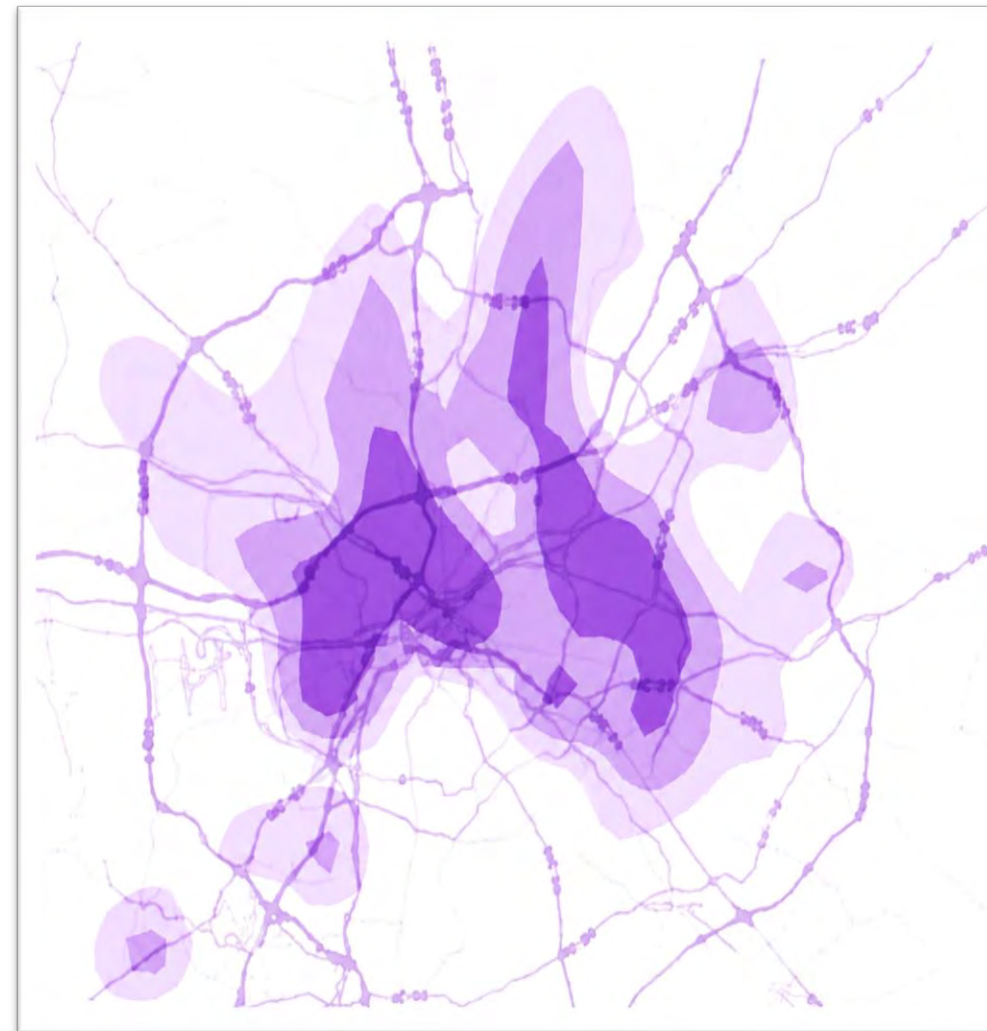


Reduced Barriers:
Decreases transportation and system-navigation barriers for services

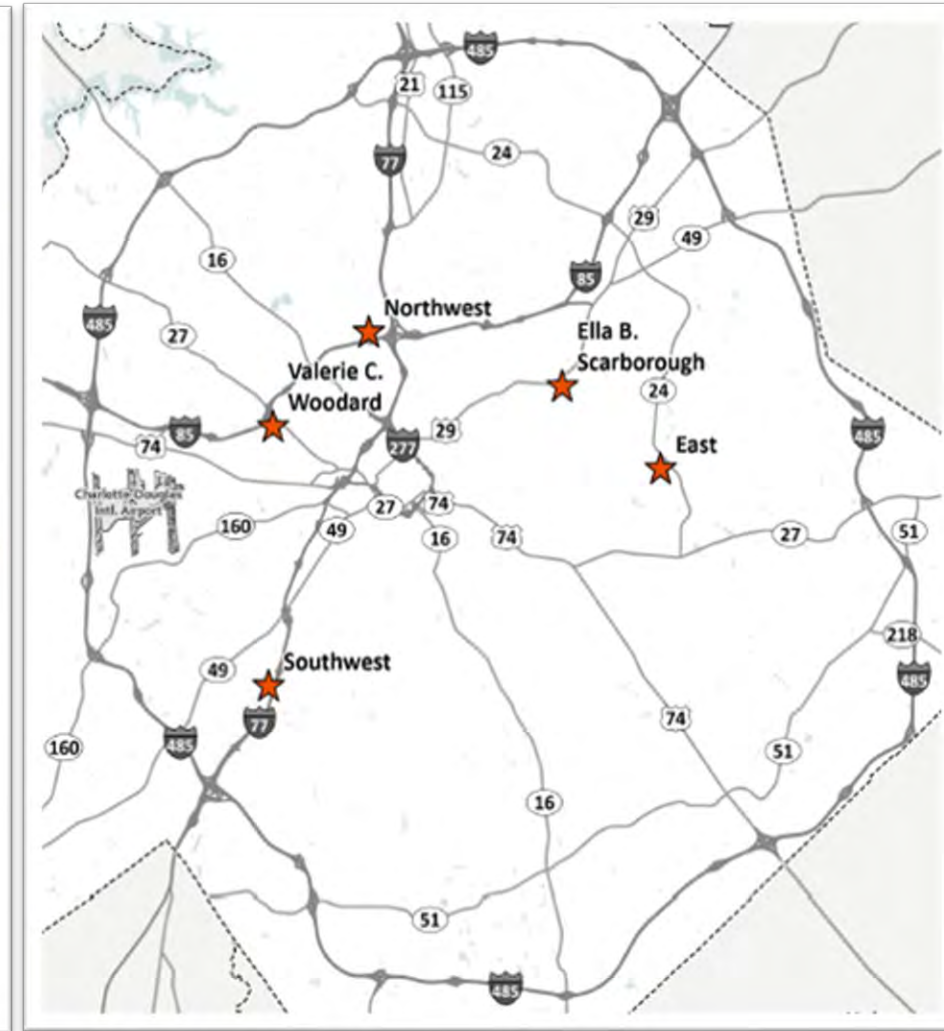
CRC Locations Based on HHS Customer Density

1. **Valerie C. Woodard CRC** (June 2018)
3205 Freedom Dr., Suite 1000
Charlotte, NC 28208
2. **Ella B. Scarborough CRC** (August 2023)
430 Stitt Rd.
Charlotte, NC 28213
3. **East CRC** (Summer 2029)
Cagle Ave. off Sharon Amity Rd.
Charlotte, NC 28215
4. **Southwest CRC** (Proposed Fall 2032)
Nations Ford Rd. South of Tyvola Rd.
Charlotte, NC 28217
5. **Northwest CRC** (Proposed Winter 2035)
2845 Beatties Ford Rd.
Charlotte, NC 28216

CRC Locations Overlay With HHS Customer Density



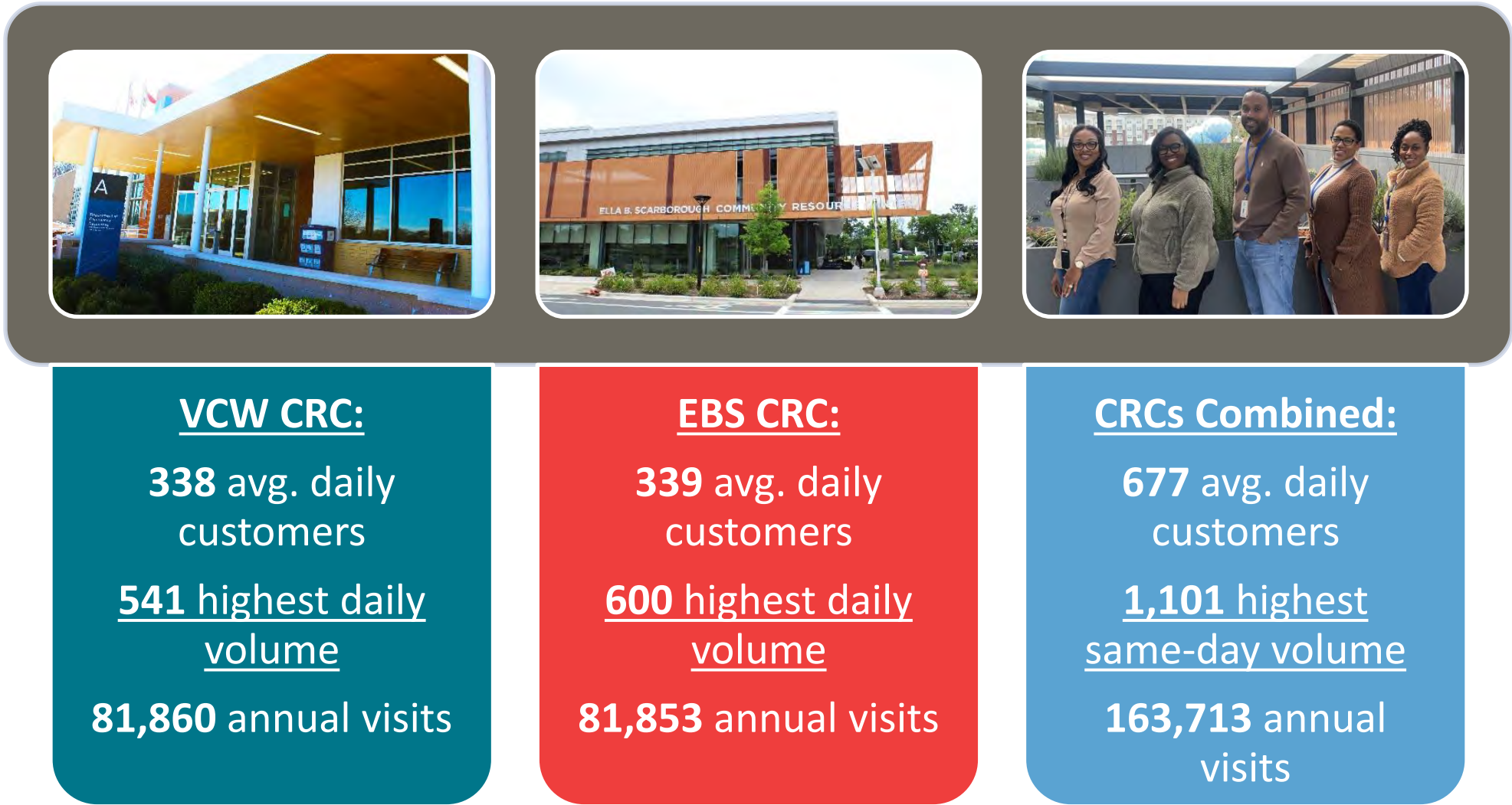
Rendering of 2015 Heat Map Analysis of HHS
Customer Residential Density



Proposed Community Resource Center locations

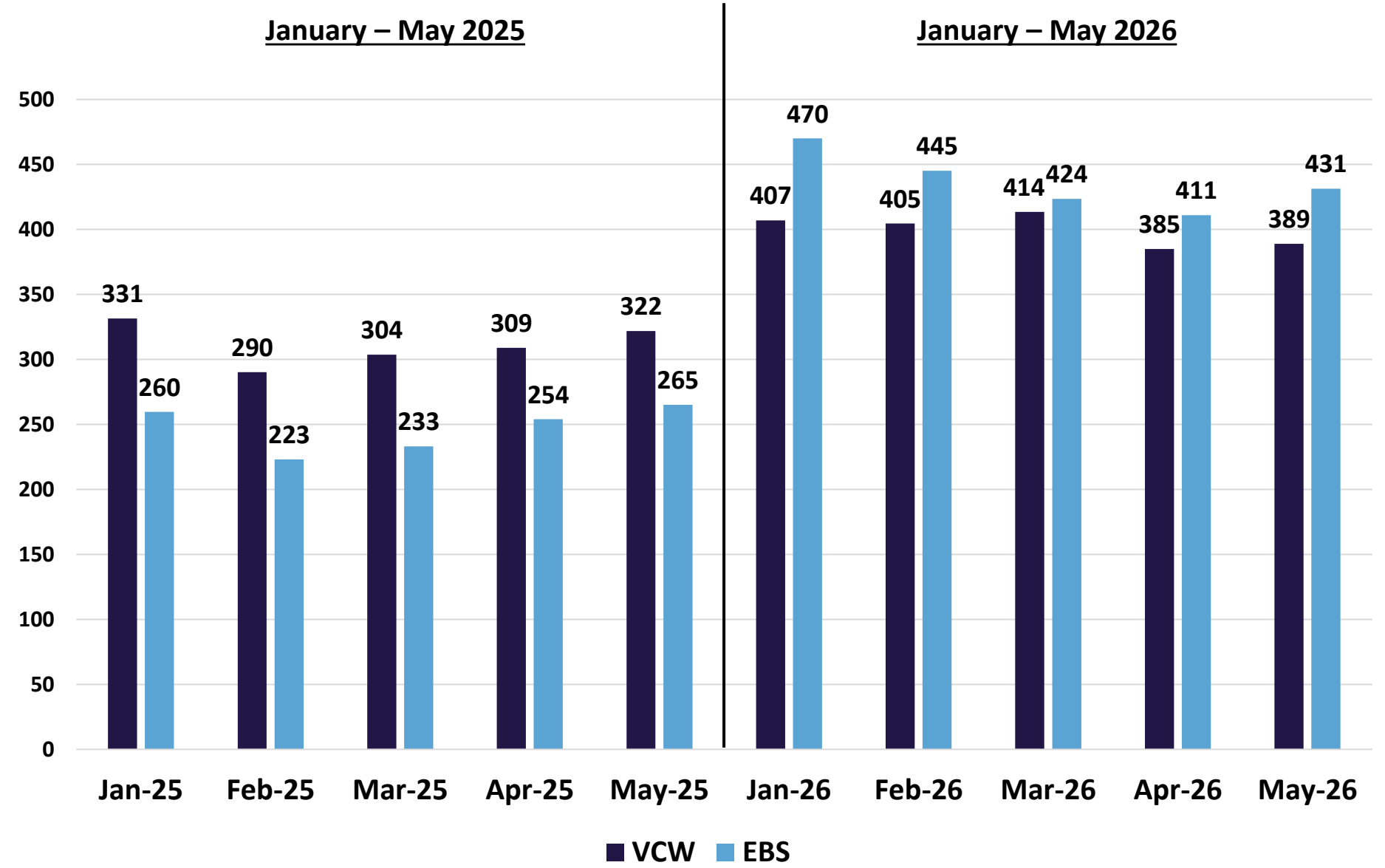
164,000 CRC Customer Visits In the Last Year

CRC Customer Volume from June 2025 to May 2026



CRC Customer Volume: Nearly 50% Increase Year-Over-Year (Jan-May)

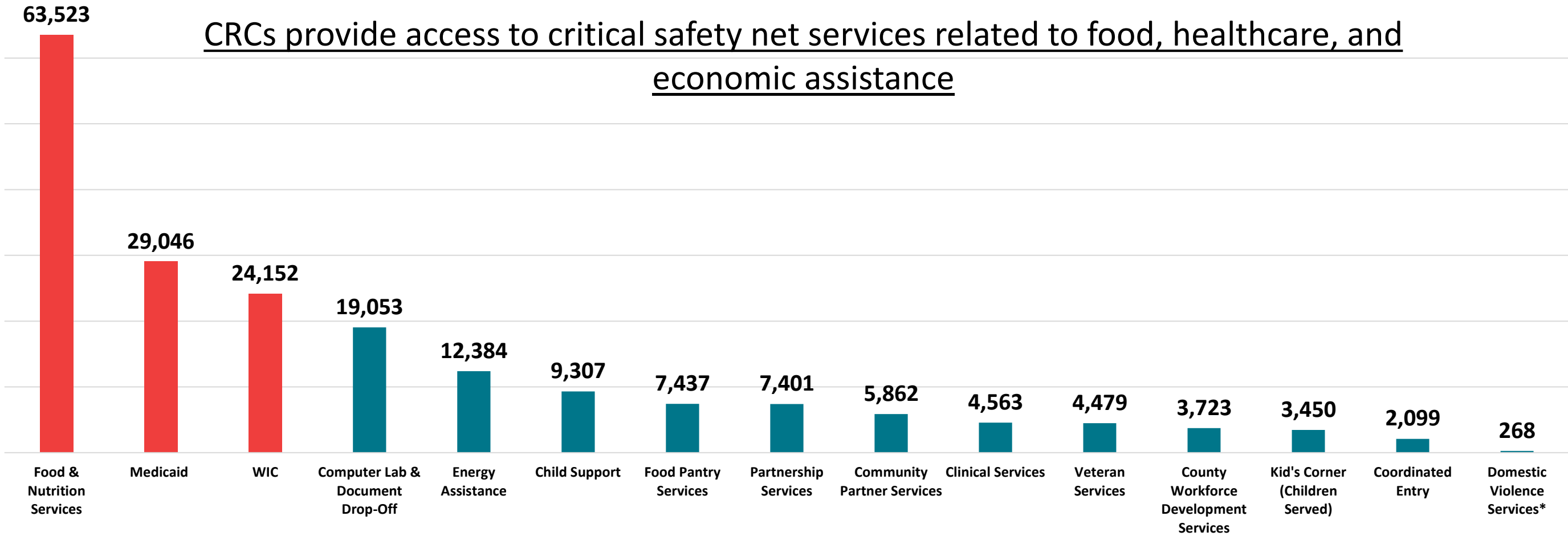
- CRC customer volume increased sharply beginning January 2026 (due to Catherine M. Wilson Center closure, in-person WIC appointments, and Federal policy changes)
- Daily customer averages approached or exceeded 400 customers per site from January to May 2026
- Peak CRC demand now exceeds 1,000+ total customers per day
- *Current customer volumes are approaching levels that strain CRC operational capacity*



Food & Nutrition Services, Medicaid, and WIC = about 60% of CRC Interactions

Total Annual CRC Services Provided (June 2025 – May 2026)

CRCs provide access to critical safety net services related to food, healthcare, and economic assistance

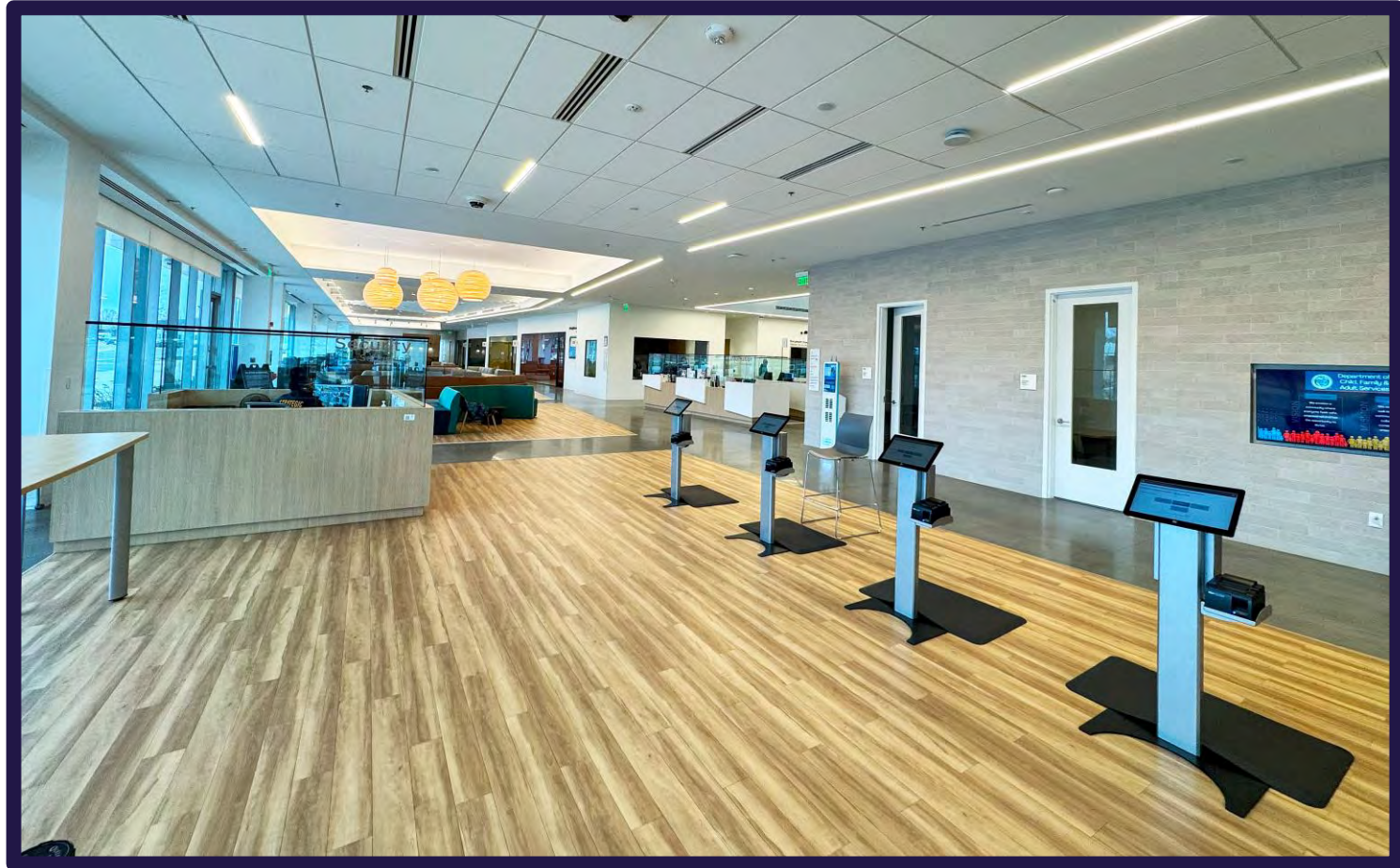


Note: Program demand totals include all initiated service interactions. Customers may access multiple services within a single CRC visit. Data excludes non-CRC access points such as online and call center.

*Domestic Violence services are available at the Ella B. Scarborough CRC. Residents visiting VCW can schedule an appointment for Domestic Violence services through Community Support Services.

Expanding CRCs as Economic Mobility Hubs

- CRCs connect residents to workforce, education, and training opportunities that support long-term economic mobility
- In partnership with DCR's Economic Mobility Division, CRCs are expanding employer and community partnerships to increase on-site workforce and training opportunities
 - A June 2026 VCW CRC workforce initiative connected 100+ residents to licensed insurance agent training (average entry salary: \$52,000 per year)
- Ongoing efforts are underway to increase customer awareness and utilization of existing workforce and education resources
 - Strategies in CRC lobbies include additional customer engagement, video signage, and partner tabling events



CRC Customer Demand Is Likely To Grow

- Mecklenburg County population growth will increase HHS service demands over time
- Recent federal policy and program eligibility changes (e.g., Food & Nutrition Services, Medicaid) will increase CRC customer volume
- Economic downturns can quickly raise demand for County HHS and CRC services
- Without additional CRC capacity, wait times and customer service experiences are likely to be negatively impacted



Daily CRC Customer Demand Scenarios

Developed in collaboration with the County's Economist, the scenario estimates are based on current trends, policy changes, population growth and economic conditions

Scenario	Est. Avg. Daily Customers: VCW and EBS CRCs	Estimated % Increase
Current CRC Utilization	400 – 440 daily customers <i>(Actual CRC averages for Jan. to May 2026)</i>	Baseline
Benefit Recertification Increase <i>(H.R. 1 federal policy changes)</i>	440 – 480 daily customers <i>(Projected new CRC baseline after Jan. 2027)</i>	+10%
Population Growth Toward 1.5M Residents <i>(2040)</i>	570 – 620 daily customers <i>(Similar to FY26 peak volume days)</i>	+30%*
Recessionary Environment	620 – 870 daily customers	+40%** <i>(May occur during any of the above scenarios)</i>

*Based on population growth projections from NC State Demographer's Office.

**Based on historical increases in SNAP and other safety-net program participation during recessionary periods, including the Great Financial Crisis and early 2000s downturn.

Optimal CRC Lobby Capacity Planning

The proposed five-site CRC strategy was designed to accommodate approximately 1,250 customers per day while maintaining capacity for future growth and peak-day surges.

CRC Site	Avg. Lobby Volume* (Jan to May 2026)	Peak Day Volume** (FY26 data)	Est. Peak Day Volume (10% Growth Projection)	Optimal Avg. Daily Volume***
VCW	400	541	600	300
EBS	440	600	660	350
East	N/A	N/A	N/A	250
SW	N/A	N/A	N/A	200
NW	N/A	N/A	N/A	150
Total	840	1,141	1,260	1,250

*Based on customer volume averages from Jan to May 2026

**Highest peak volume days occurred during FY26 YTD

***Optimal lobby volume reflects expected average operating conditions, not peak day demands. Peak day capacity is built into each location.

Why CRCs Were Established



MECKLENBURG COUNTY
North Carolina

Department of Community Resources



Customer Journey Prior to CRCs



**VCW-Chapin
(Social Services)**



**Northwest Health
Clinic**



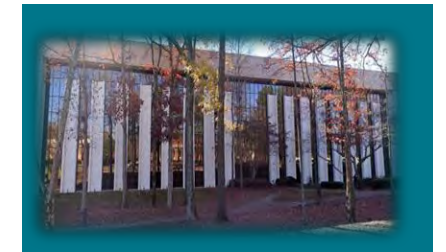
**Hal Marshall
(Veterans,
Homeless Services)**



**CPCC
(Register for
Training)**



**Charlotte
Works**



**Charlotte East
(Child Support)**



**Southeast Health
Clinic**



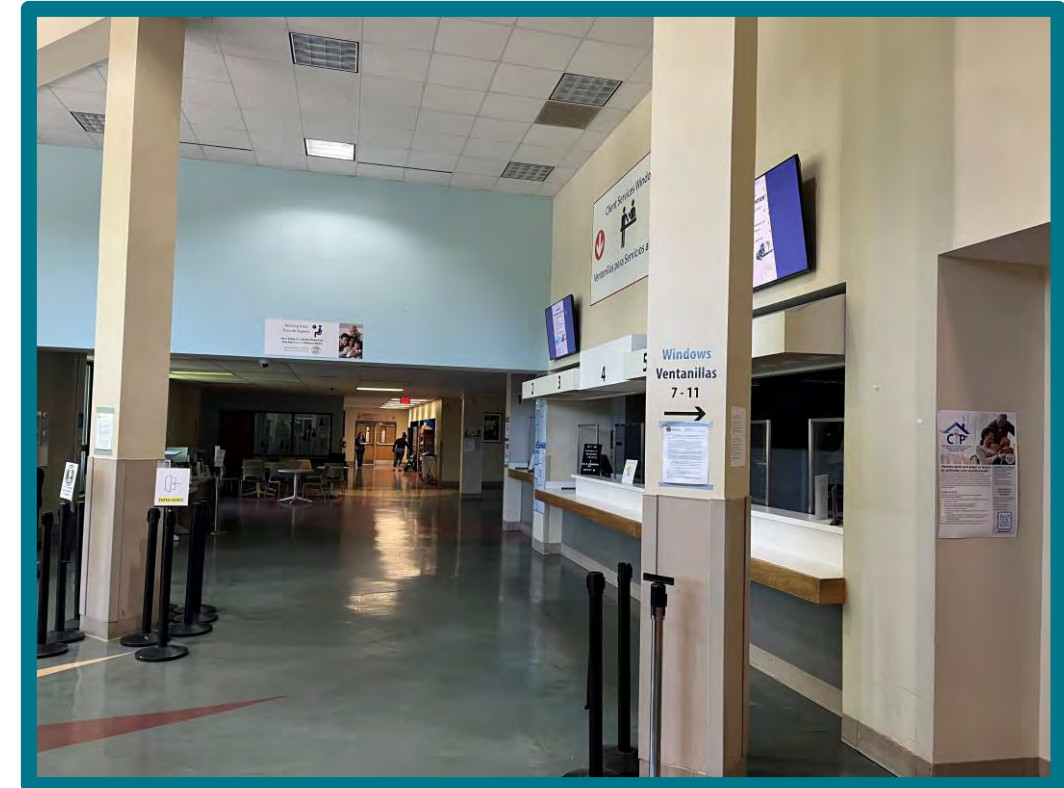
**Catherine M.
Wilson Center
(Social Services)**



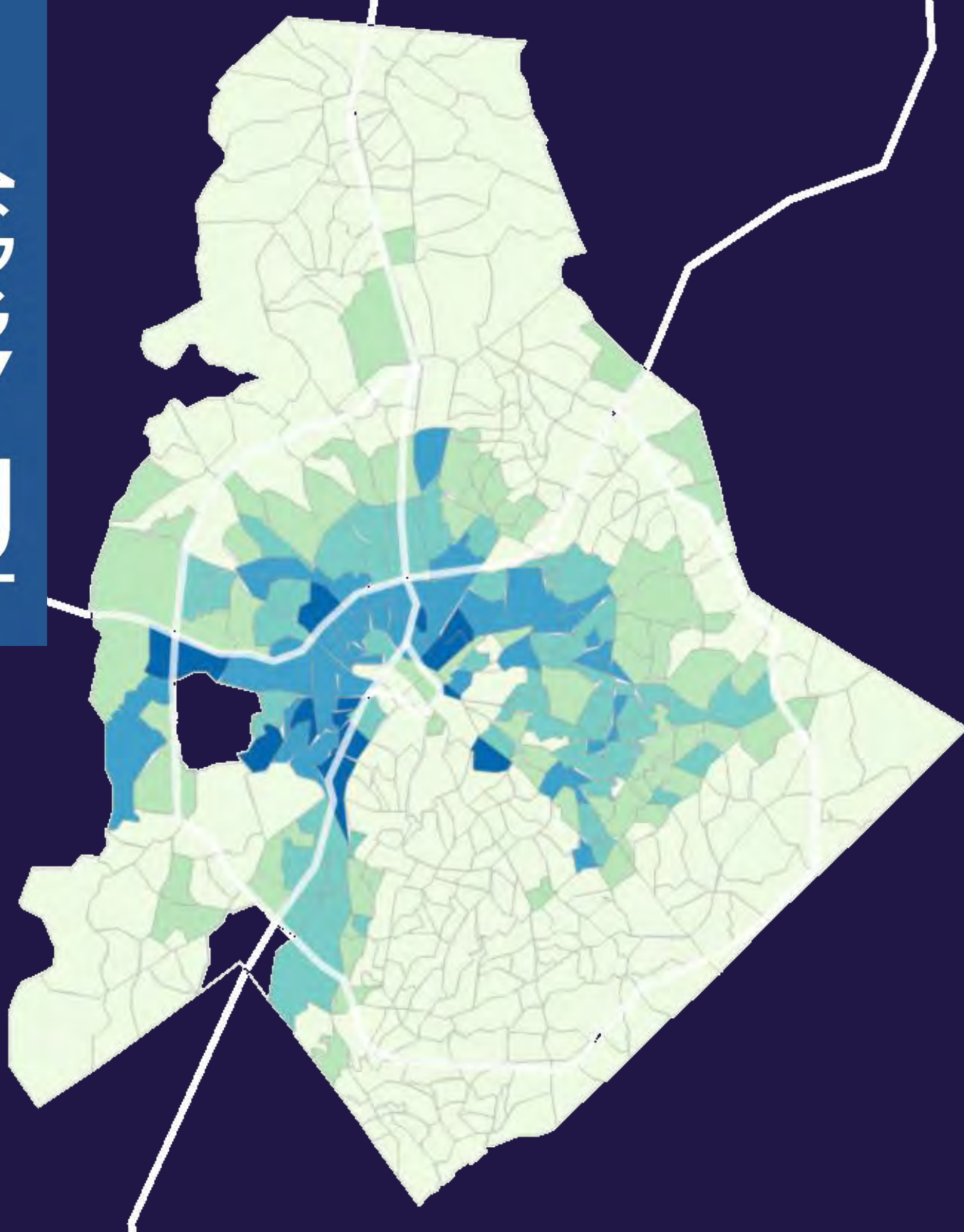
**Behavioral
Health**

Facility and Service Delivery Model Before CRCs

- HHS service delivery was fragmented by department, which created access challenges for many residents
- Waiting areas and service environments were more institutional in nature, not designed with the customer experience in mind



- Customers often experienced long lines and extended wait times for services at the main social services location at Billingsley Road
- Demand for Food and Nutrition Services rose high enough during the Great Financial Crisis (2007-2009) that hours had to be extended to weekends



- “Bringing Mecklenburg County to You” launched in fall 2014, building upon earlier initiatives
- Designed to make an array of County services and resources more accessible
- Created a system of “Community Resource Centers” to provide a continuum of HHS services at a single location
- Part of a broad Facilities Master Plan to place County staff in better working conditions

The CRC Vision Was Guided By Four Goals

Goal 1: Offer HHS services in the communities where customers live

Goal 2: Increase access to HHS and community partner resources by co-locating services in a “one-stop shop” location

Goal 3: Create a welcoming, trauma-informed customer environment

Goal 4: Improve the workplace environment for employees serving residents



*Photo of the Ella B. Scarborough (EBS) CRC customer lobby.

Goal 1: Offer Services Where HHS Customers Live

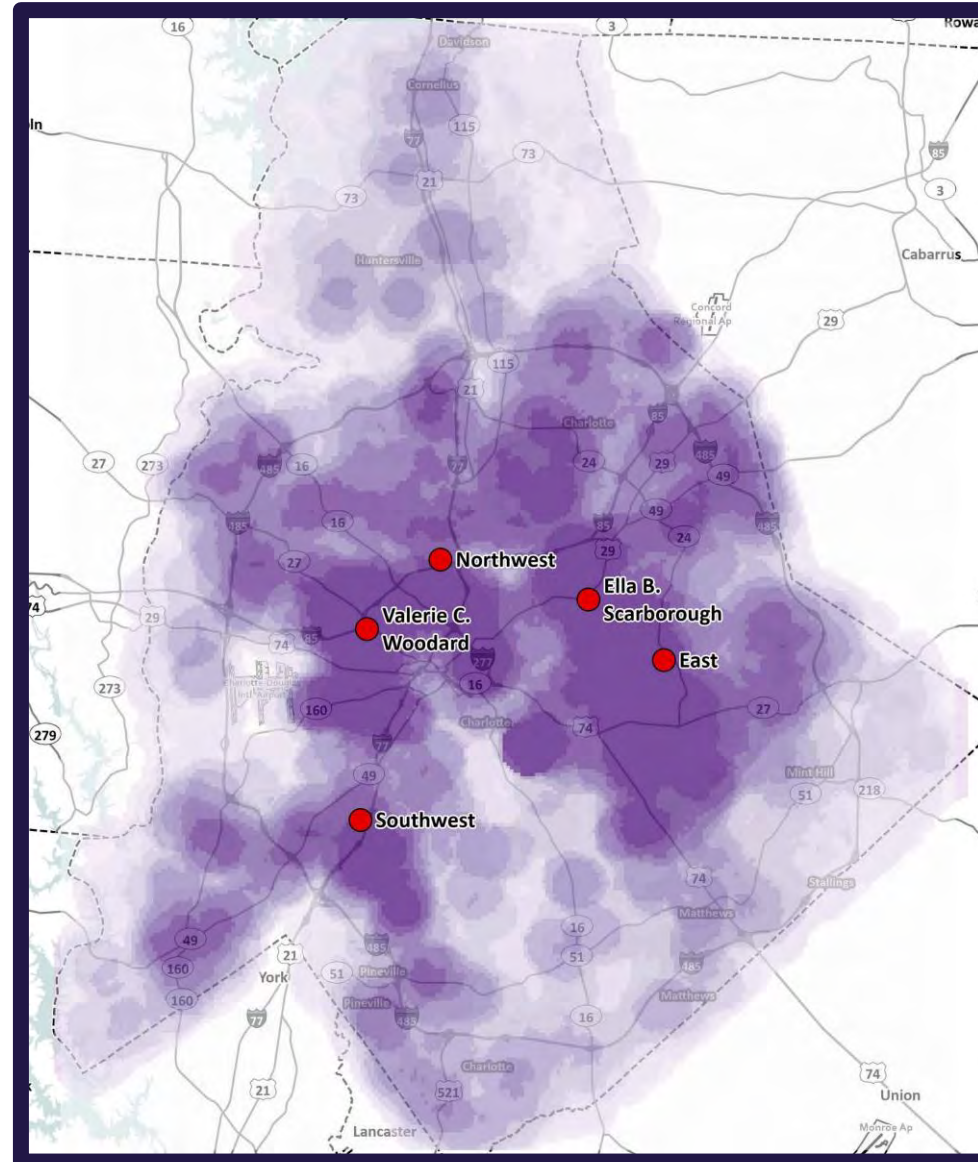
- In 2015, the Facilities Master Plan identified five geographic areas of Mecklenburg County for potential CRC locations
- CRC site selection prioritized proximity to areas with high concentrations of HHS customers across the County
- This geographic placement strategy was intended to improve access to coordinated HHS services
- In 2026, CRC locations continue to align with areas where high concentrations of HHS customers reside



CRC Locations Remain Aligned with HHS Customer Density (2026)

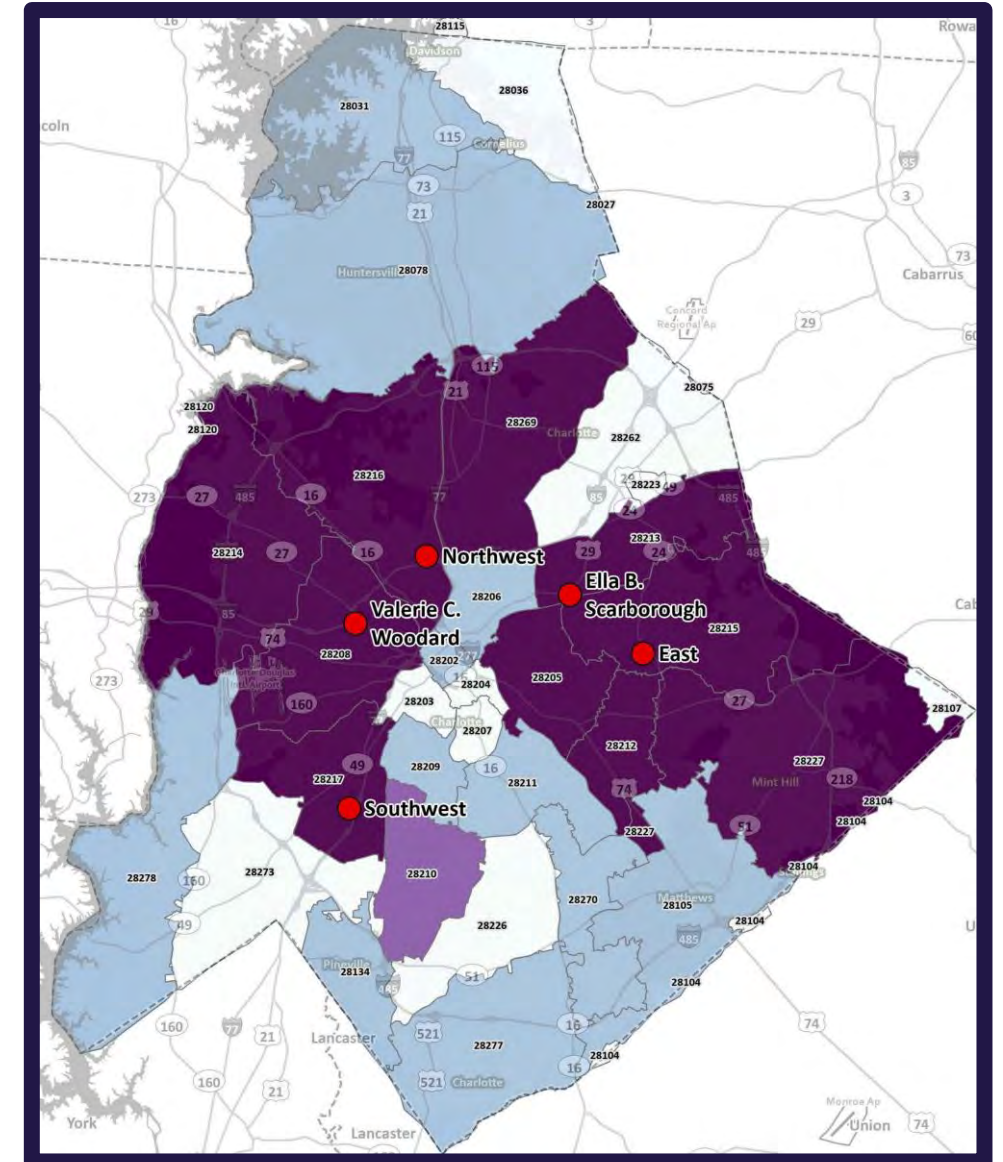
- HHS customer residential concentration remains broadly consistent with the “Crescent” pattern
- The planned East CRC location improves access and helps manage customer volume at Ella B. Scarborough CRC
- The Southwest area remains an opportunity for improving customer access

Food & Nutrition Services and Medicaid Customer Distribution



*March 2026 FNS and Medicaid data

WIC Customer Distribution



Darker purple shades indicate highest customer density.

*April 2026 WIC data

HHS Program Recipients by CRC ZIP Codes

- As part of CRC planning efforts, Mecklenburg County ZIP codes were assigned to the nearest CRC
- The East and Southwest CRC service regions represent areas with significant HHS program participation, but no HHS service locations nearby
- Establishing CRCs in these areas will better align service locations for thousands of residents, reducing travel barriers and bringing an array of services closer to their homes

CRC Region	FNS	Medicaid	WIC
VCW	25,673	61,291	4,090
EBS	30,721	81,070	6,189
<u>East</u>	<u>27,313</u>	<u>82,103</u>	<u>5,979</u>
<u>SW</u>	<u>22,050</u>	<u>72,046</u>	<u>4,851</u>
NW	15,975	47,749	2,764
Program Totals	121,732	344,259	23,872

*FNS and Medicaid data are from April 2026. WIC data is from June 2026.

Goal 2: Increase Access to Multiple Services

- CRCs bring an array of services into a “one stop shop” community-based location where the highest numbers of HHS customers reside
- The CRC model improves convenience, reduces barriers, and streamlines HHS customer access and awareness, particularly in communities where they are located
- Establishing multiple HHS services in each CRC creates opportunities for more coordinated support across programs
- Since implementation, thousands of CRC customers each year have accessed a broad range of County and partner services in a single visit



*Photos of the EBS service array (health clinic, Kid's Corner and food pantry)

Use of Multiple Services at CRCs Increased Significantly Since FY22

Demonstrates increasing utilization of CRCs as multi-service access points

Fiscal Year	Total CRC Visitors Accessing Multiple Services	% of CRC Visits Involving Multiple Services
FY22	4,127	12.6%
FY23	6,446	13.3%
FY24	14,501	14.1%
FY25	22,340	17.8%
FY26 (through May 2026)	26,993	19.0%



Customers with multiple-service interactions totaled more than 74,400 from FY22-FY26 (through May 2026)

*Photos of VCW service array (food pantry and computer lab).

Goal 3: Create A Welcoming Environment for Customers

- CRCs provide a customer-centered, trauma-informed service environment
- CRC service workflows were intentionally designed with queuing technology to have no standing lines and to improve the overall customer experience
- Customer wait time:
 - Average overall wait time of less than 30 minutes*
- Customer satisfaction:
 - 94% on average across locations**



*VCW CRC Kid's Corner

*Customer wait time data for FY25.

**FY25 customer satisfaction rating based on 4,500 surveys.

Positive Feedback on CRC Experience

“ *This is the only place that I come to assist me. I wouldn't have it any other way. I love that it's a community resource center...I love the open windows....I love how when you walk in...the people who help you out and give you your ticket number are extremely nice; they greet you with smiles!*

EBS Customer

”

From the first interactions beginning with intake at the door, the entirety of the process was well-organized, fast, and easy to follow along with in respect to fulfilling the purpose of my visit. The County did an amazing job with this resource center.

EBS Customer

” *Everything was done well from the time I walked in. I was greeted with a smile from everyone.*

VCW Customer

“

Treated me with respect and dignity, putting me first as a human being...listened to my situation without judgment, made me feel heard, and created a supportive environment.

VCW Customer

Customer Feedback on Longer Wait Times at CRCs

“

The wait times were long but that is because there are so many people that need help. Thank you for being there to help our community.

”

“

I was dissatisfied with the waiting time to get called back to speak with a case worker...if the wait time was cut down, that would have made my experience better...

”

“I know it was out of the service provider’s control; however, the wait time was 45 minutes over my appointment time. It delayed the rest of my day.”

Goal 4: Improve the Work Environment for Employees

- CRCs were designed to modernize County facilities through improved workspace design and updated energy efficient building systems
- CRCs bring staff from multiple HHS programs together in a coordinated, collaborative environment supported by shared spaces and centralized resources
- The CRC model enhances working conditions, operational efficiency, communication, and customer service delivery



**Community event in EBS CRC lobby.*

Existing Challenges in Current Public Health Facilities

- Approximately 300 Public Health staff planned for future CRC locations are currently housed in aging facilities, including Southeast Health Clinic, Northwest Health Clinic, and the Hal Marshall Annex
- Due to growing infrastructure concerns and space limitations, these facilities are not suitable for long-term staff use
- If future CRCs do not proceed, the clinics will require extensive renovations and temporary leased clinical space during construction
- Available clinical space for lease is likely limited; would require costly upfits for service delivery; and create customer confusion due to temporary relocations



**Public Health Immunization Clinic waiting area for customers at Southeast Health Clinic.*

Recap of CRC Update



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North Carolina
Department of Community Resources



Recap and Key Takeaways

Geographic Alignment

- CRC locations remain aligned with the highest HHS customer density areas
- Combined Medicaid, FNS, and WIC participation is high in the East and Southwest CRC ZIP Code regions
- Building the East and Southwest CRCs would improve access for thousands of residents

Customer Demand

- CRCs had 164,000 customer visits in the last year (June 2025 to May 2026)
- Multiple service utilization has increased significantly since FY22
- Daily demand now regularly exceeds 400+ customers per CRC
- Highest peak same-day CRC customer volume at VCW and EBS exceeded 1,100 customers

Planning Considerations

- CRC customer volume will increase over time requiring additional service locations to meet community need
- The East and Southwest regions represent significant areas of opportunity to expand access
- Without new CRCs, Public Health clinics require major renovations and temporary leased space for key clinical operations

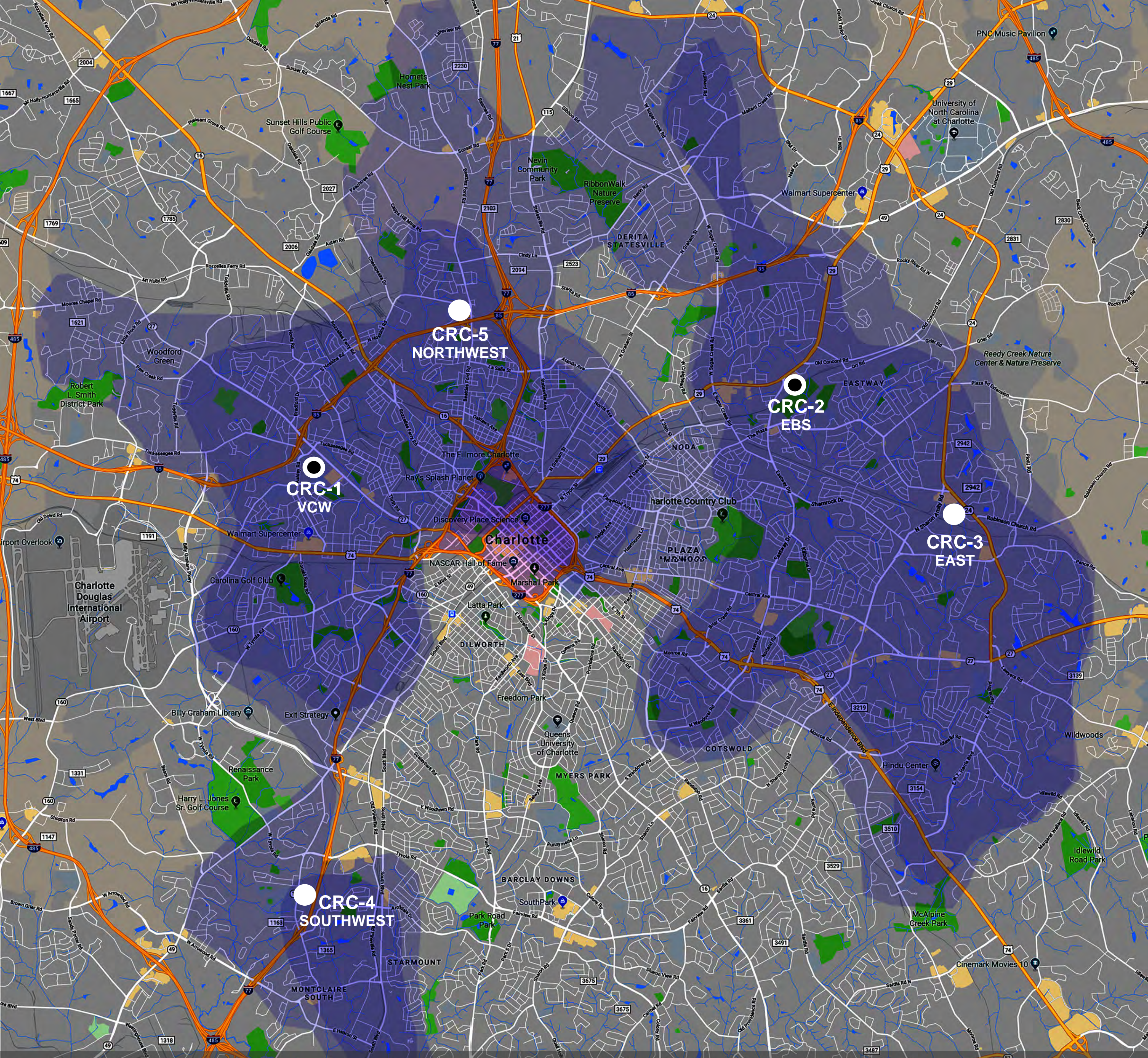
CRC Options - AFM



An aerial photograph of a city, likely Los Angeles, showing a dense urban area with a mix of greenery and buildings. A semi-transparent grey overlay covers the entire image, with a darker grey band at the top and bottom. The text is centered in the middle of the image.

BASELINE CRC STRATEGY

(FOR COMPARISON TO OPTIONS)



**CRC-5
NORTHWEST**

**CRC-2
EBS**

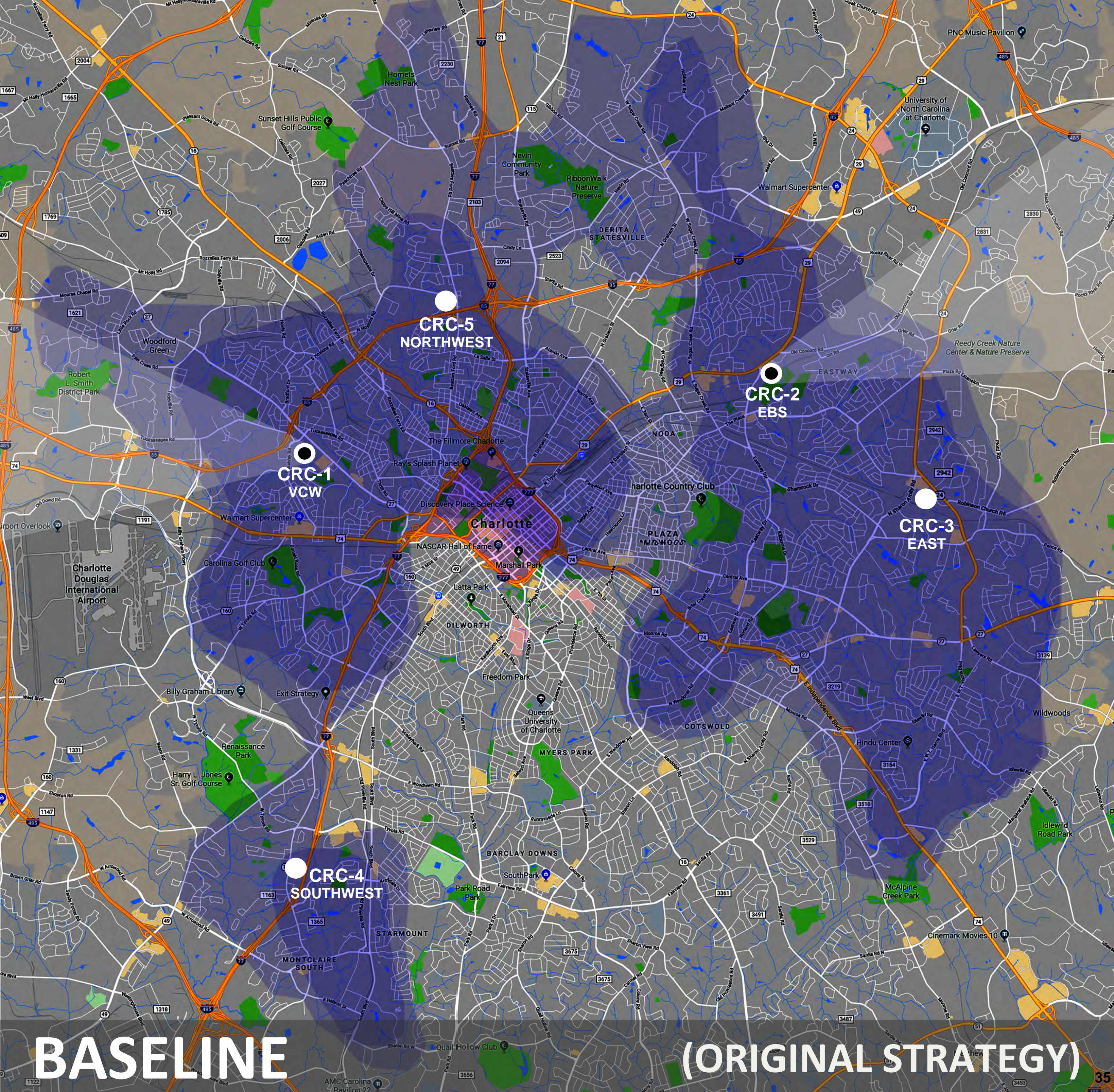
**CRC-1
VCW**

**CRC-3
EAST**

**CRC-4
SOUTHWEST**

BASELINE

(ORIGINAL STRATEGY)



**CRC-5
NORTHWEST**

**CRC-2
EBS**

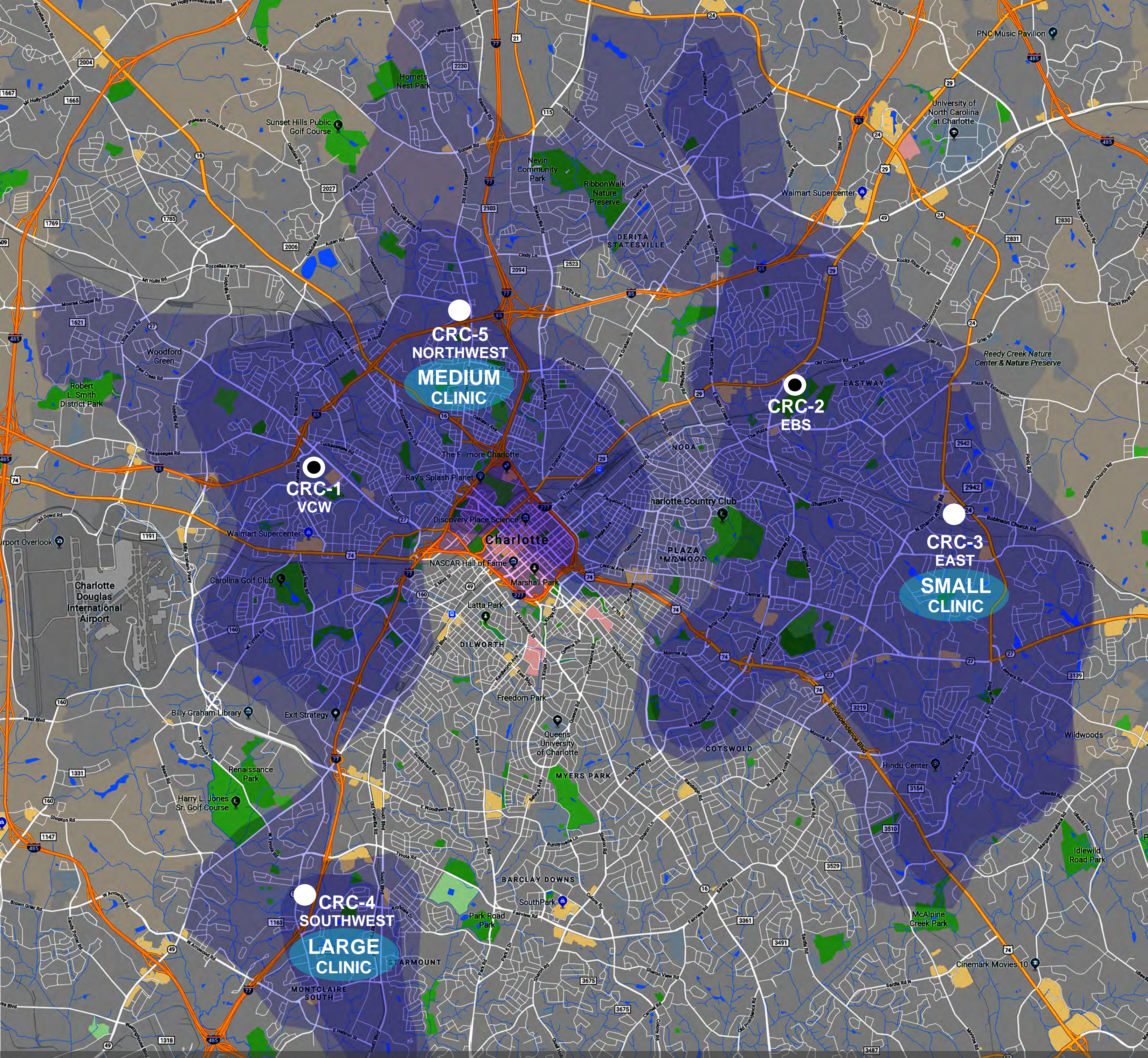
**CRC-1
VCW**

**CRC-3
EAST**

**CRC-4
SOUTHWEST**

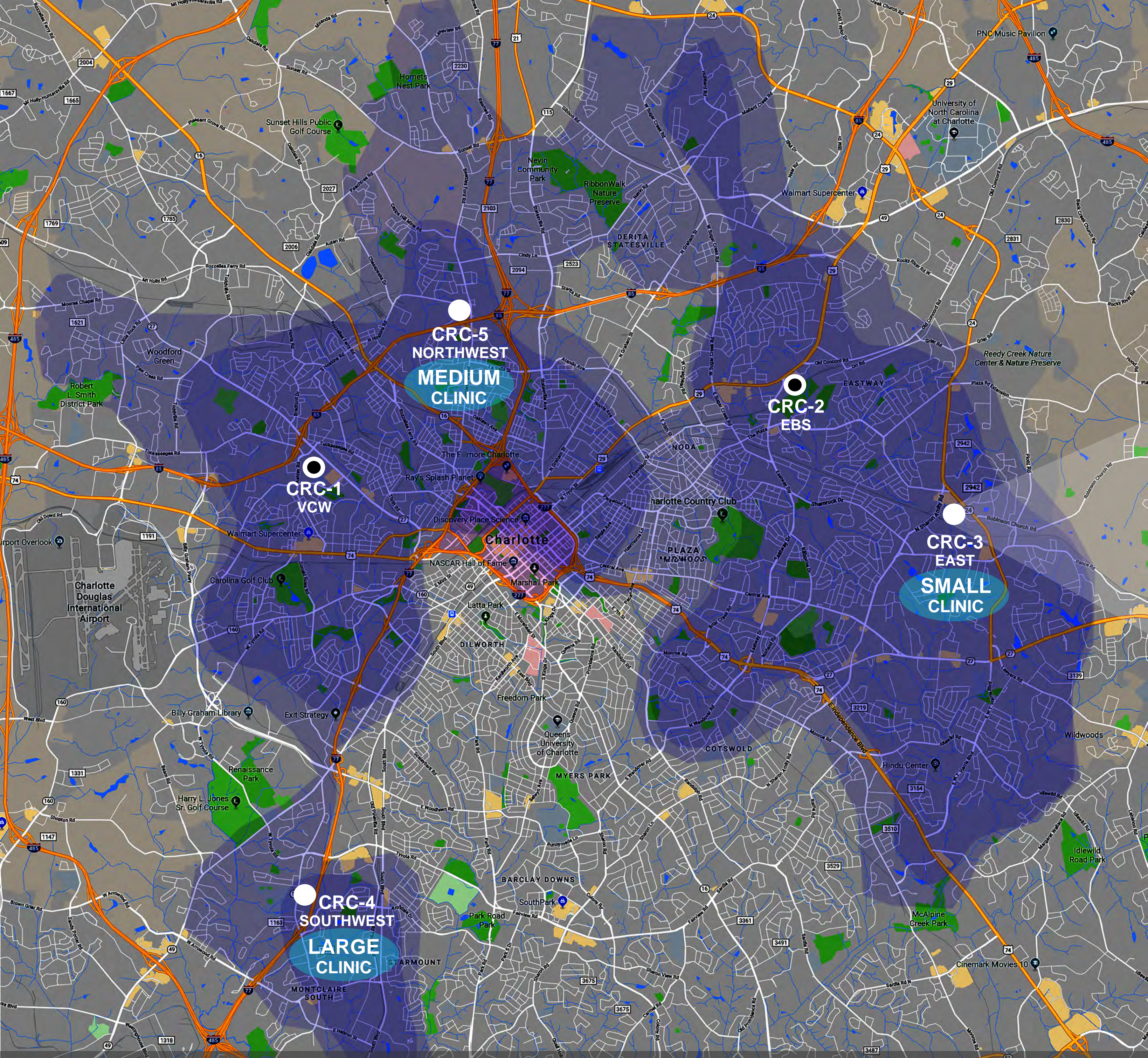
BASELINE

(ORIGINAL STRATEGY)



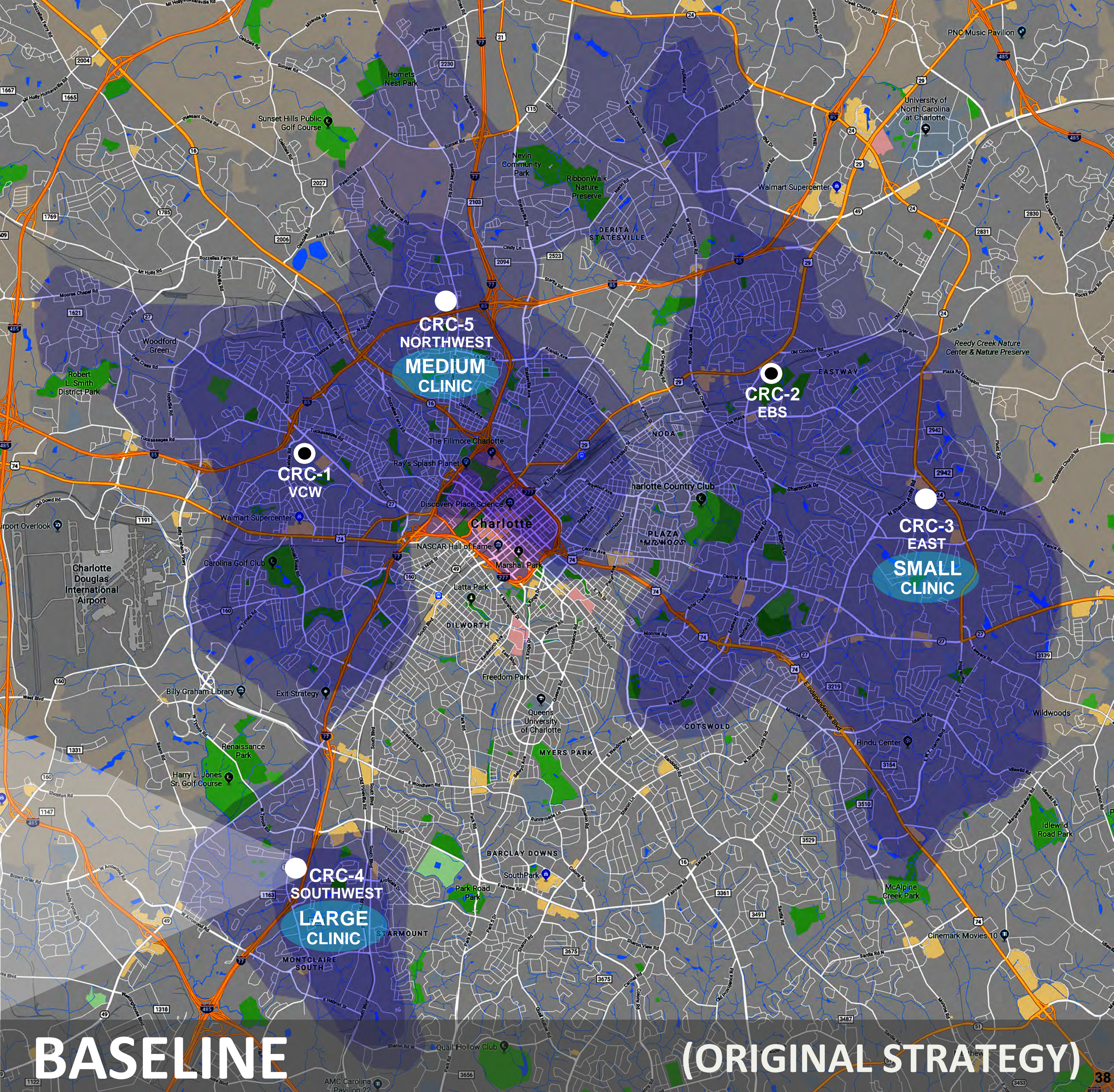
BASELINE

(ORIGINAL STRATEGY)



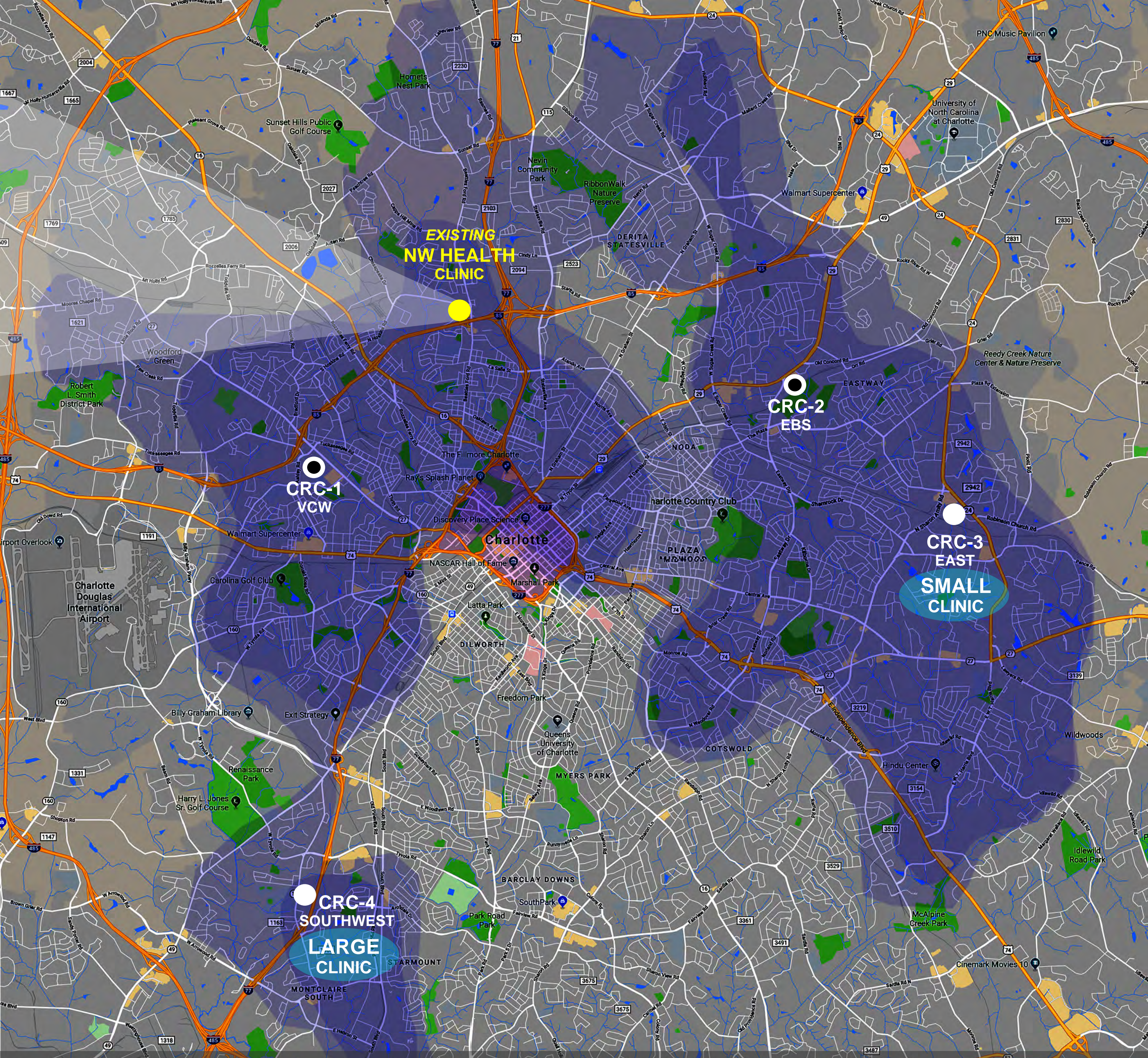
BASELINE

(ORIGINAL STRATEGY)



BASELINE

(ORIGINAL STRATEGY)



**EXISTING
NW HEALTH
CLINIC**

**CRC-1
VCW**

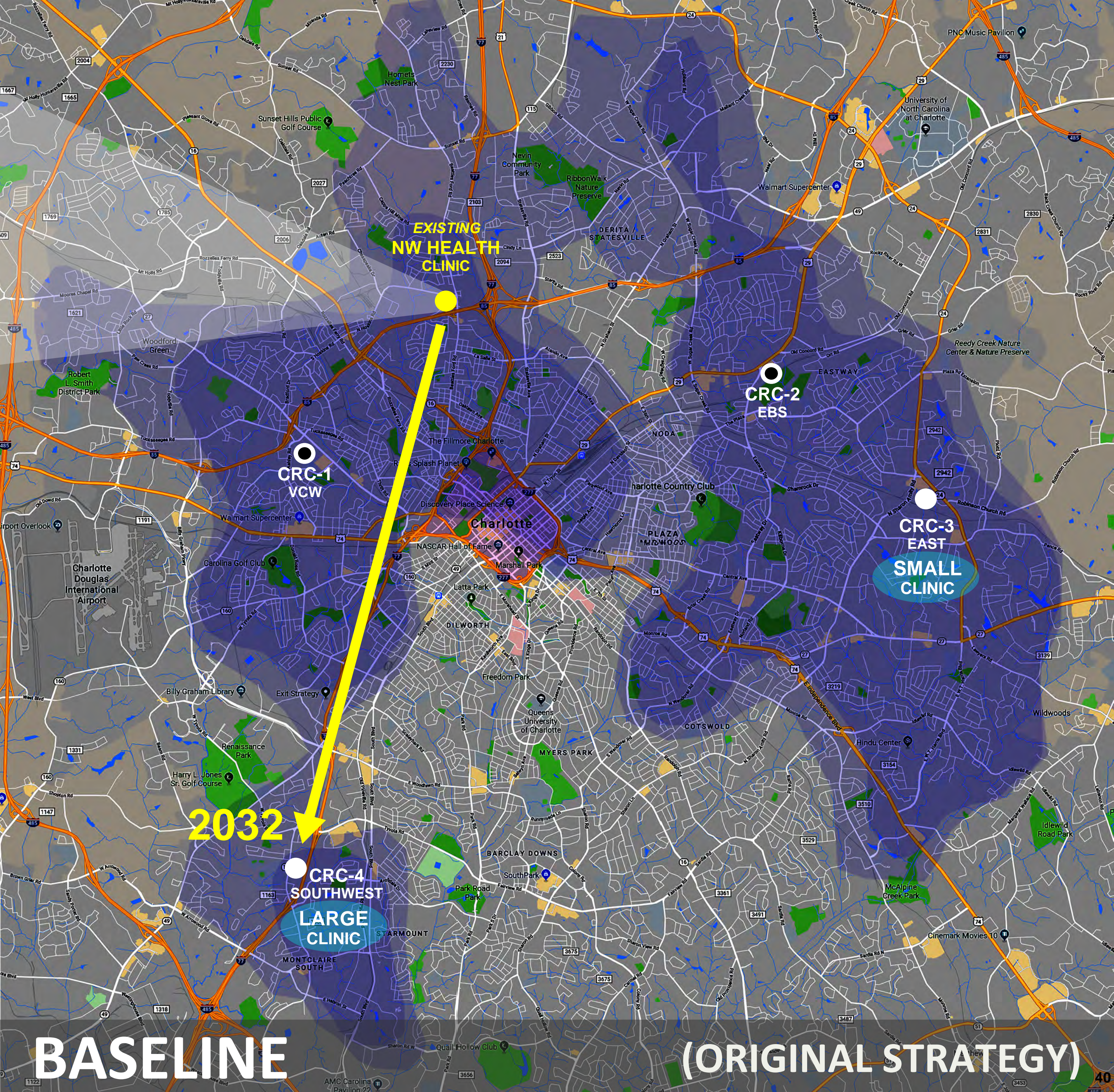
**CRC-2
EBS**

**CRC-3
EAST
SMALL
CLINIC**

**CRC-4
SOUTHWEST
LARGE
CLINIC**

BASELINE

(ORIGINAL STRATEGY)



**EXISTING
NW HEALTH
CLINIC**

**CRC-1
VCW**

**CRC-2
EBS**

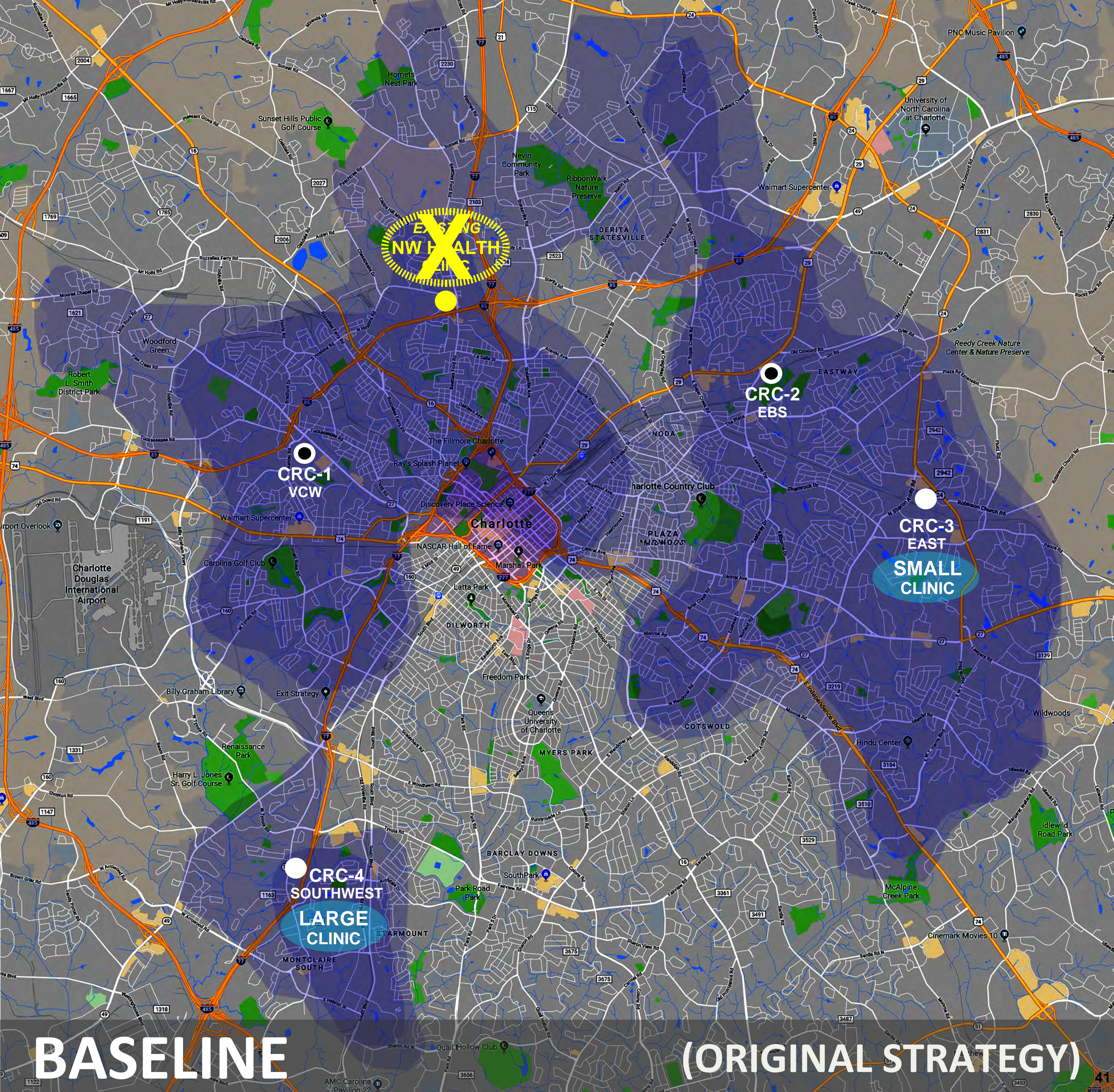
**CRC-3
EAST
SMALL
CLINIC**

2032

**CRC-4
SOUTHWEST
LARGE
CLINIC**

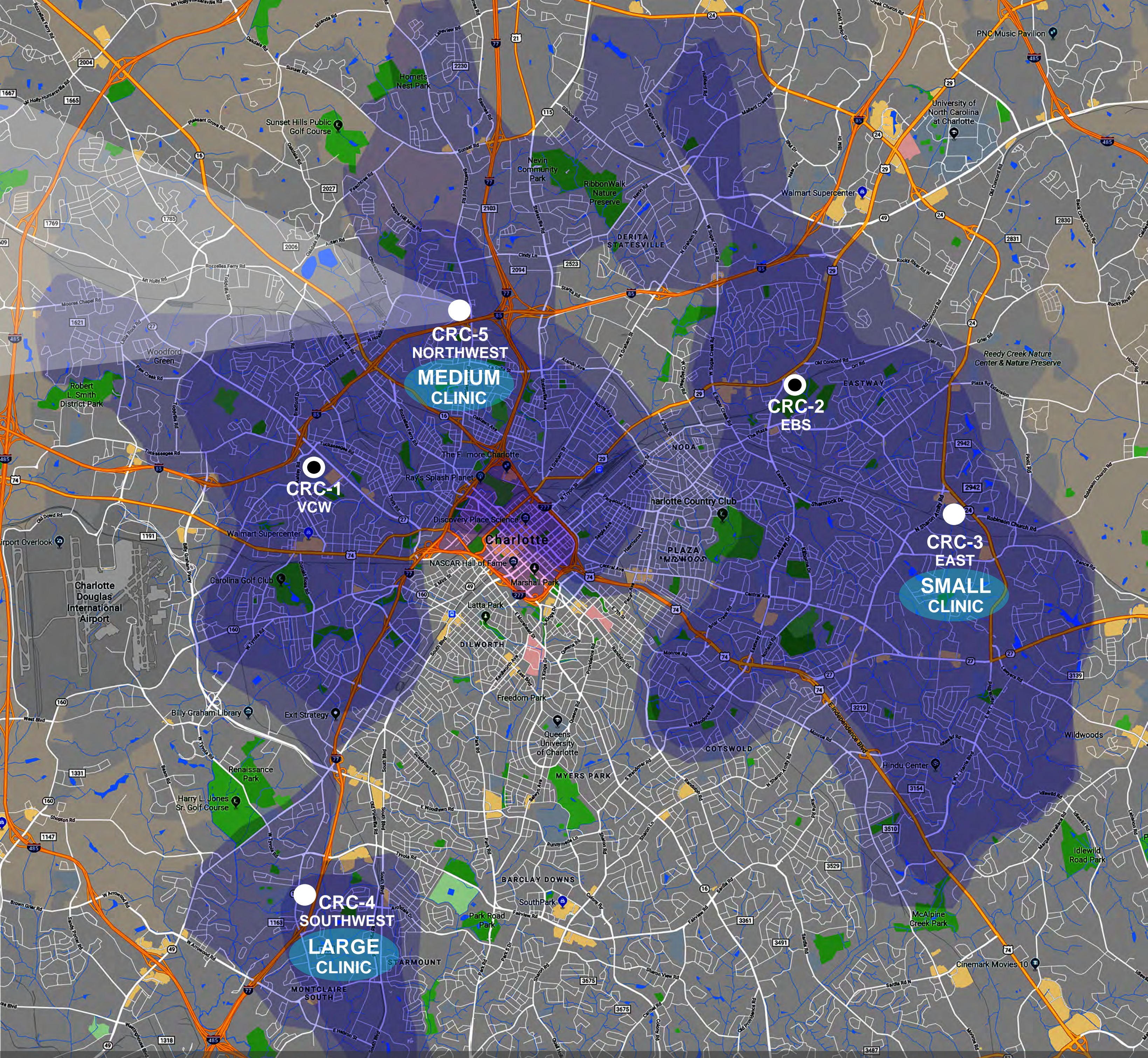
BASELINE

(ORIGINAL STRATEGY)



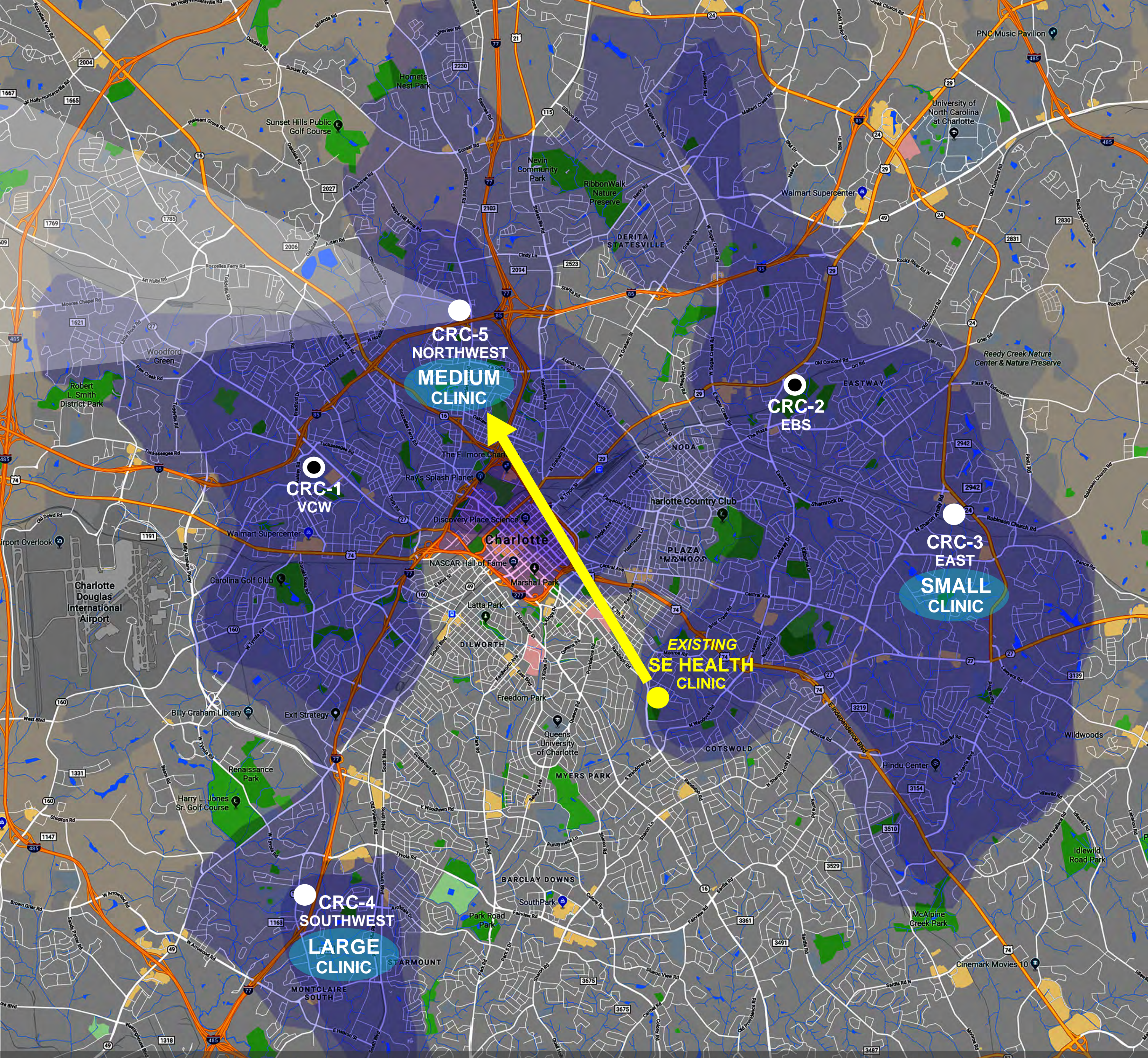
BASELINE

(ORIGINAL STRATEGY)



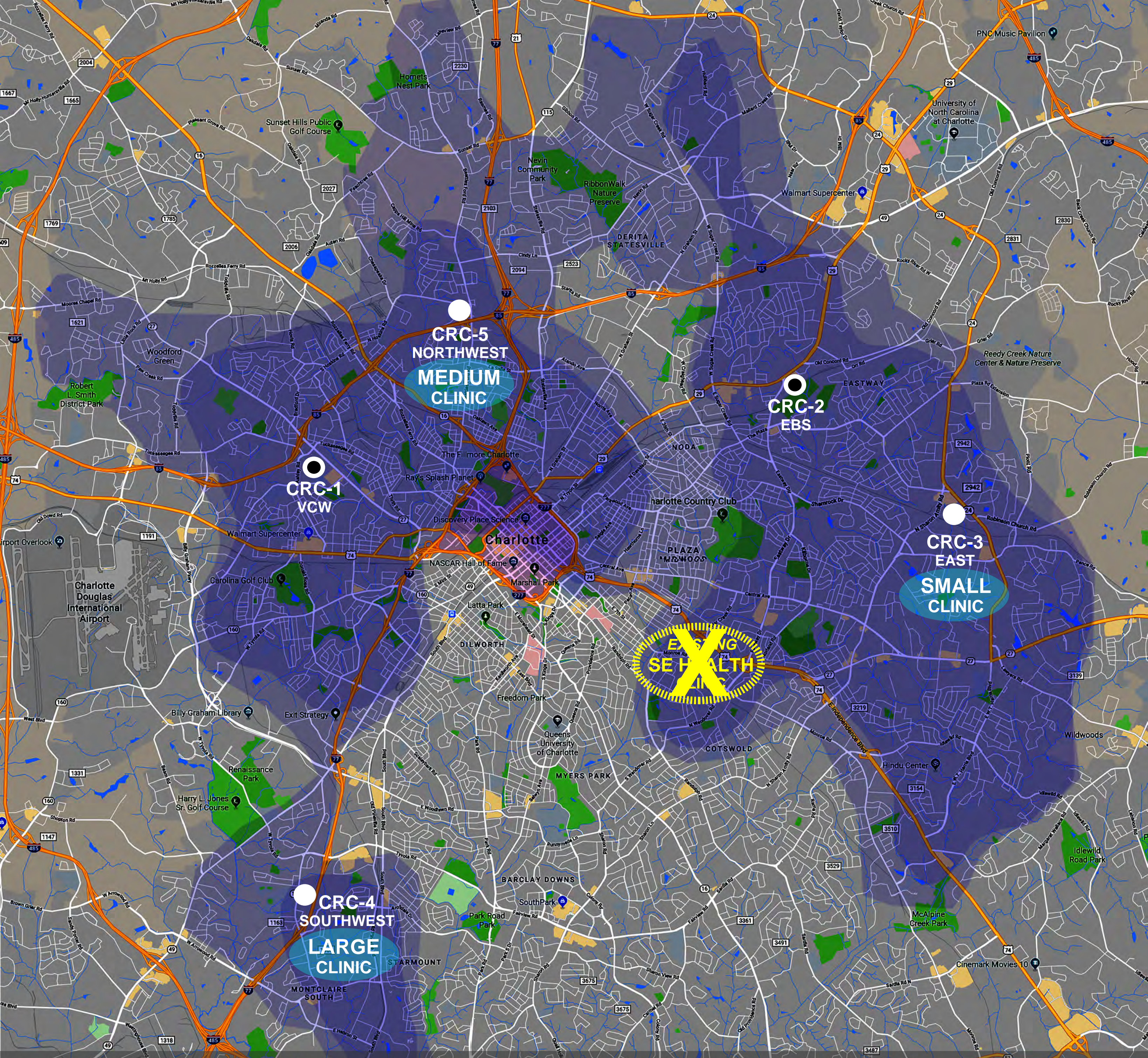
BASELINE

(ORIGINAL STRATEGY)



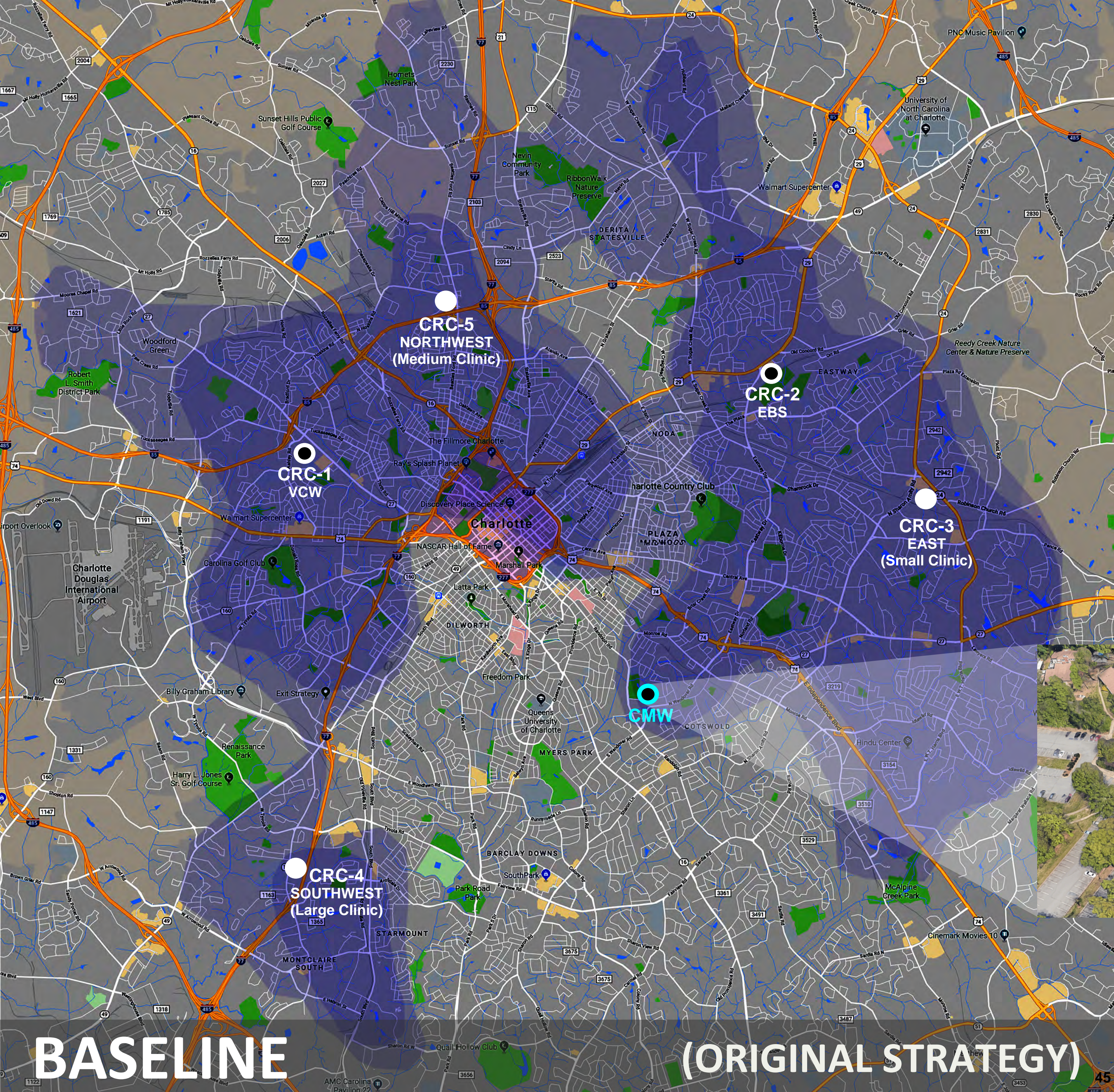
BASELINE

(ORIGINAL STRATEGY)



BASELINE

(ORIGINAL STRATEGY)



**CRC-5
NORTHWEST
(Medium Clinic)**

**CRC-2
EBS**

**CRC-1
VCW**

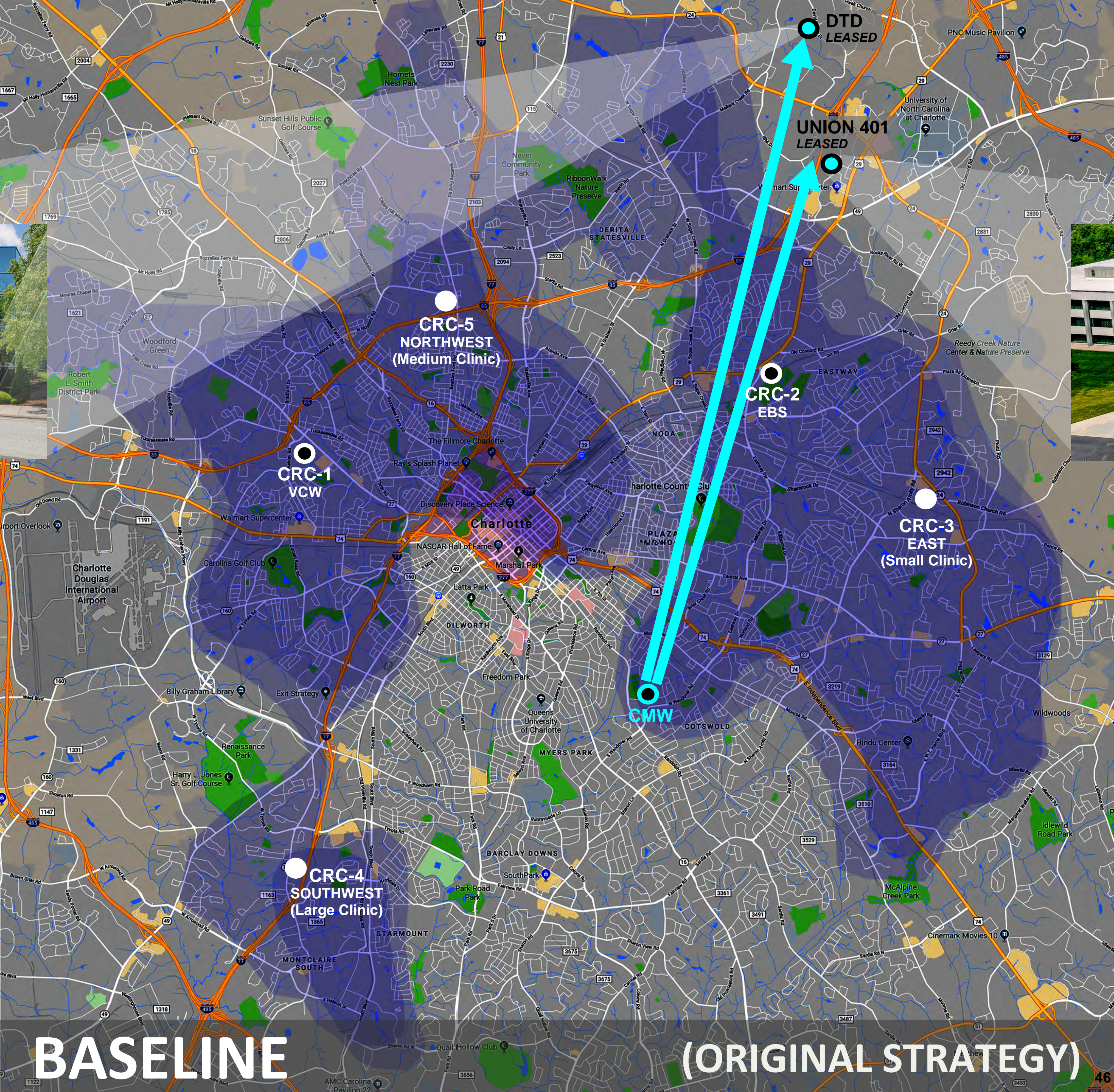
**CRC-3
EAST
(Small Clinic)**

**CRC-4
SOUTHWEST
(Large Clinic)**

CMW

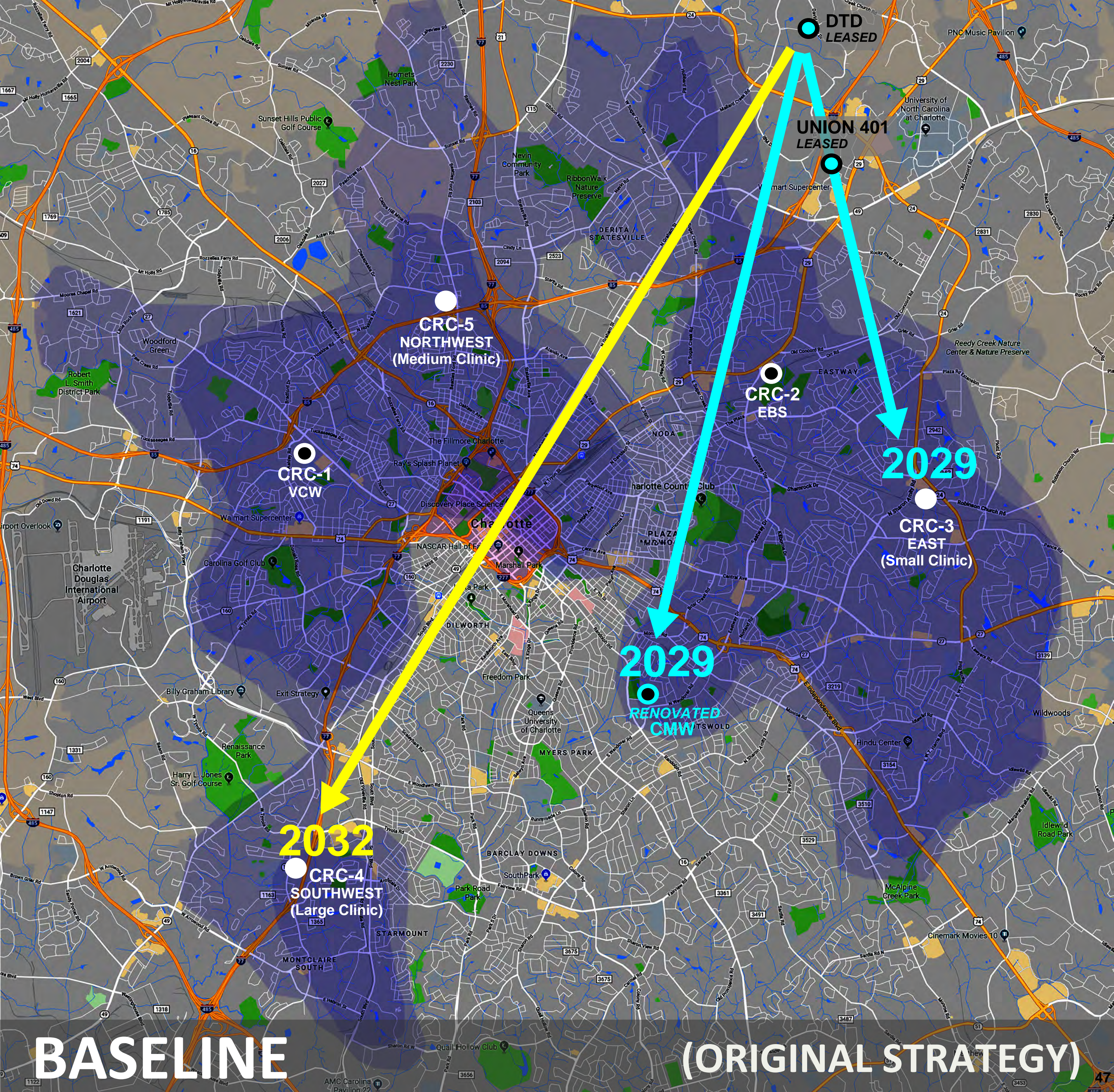
BASELINE

(ORIGINAL STRATEGY)



BASELINE

(ORIGINAL STRATEGY)



DTD
LEASED

UNION 401
LEASED

CRC-5
NORTHWEST
(Medium Clinic)

CRC-1
VCW

CRC-2
EBS

2029

CRC-3
EAST
(Small Clinic)

2029

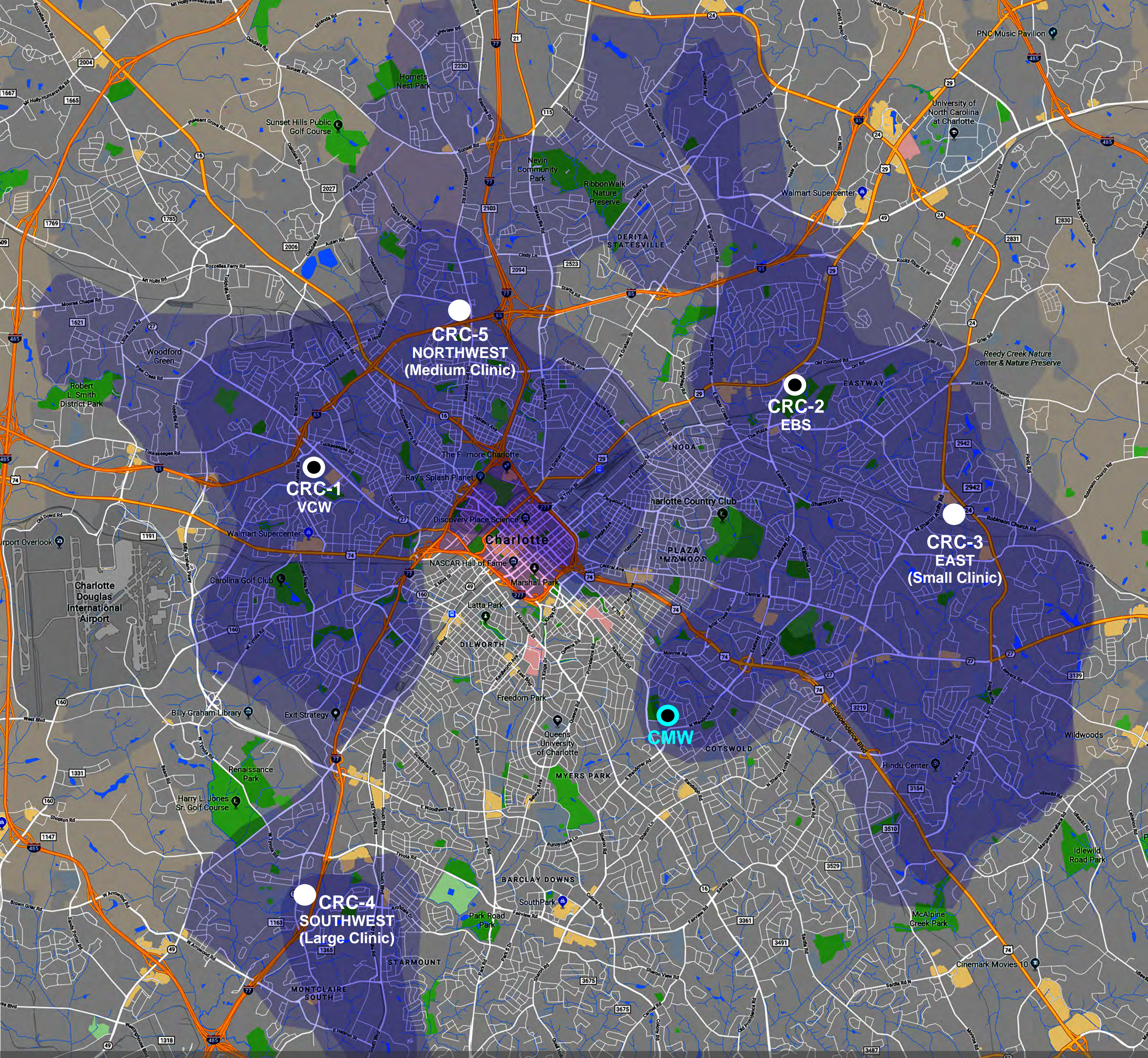
RENOVATED
CMW

2032

CRC-4
SOUTHWEST
(Large Clinic)

BASELINE

(ORIGINAL STRATEGY)



BASELINE

(ORIGINAL STRATEGY)

BASELINE

(ORIGINAL STRATEGY)

- **CRC-3 East** \$ 161,840,660 *(CIP Approved)*
- **CRC-4 Southwest** \$ 272,966,010 *(CIP Approved)*
- **CRC-5 Northwest** \$ 235,816,818
- **CMW Renovation** \$ 76,187,186 *(CIP Approved)*

BUILDINGS \$ 746,810,674

- **David Taylor Drive** \$ 23,261,538
- **Union 401** \$ 2,182,884

LEASES \$ 25,444,422

TOTAL \$ 772,225,096

BASELINE

(ORIGINAL STRATEGY)

- **CRC-3 East** \$ 161,840,660 *(CIP Approved)*
- **CRC-4 Southwest** \$ 272,966,010 *(CIP Approved)*
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BUILDINGS \$ 746,810,674 **\$511.0M**
Approved CIP Funding

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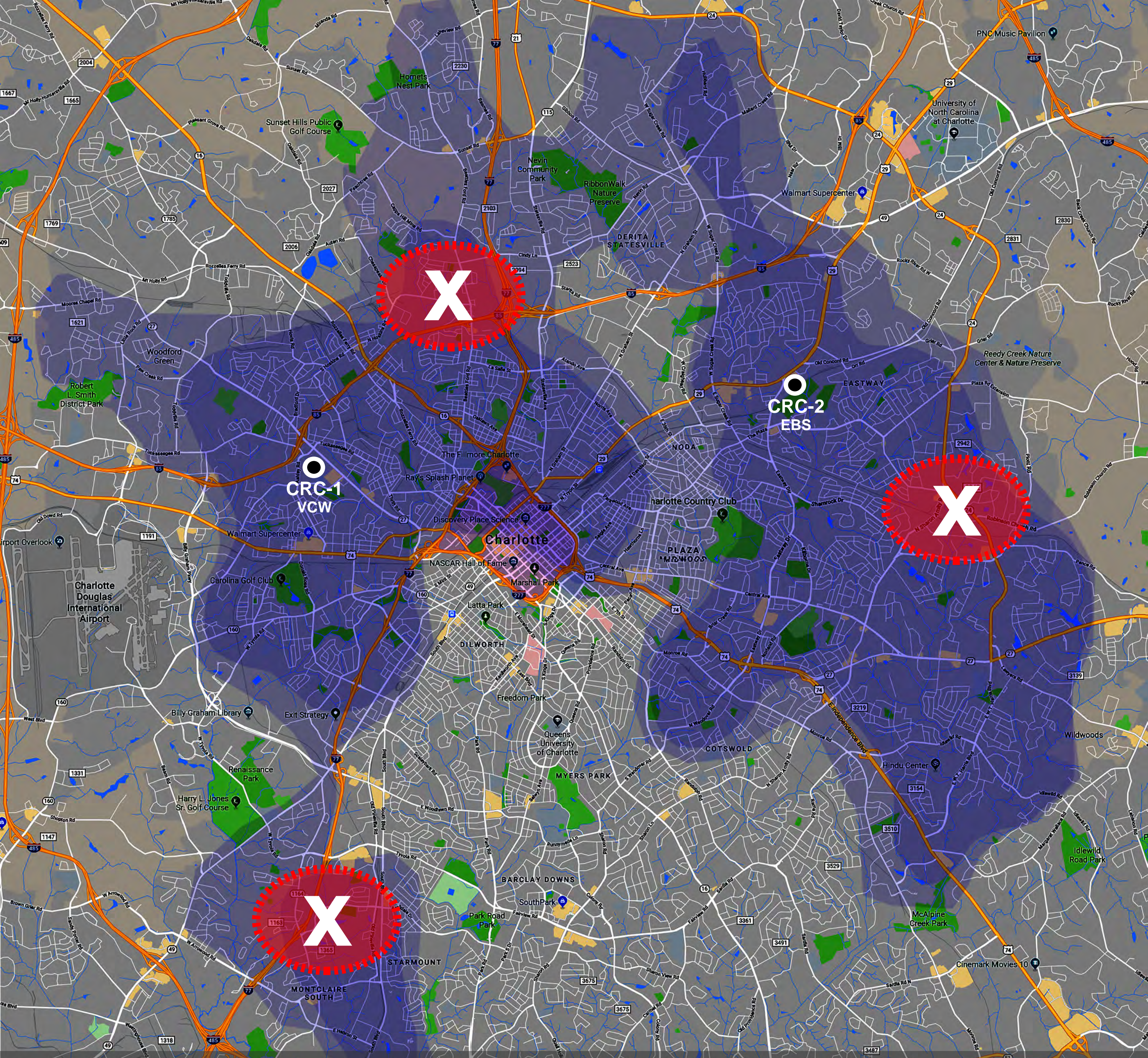
TOTAL \$ 772,255,096

An aerial photograph of a city, likely Los Angeles, with a semi-transparent grey overlay. The text is centered on the overlay.

OPTION-1

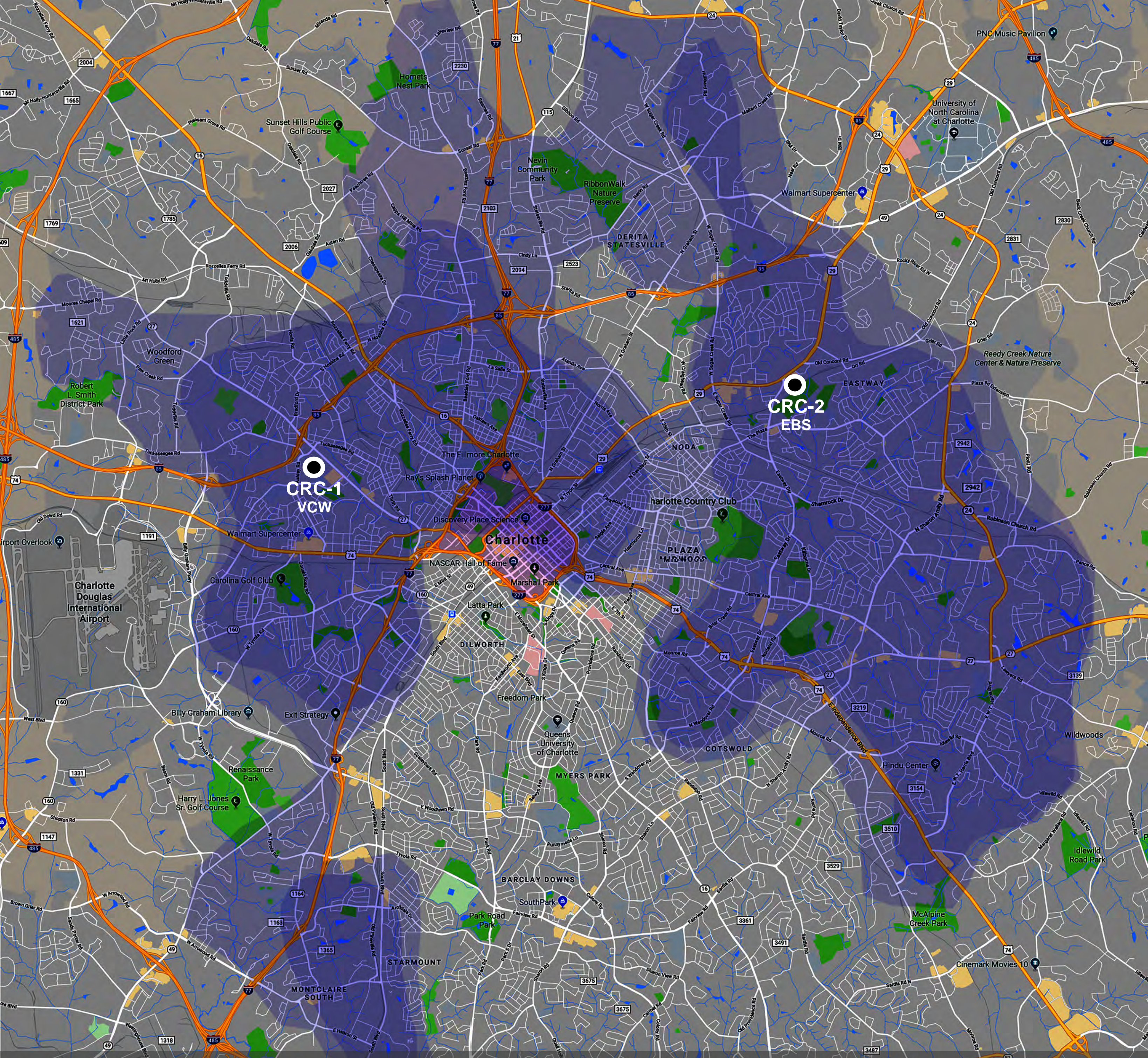
No Additional New CRC Buildings Constructed

(East, Southwest and Northwest CRCs are not constructed)



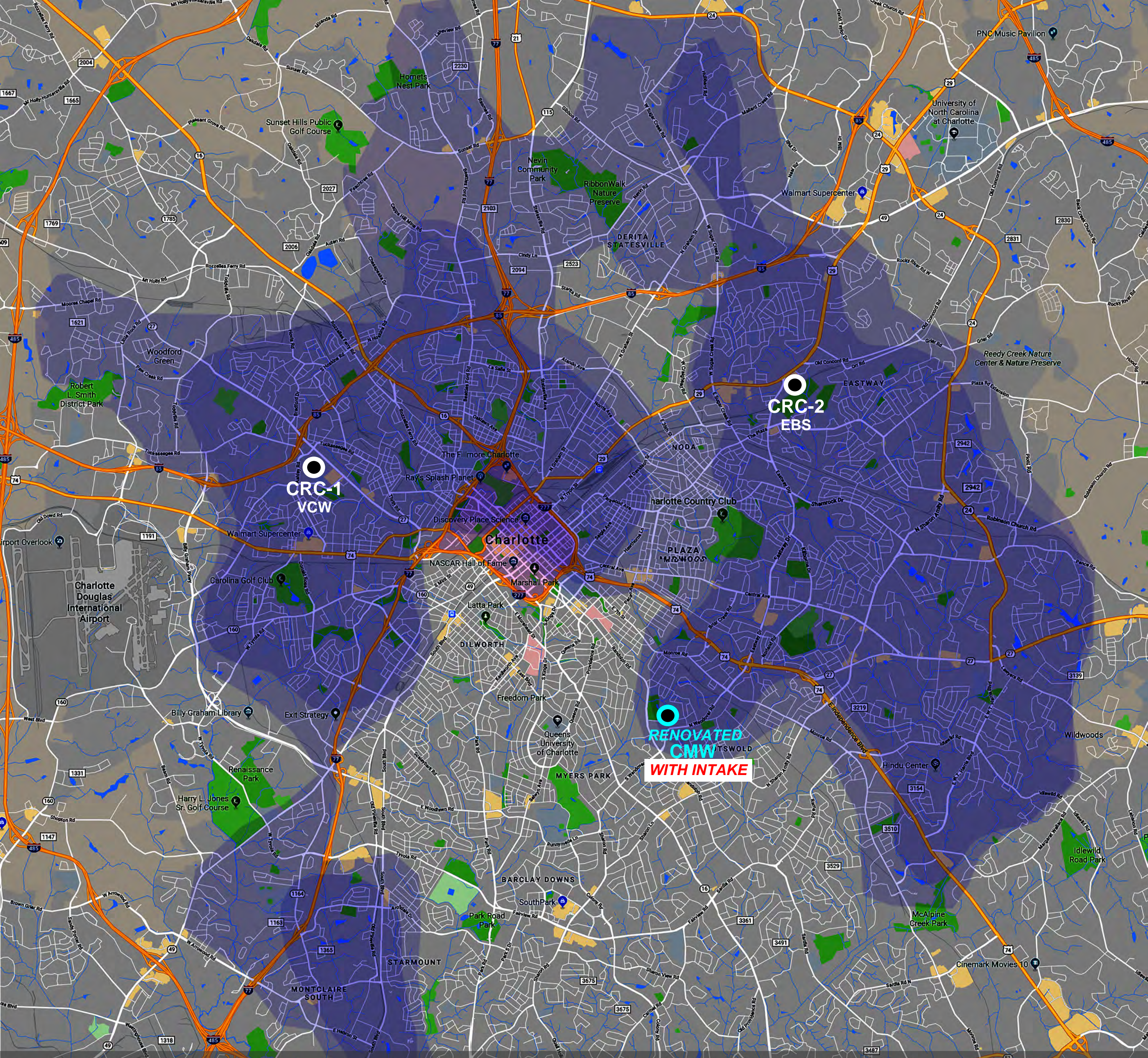
OPTION-1

No Additional New CRCs Constructed



OPTION-1

No Additional New CRCs Constructed



OPTION-1

No Additional New CRCs Constructed

DTD
LEASED **EXTENDED LEASE**
500+ STAFF **LONG TERM**

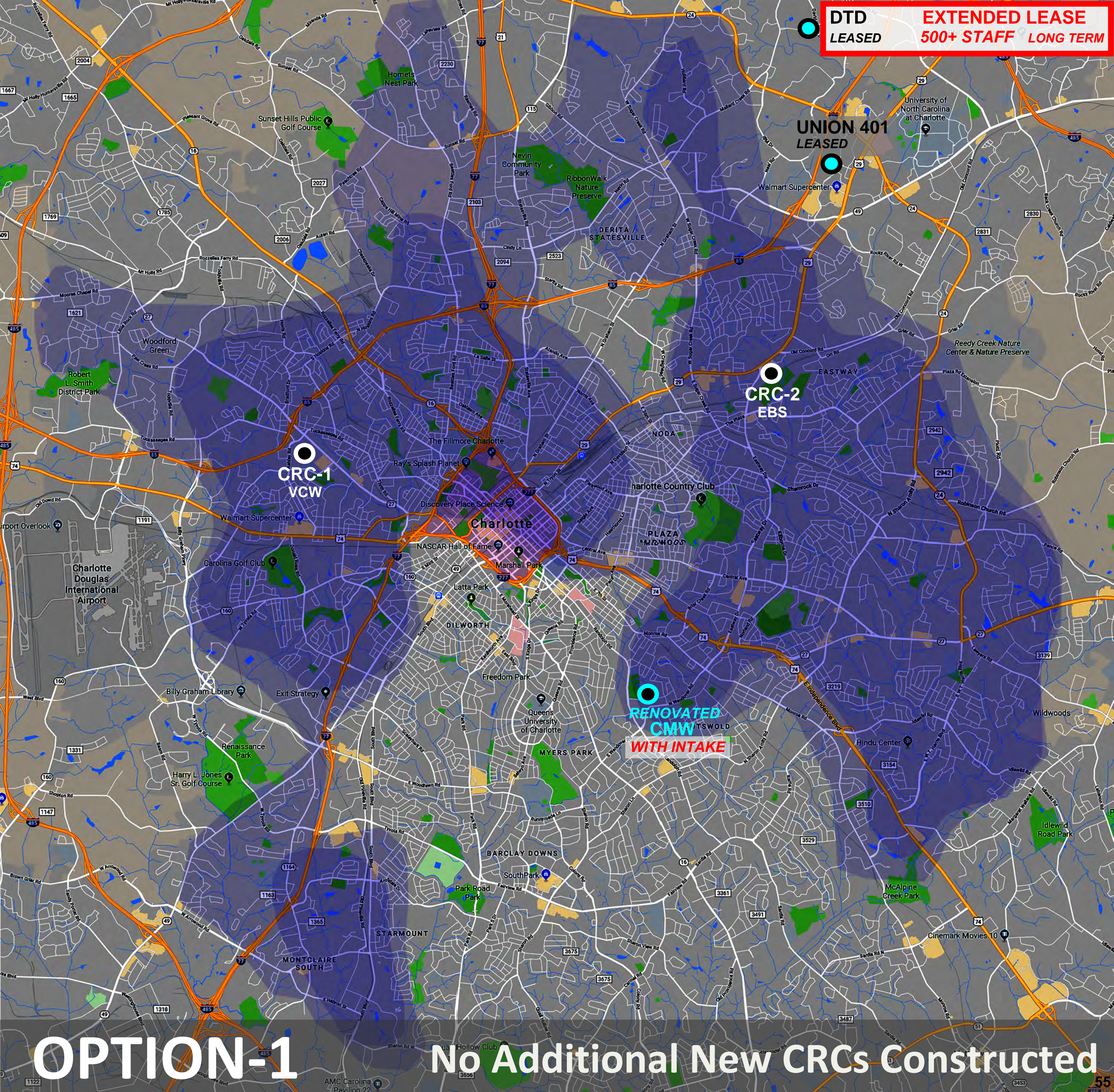
UNION 401
LEASED

CRC-2
EBS

CRC-1
VCW

RENOVATED
CMW
WITH INTAKE

OPTION-1 **No Additional New CRCs Constructed**



DTD
LEASED

EXTENDED LEASE
500+ STAFF PAVILION LONG TERM

UNION 401
LEASED

EXISTING
NW HEALTH
CLINIC

CRC-2
EBS

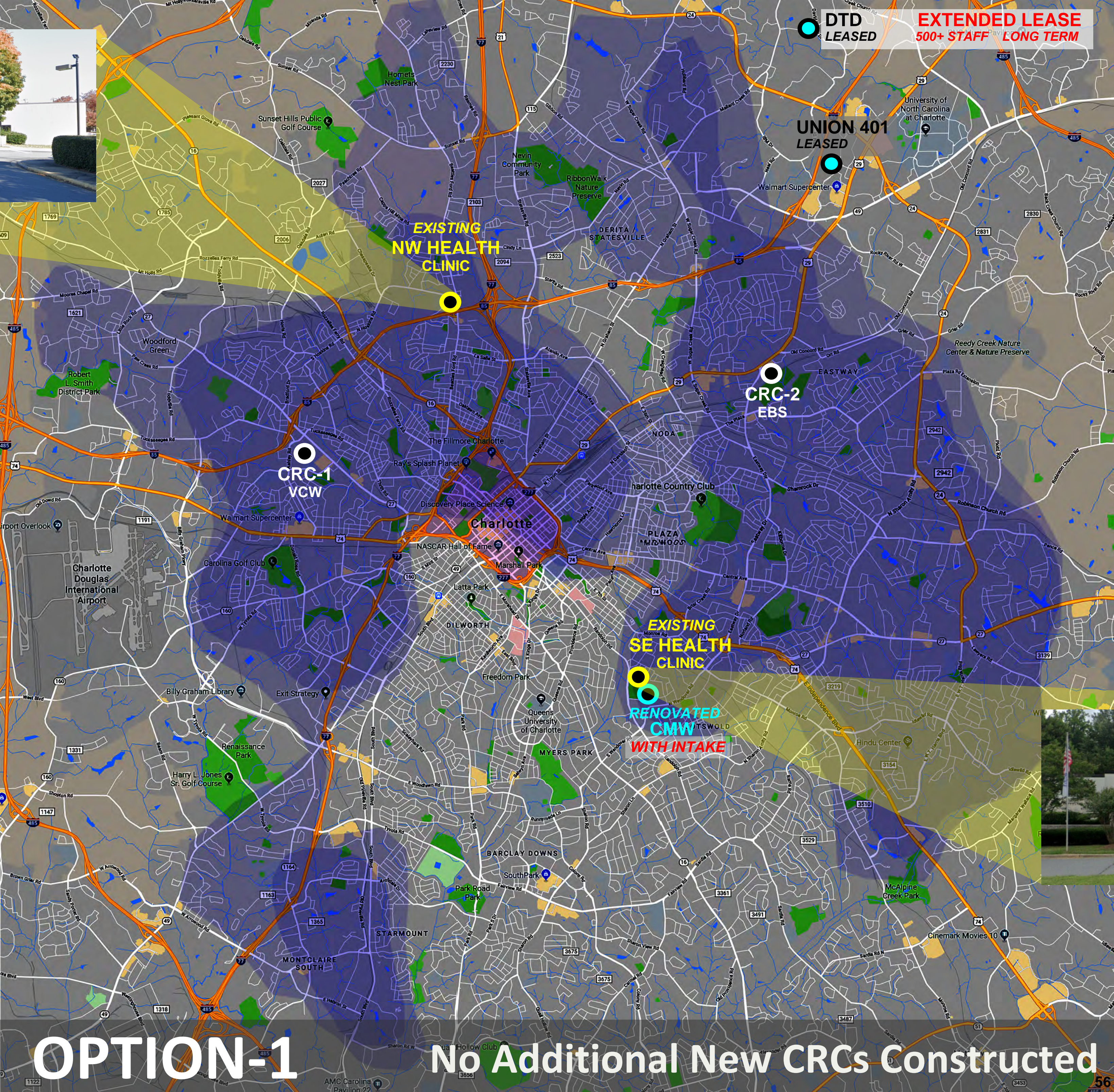
CRC-1
VCW

EXISTING
SE HEALTH
CLINIC

RENOVATED
CMW
WITH INTAKE

OPTION-1

No Additional New CRCs Constructed



EXISTING CLINICS

Major Renovations Required

NORTHWEST HEALTH

44,906 SF

2845 BEATTIES FORD ROAD
CHARLOTTE, NC 28216



SOUTHEAST HEALTH

40,156 SF

249 BILLINGSLEY ROAD
CHARLOTTE, NC 28211



OPTION-1

No Additional New CRCs Constructed

EXTENDED LEASE
500+ STAFF LONG TERM

DTD LEASED

UNION 401 LEASED

**EXISTING
NW HEALTH
CLINIC**

**CRC-2
EBS**

**CRC-1
VCW**

**EXISTING
SE HEALTH
CLINIC**

**RENOVATED
CMW
WITH INTAKE**

OPTION-1

No Additional New CRCs Constructed

EXTENDED LEASE
500+ STAFF LONG TERM

DTD LEASED

UNION 401 LEASED

**RENOVATE
NW HEALTH
CLINIC**

**CRC-2
EBS**

**CRC-1
VCW**

**EXISTING
SE HEALTH
CLINIC**

**RENOVATED
CMW
WITH INTAKE**



OPTION-1

No Additional New CRCs Constructed

EXTENDED LEASE
500+ STAFF LONG TERM

DTD LEASED

UNION 401 LEASED

**RENOVATED
NW HEALTH
CLINIC**

**CRC-2
EBS**

**CRC-1
VCW**

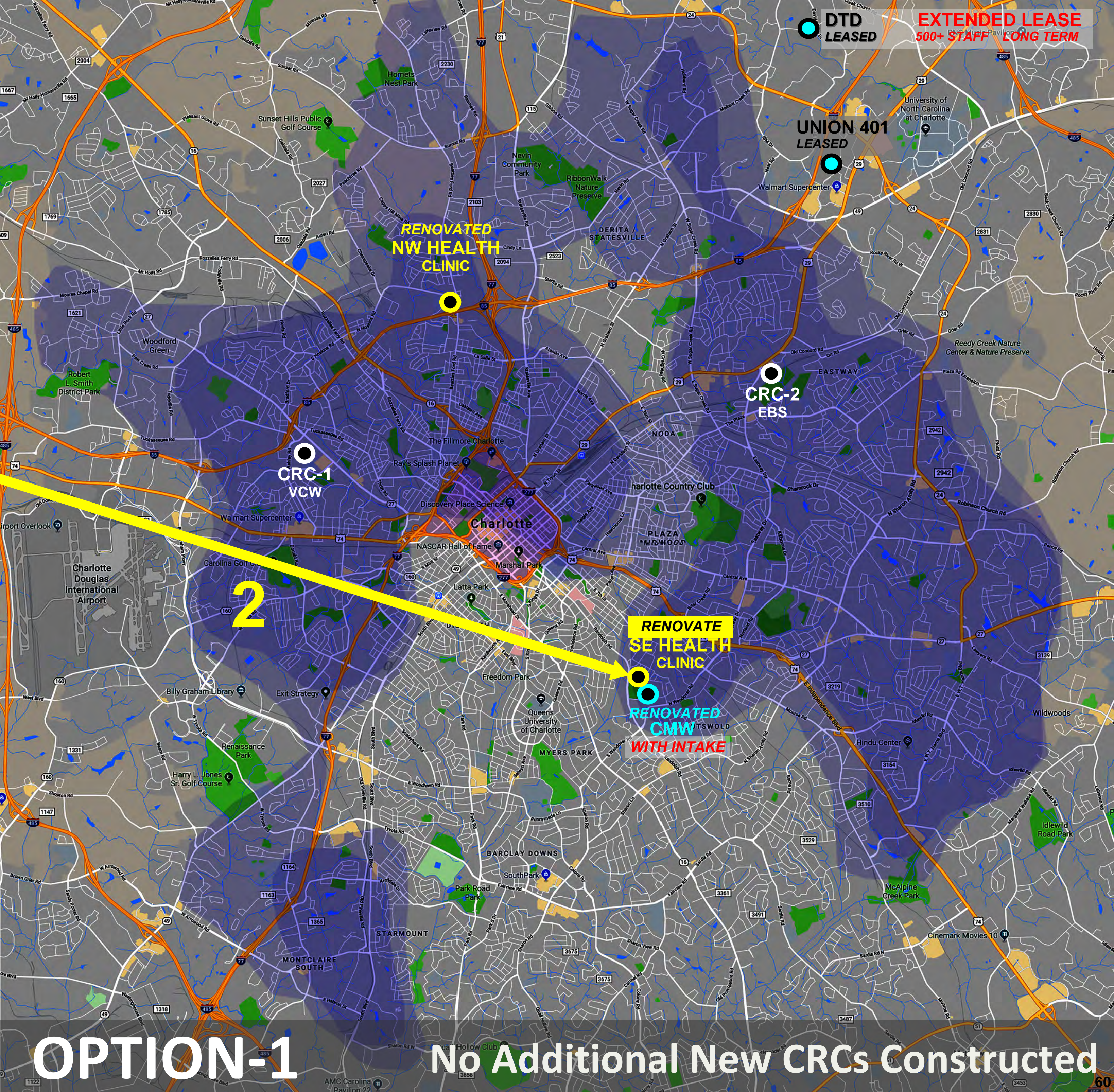
**RENOVATE
SE HEALTH
CLINIC**

**RENOVATED
CMW
WITH INTAKE**

2

OPTION-1

No Additional New CRCs Constructed



EXTENDED LEASE
500+ STAFF LONG TERM

DTD LEASED

UNION 401 LEASED

**RENOVATED
NW HEALTH
CLINIC**

**BIDDLE POINT
DENTAL
LEASED**

**CRC-1
VCW**

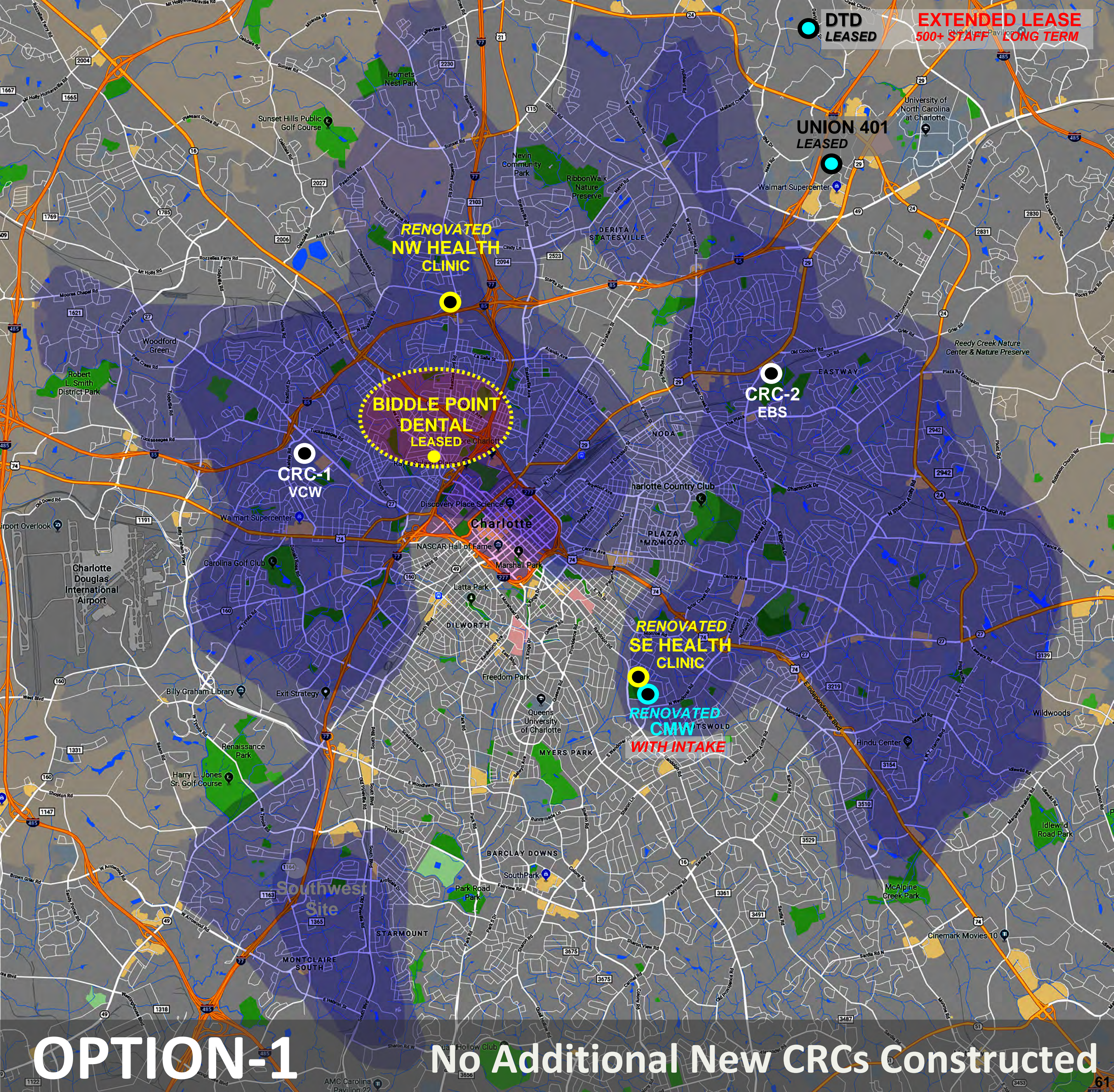
**CRC-2
EBS**

**RENOVATED
SE HEALTH
CLINIC**

**RENOVATED
CMW
WITH INTAKE**

OPTION-1

No Additional New CRCs Constructed



DTD
LEASED

EXTENDED LEASE
500+ STAFF PAVILION LONG TERM

RENOVATED
NW HEALTH
CLINIC

BIDDLE POINT
DENTAL
LEASED

CRC-2
EBS

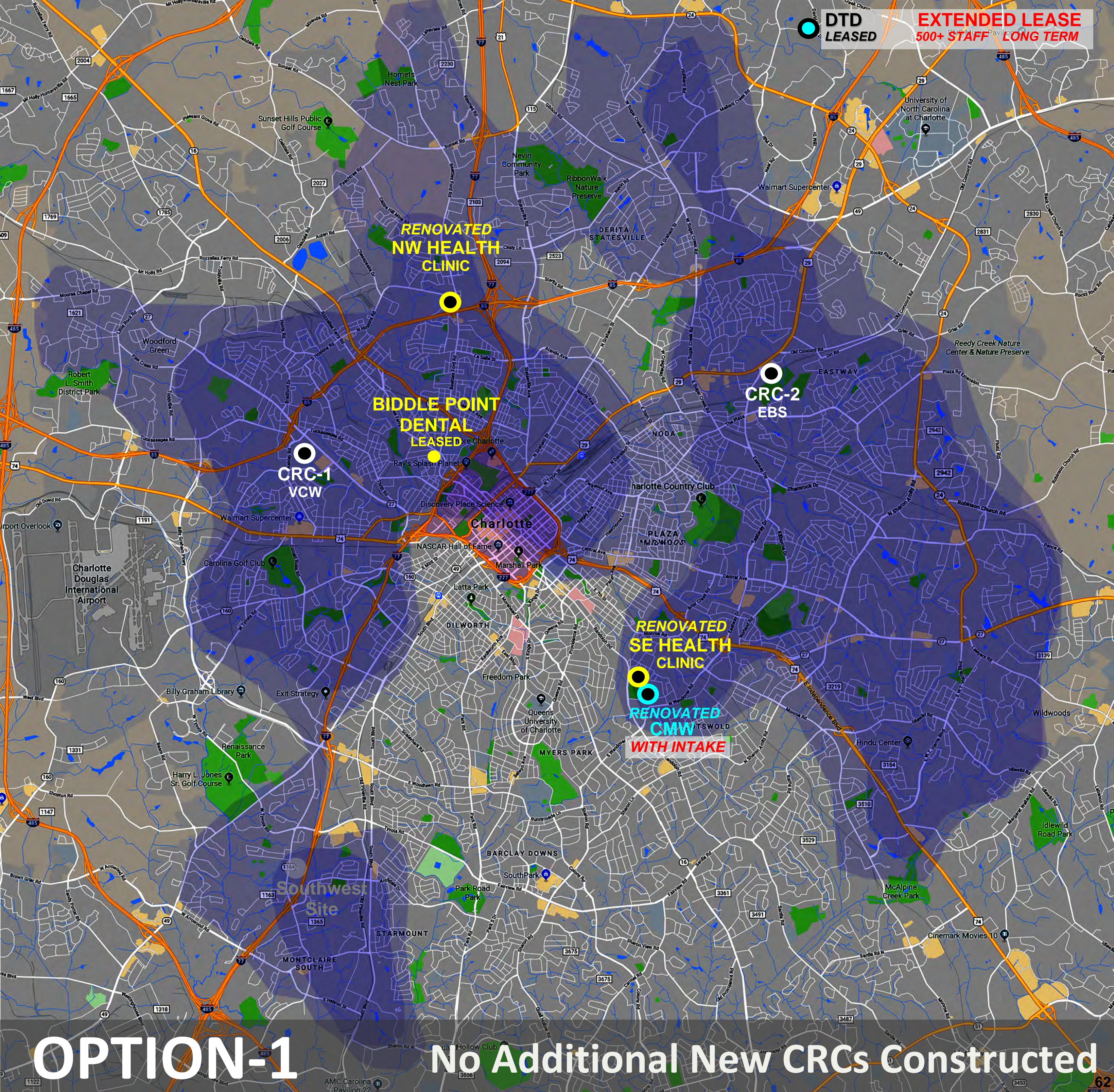
CRC-1
VCW

RENOVATED
SE HEALTH
CLINIC

RENOVATED
CMW
WITH INTAKE

OPTION-1

No Additional New CRCs Constructed



OPTION-1

No Additional New CRCs Constructed

- CRC-3 East \$ 10,100,000 *(CIP Approved - Expended)*
- CRC-4 Southwest \$ 4,200,000 *(CIP Approved - Expended)*
- CRC-5 Northwest \$ 0
- **CMW Renovation** *(WITH INTAKE)* \$ 88,000,000 *(CIP Approved + \$11.8 m)*

BUILDINGS

- **David Taylor Dr.** \$ 23,261,538
- **Union 401** \$ 2,182,884

LEASES

OPTION-1

No Additional New CRCs Constructed

• CRC-3 East	\$ 10,100,000	<i>(CIP Approved - Expended)</i>
• CRC-4 Southwest	\$ 4,200,000	<i>(CIP Approved - Expended)</i>
• CRC-5 Northwest	\$ 0	
• CMW Renovation <i>(WITH INTAKE)</i>	\$ 88,000,000	<i>(CIP Approved + \$11.8 m)</i>
• Upfit to Clinic Lease	\$ 22,000,000	
• NW Health Renovation	\$ 56,300,000	
• SE Health Renovation	\$ 62,000,000	
BUILDINGS	\$ 242,600,000	
• David Taylor Dr.	\$ 23,261,538	
• Union 401	\$ 2,182,884	
• David Taylor Dr. <i>(EXTENDED LEASE)</i>	\$ 48,483,253	
• Clinic Lease <i>(TBD - SWING SPACE)</i>	\$ 14,191,533	
• Biddle Point <i>(EXTENDED LEASE)</i>	\$ 1,452,125	
LEASES	\$ 89,571,333	

TOTAL

\$ 332,171,333

OPTION-1

No Additional New CRCs Constructed

• CRC-3 East	\$ 10,100,000	<i>(CIP Approved - Expended)</i>
• CRC-4 Southwest	\$ 4,200,000	<i>(CIP Approved - Expended)</i>
• CRC-5 Northwest	\$ 0	
• CMW Renovation <i>(WITH INTAKE)</i>	\$ 88,000,000	<i>(CIP Approved + \$11.8 m)</i>
• Upfit to Clinic Lease	\$ 22,000,000	
• NW Health Renovation	\$ 56,300,000	
• SE Health Renovation	\$ 62,000,000	
BUILDINGS	\$ 242,600,000	
• David Taylor Dr.	\$ 23,261,538	
• Union 401	\$ 2,182,884	
• David Taylor Dr. <i>(EXTENDED LEASE)</i>	\$ 48,483,253	
• Clinic Lease <i>(TBD - SWING SPACE)</i>	\$ 14,191,533	
• Biddle Point <i>(EXTENDED LEASE)</i>	\$ 1,452,125	
LEASES	\$ 89,571,333	

TOTAL

\$ 332,171,333

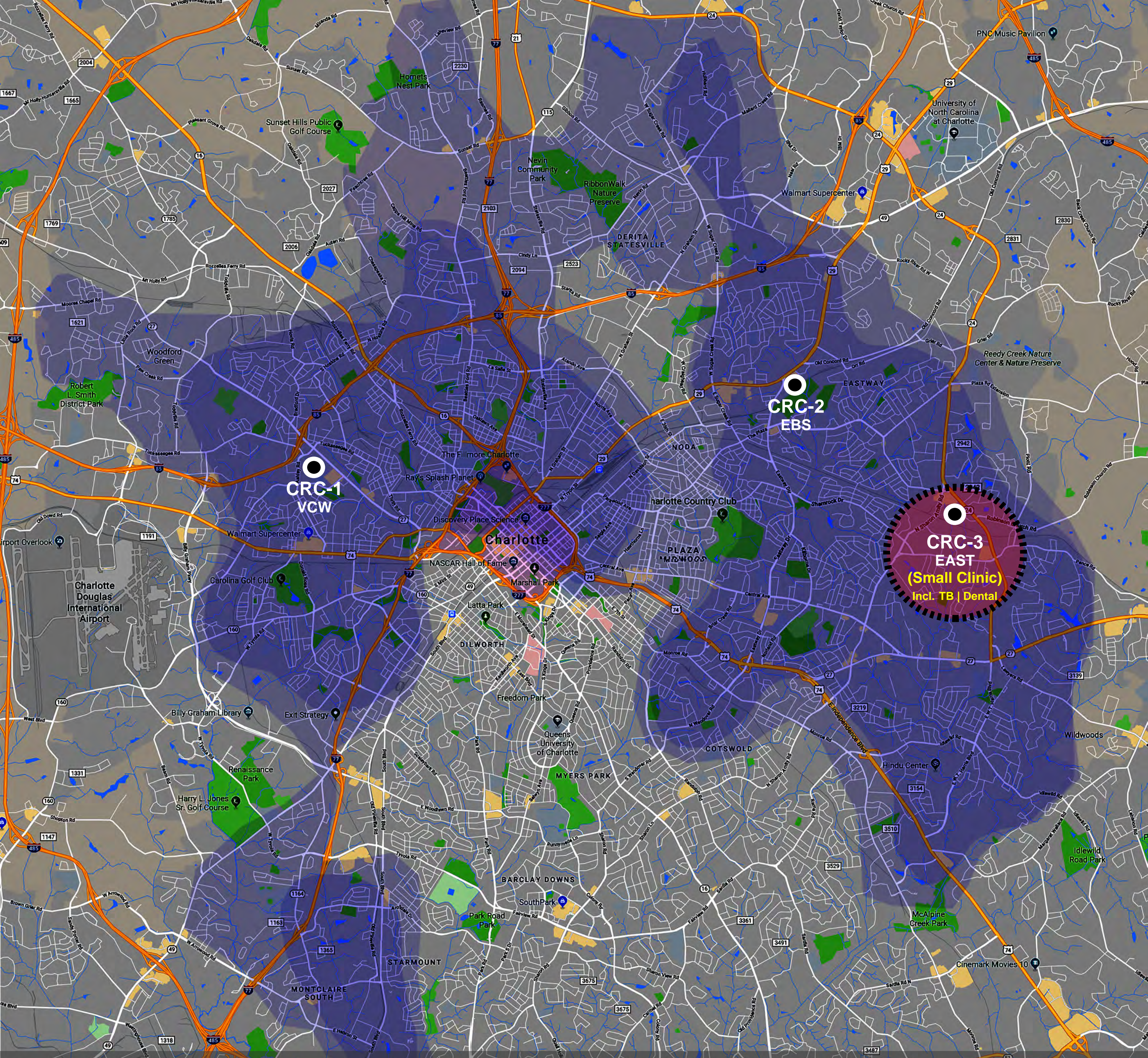
SAVINGS FROM
Baseline *Current CIP*
\$440.1M **\$408.7M**

An aerial photograph of a city, likely Los Angeles, with a semi-transparent grey overlay. The text is centered on the overlay. The city features a mix of green spaces, buildings, and roads.

OPTION-2

East CRC is the Final CRC Constructed

(SW CRC and NW CRC are not constructed)



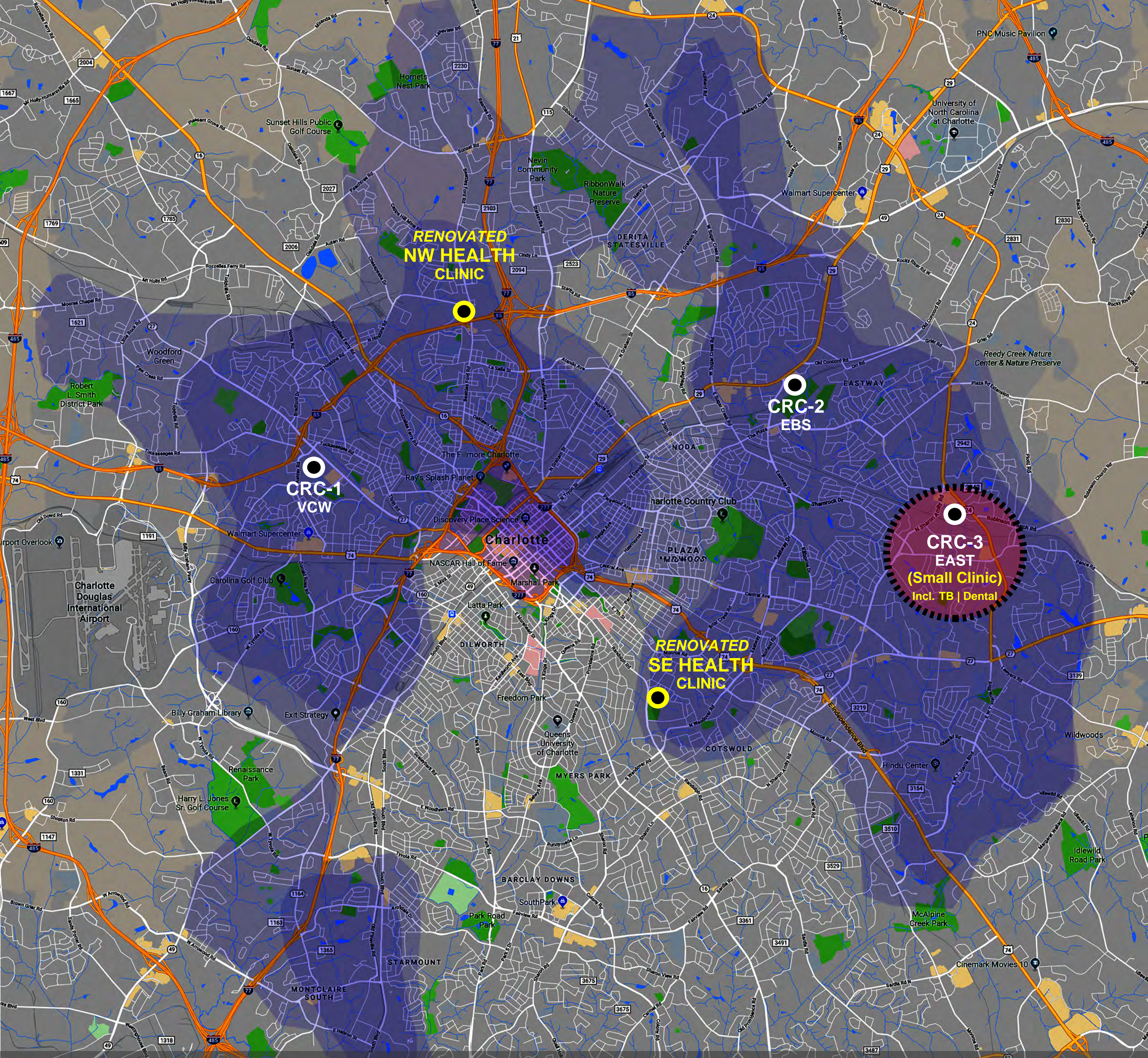
**CRC-1
VCW**

**CRC-2
EBS**

**CRC-3
EAST
(Small Clinic)
Incl. TB | Dental**

OPTION-2

East CRC is Final CRC Constructed



**RENOVATED
NW HEALTH
CLINIC**

**CRC-2
EBS**

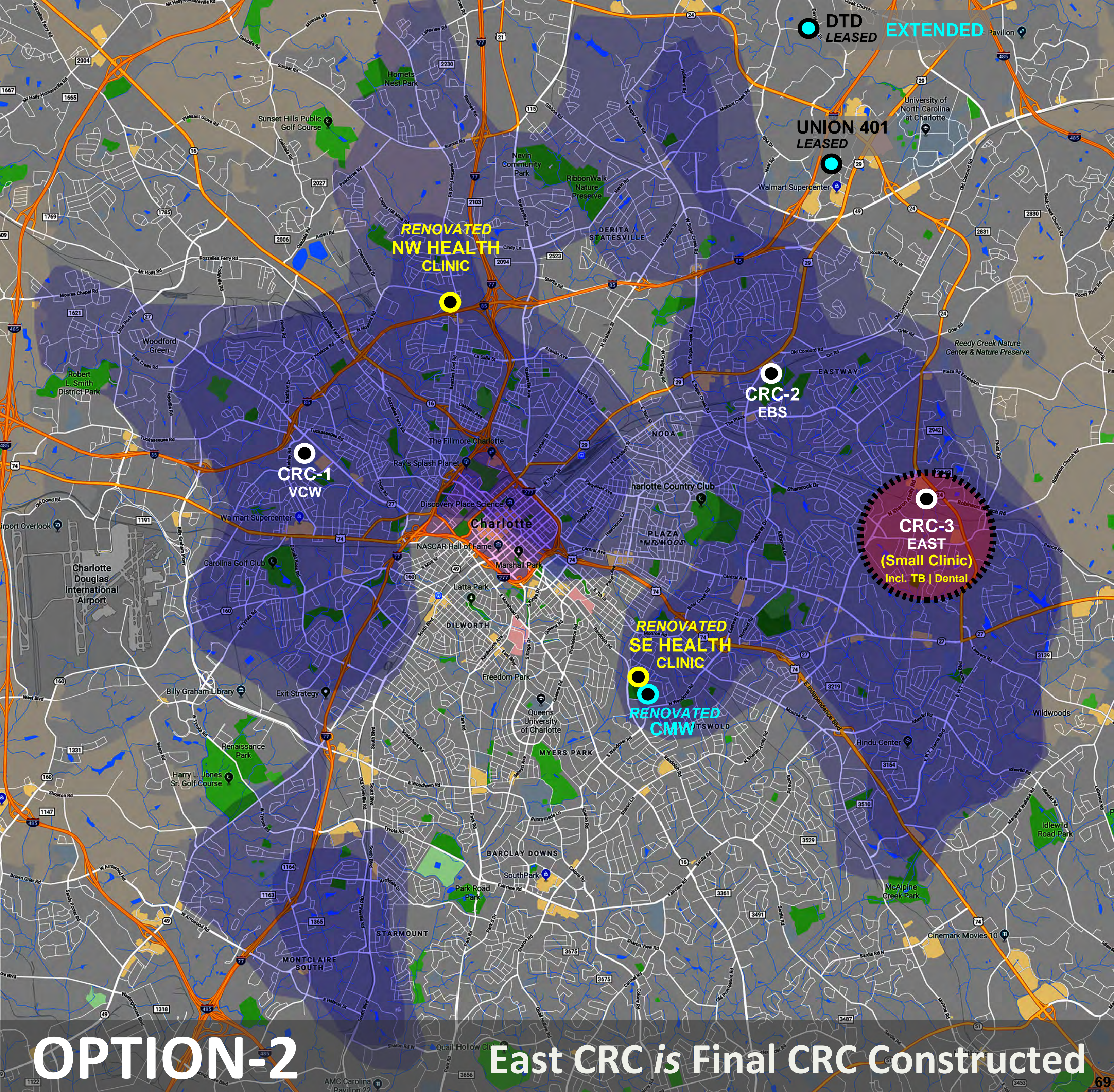
**CRC-1
VCW**

**CRC-3
EAST
(Small Clinic)
Incl. TB | Dental**

**RENOVATED
SE HEALTH
CLINIC**

OPTION-2

East CRC is Final CRC Constructed



DTD LEASED EXTENDED

UNION 401 LEASED

RENOVATED NW HEALTH CLINIC

CRC-2 EBS

CRC-1 VCW

CRC-3 EAST (Small Clinic) Incl. TB | Dental

RENOVATED SE HEALTH CLINIC

RENOVATED CMW

OPTION-2

East CRC is Final CRC Constructed

OPTION-2

East CRC is Final CRC

• CRC-3 East	\$ 161,840,660	(CIP Approved)
• CRC-4 Southwest	\$ 4,200,000	(CIP Approved - Expended)
• CRC-5 Northwest	\$ 0	
• CMW Renovation	\$ 76,187,186	(CIP Approved)
• Upfit to Clinic Lease	\$ 22,000,000	
• NW Health Renovation	\$ 56,300,000	
• SE Health Renovation	\$ 62,000,000	
BUILDINGS	\$ 382,527,846	
• David Taylor Dr.	\$ 23,261,538	
• Union 401	\$ 2,182,884	
• David Taylor Dr. (EXTEND TO FY40)	\$ 14,748,562	
• Clinic Lease (TBD - SWING SPACE)	\$ 14,191,533	
LEASES	\$ 54,384,517	

TOTAL

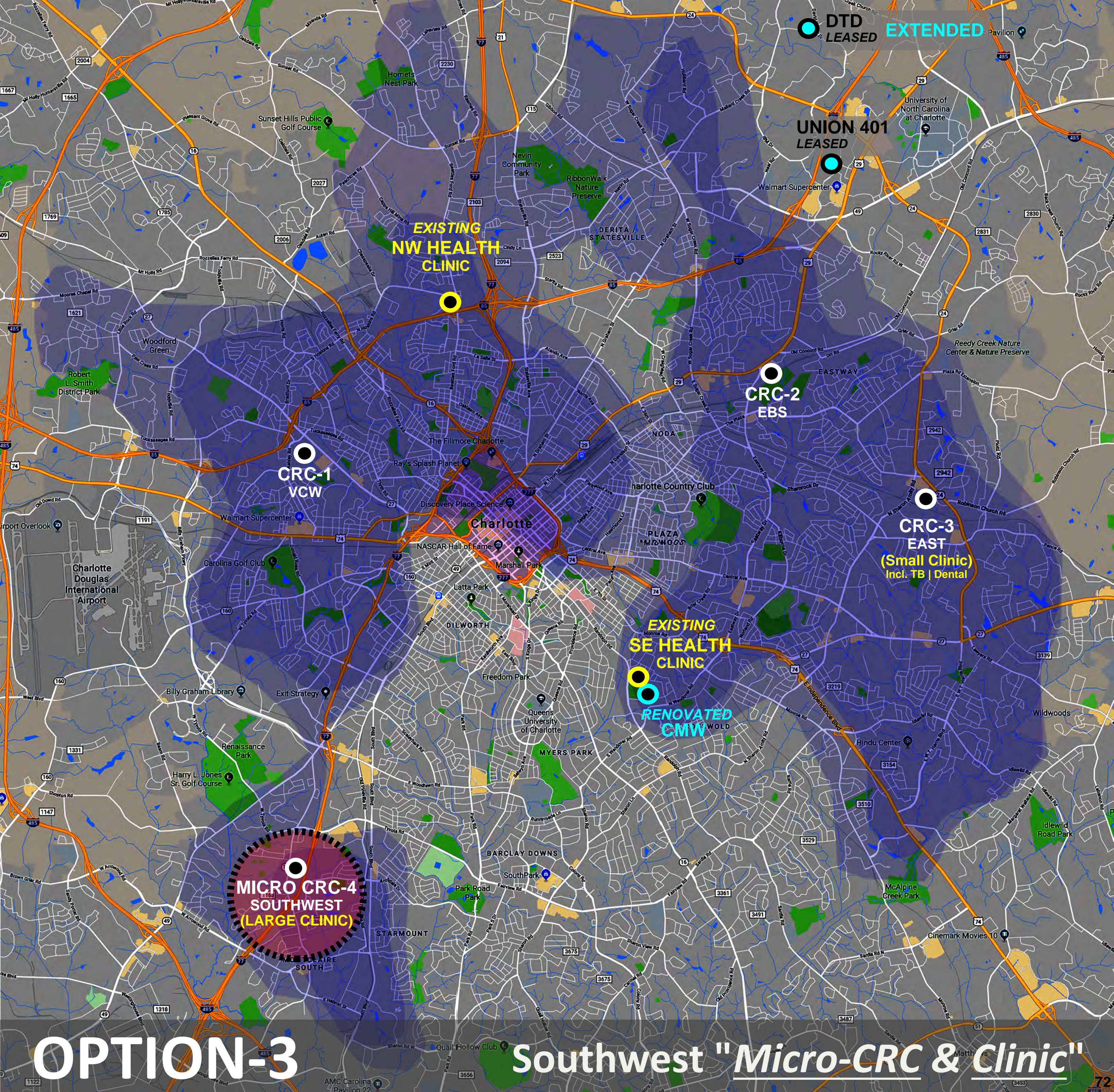
\$ 436,912,363

SAVINGS FROM
Baseline \$335.4M
Current CIP \$268.8M

OPTION-3

SW "Micro-CRC & Clinic" Constructed as Final CRC

(NW CRC is not constructed)



DTD LEASED EXTENDED

UNION 401 LEASED

EXISTING NW HEALTH CLINIC

CRC-2 EBS

CRC-1 VCW

CRC-3 EAST (Small Clinic) Incl. TB | Dental

EXISTING SE HEALTH CLINIC

RENOVATED CMW

MICRO CRC-4 SOUTHWEST (LARGE CLINIC)

OPTION-3

Southwest "Micro-CRC & Clinic"

SW Micro-CRC | Services

DCR	ESD/CRC	Workforce Development	YES
		Food & Nutrition Services	YES
		Medicaid	YES
		Energy Assistance Program	YES
		Work First	YES
		MeckSuccess (Employment Training)	NO
		HOMES Program	NO
		Community Partnerships	NO
		Program Integrity	NO
	Qualified Substance Abuse	NO	
	CSE	Child Support Services	NO
CSS		Veterans Services	NO
		Coordinated Entry	NO
		Prevention & Intervention DV	NO
		SVSE	NO
CFAS	YFS	Parent/Child Visitation	NO
		Child/Family Team Services	YES
		Drop-In Services	NO
PH	WIC	WIC Services	YES
	CM	Care Management (CMARC/CMHRP)	NO

Public Facing - No Back Office

50 Staff
NO GROWTH

SW Micro-CRC | Services

DCR	ESD/CRC	Workforce Development	YES
		Food & Nutrition Services	YES
		Medicaid	YES
		Energy Assistance Program	YES
		Work First	YES
		MeckSuccess (Employment Training)	NO
		HOMES Program	NO
		Community Partnerships	NO
		Program Integrity	NO
		Qualified Substance Abuse	NO
	CSE	Child Support Services	NO
CSS		Veterans Services	NO
		Coordinated Entry	NO
		Prevention & Intervention DV	NO
		SVSE	NO
CFAS	YFS	Parent/Child Visitation	NO
		Child/Family Team Services	YES
		Drop-In Services	NO
PH	WIC	WIC Services	YES
	CM	Care Management (CMARC/CMHRP)	NO

Public Facing - No Back Office

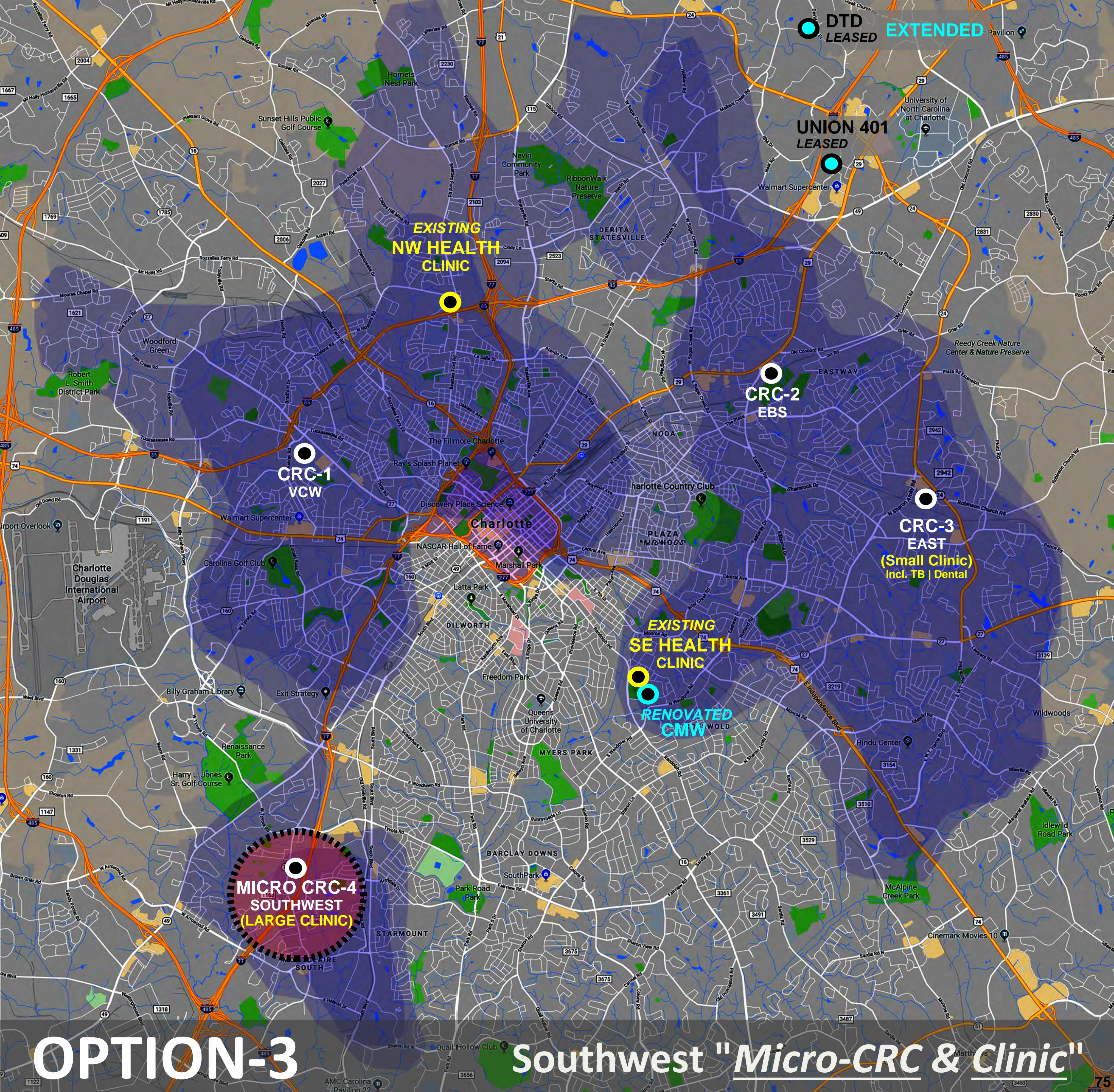
50 Staff
NO GROWTH

SW Health Clinic | Services

PH	OFFICE	Central Administration	YES
		Auxilliary Administration	YES
		Population Health	YES
		Epidemiology	YES
		Total Quality & Informatics	YES
		Registration Medical Records	YES
		Office of Innovation & Strategy	YES
		Vital Records	YES
		Work Force	YES
		Preparedness	YES
	Call Center	YES	
	CLINICAL	Clinical Services	YES
		Laboratory	YES
		Pharmacy	YES
Dental		NO	

Public Facing & Back Office

249 Staff
INCLUDES GROWTH



DTD LEASED EXTENDED

UNION 401 LEASED

EXISTING NW HEALTH CLINIC

CRC-2 EBS

CRC-1 VCW

CRC-3 EAST (Small Clinic) Incl. TB | Dental

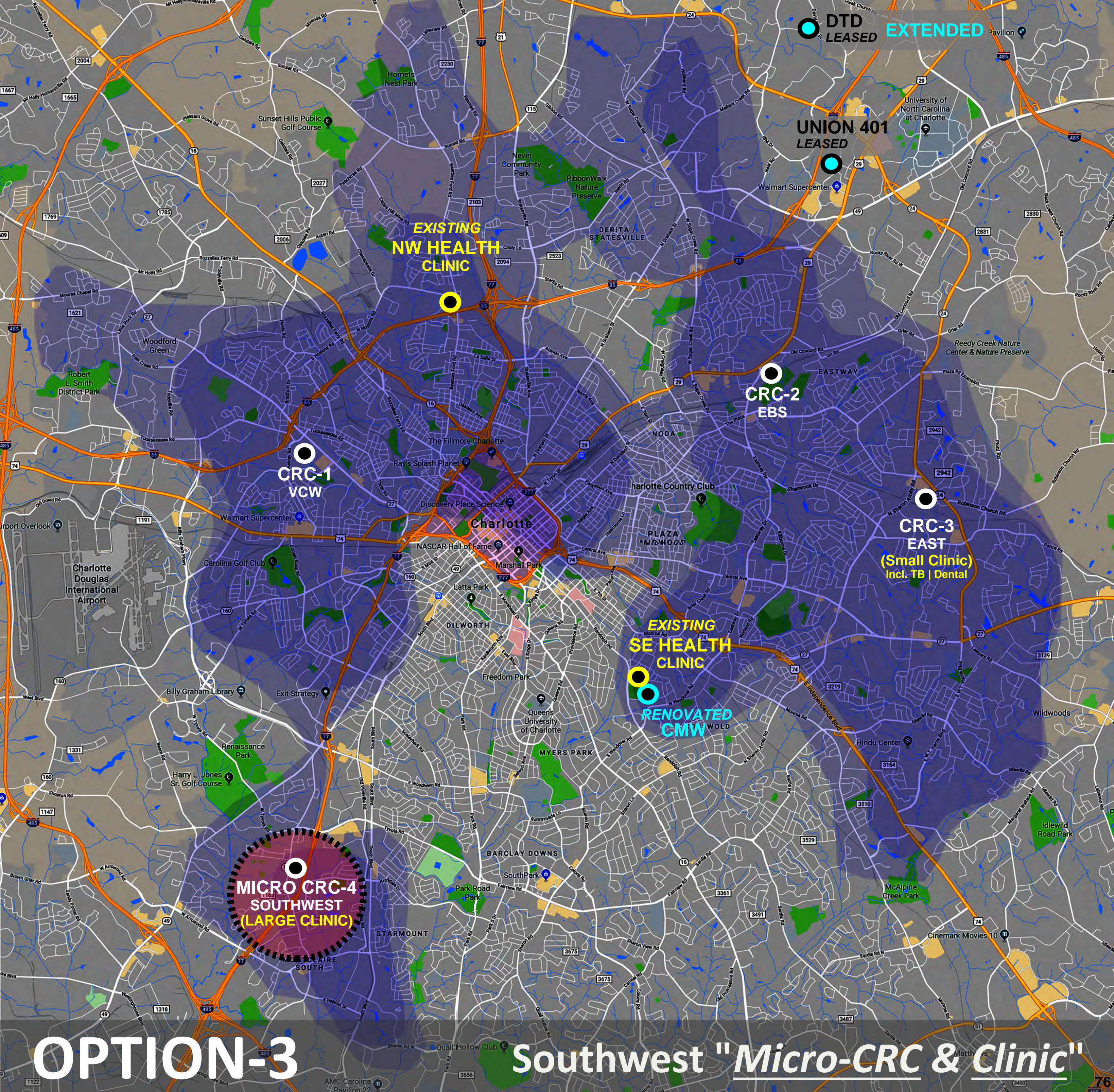
EXISTING SE HEALTH CLINIC

RENOVATED CMW

MICRO CRC-4 SOUTHWEST (LARGE CLINIC)

OPTION-3

Southwest "Micro-CRC & Clinic"



DTD LEASED EXTENDED

UNION 401 LEASED

EXISTING NW HEALTH CLINIC

CRC-2 EBS

CRC-1 VCW

CRC-3 EAST (Small Clinic) Incl. TB | Dental

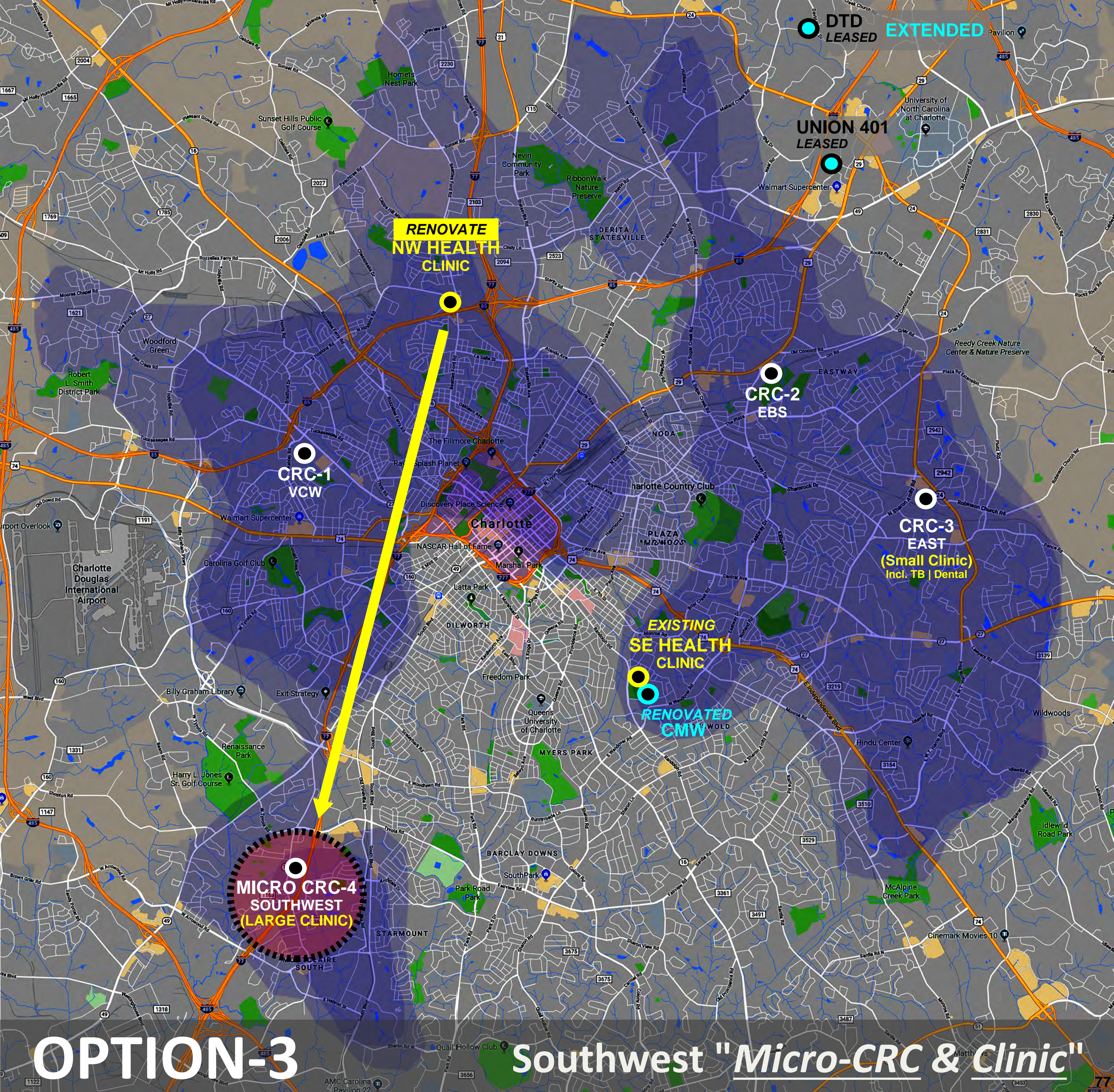
EXISTING SE HEALTH CLINIC

RENOVATED CMW

MICRO CRC-4 SOUTHWEST (LARGE CLINIC)

OPTION-3

Southwest "Micro-CRC & Clinic"



**RENOVATE
NW HEALTH
CLINIC**

**CRC-1
VCW**

**CRC-2
EBS**

**CRC-3
EAST
(Small Clinic)
Incl. TB | Dental**

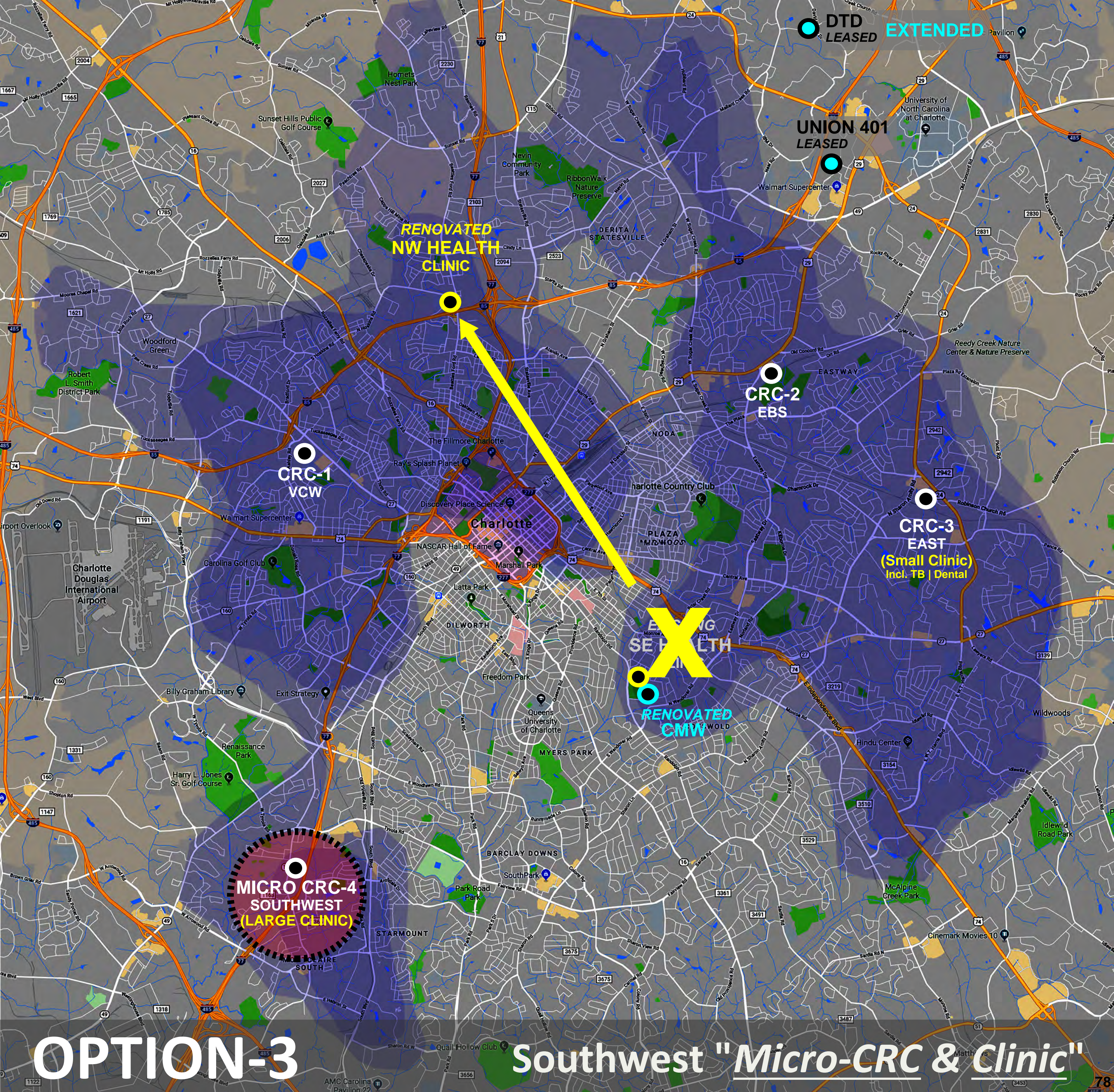
**EXISTING
SE HEALTH
CLINIC**

**RENOVATED
CMW**

**MICRO CRC-4
SOUTHWEST
(LARGE CLINIC)**

OPTION-3

Southwest "Micro-CRC & Clinic"



DTD LEASED EXTENDED

UNION 401 LEASED

RENOVATED NW HEALTH CLINIC

CRC-1 VCW

CRC-2 EBS

CRC-3 EAST (Small Clinic) Incl. TB | Dental

SEPHLTH
RENOVATED CMW

MICRO CRC-4 SOUTHWEST (LARGE CLINIC)

OPTION-3

Southwest "Micro-CRC & Clinic"

OPTION-3

Southwest "Micro-CRC & Clinic"

• CRC-3 East	\$ 161,840,660	(CIP Approved)
• CRC-4 SW (MICRO-CRC & CLINIC)	\$ 161,400,000	(CIP Approved - Adjusted)
• CRC-5 Northwest	\$ 0	
• CMW Renovation	\$ 76,187,186	(CIP Approved)
• Upfit to Clinic Lease	\$ 0	
• NW Health Renovation	\$ 56,300,000	
• SE Health Renovation	\$ 0	

BUILDINGS	\$ 455,727,846
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• David Taylor Dr.	\$ 23,261,538	
• Union 401	\$ 2,182,884	
• David Taylor Dr. (EXTEND TO FY40)	\$ 14,748,562	
• Clinic Lease (TBD - SWING SPACE)	\$ 0	

LEASES	\$ 40,192,984
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TOTAL

\$ 495,920,830

SAVINGS FROM
Baseline \$276.4M
Current CIP \$111.6M

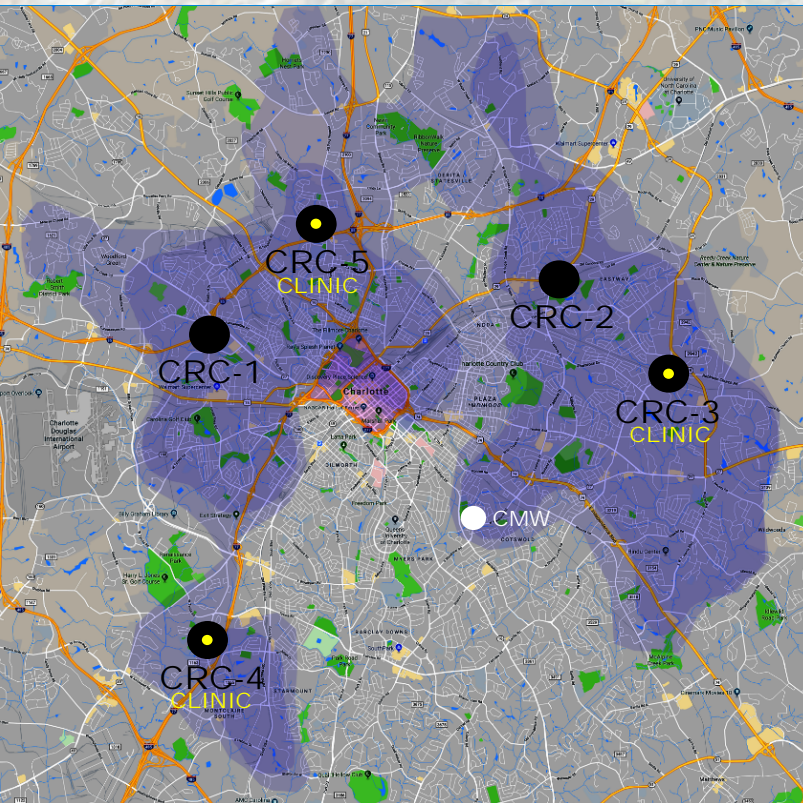
BASELINE

Original Strategy

Distribution of HHS Programs

- CRC Services: Optimal
- PH Services: Optimal

- 5 full CRCs (3 with new Clinics)
- CMW Center - Renovated
- No Continued Leases at DTD
- No Continued Dental Clinic Lease
- No Temporary Clinic Lease & Upfit
- Sell or Develop Existing SE Clinic



\$ 772.3 M

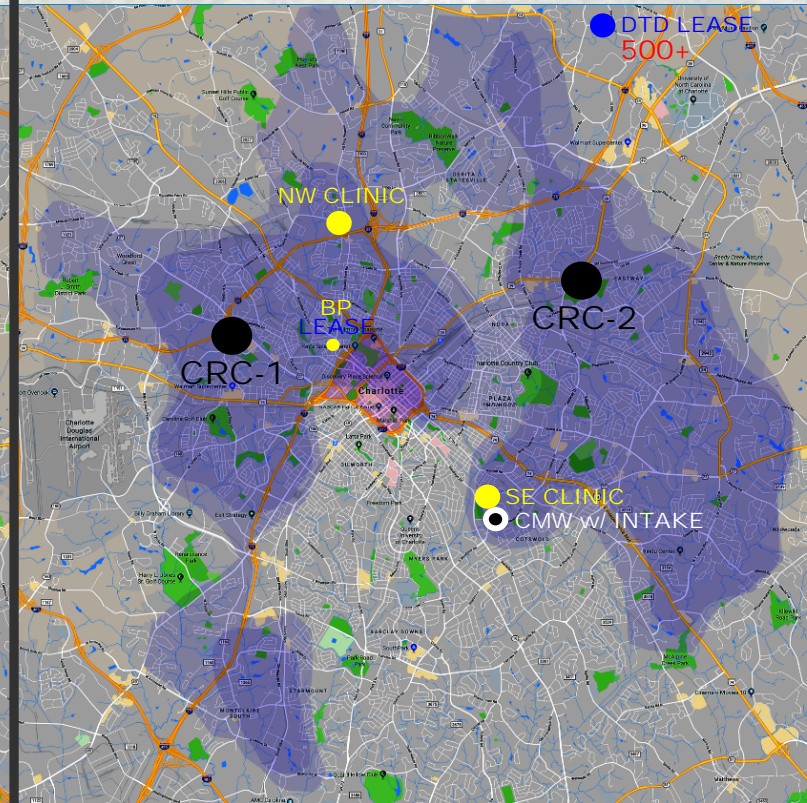
OPTION-1

No Additional CRCs Built

Distribution of HHS Programs

- CRC Services: Partial
- PH Services: Partial

- 2 full CRCs (0 with new Clinics)
- CMW Center - Renovated w/ Intake
- Continue Lease | 500+ Staff at DTD
- Continue Lease | Dental Clinic at BP
- Add Temporary Clinic - Lease & Upfit
- Existing NW Clinic - Renovated
- Existing SE Clinic - Renovated



\$ 332.2 M

Baseline Savings
\$440.1M

CIP Savings
\$408.7M

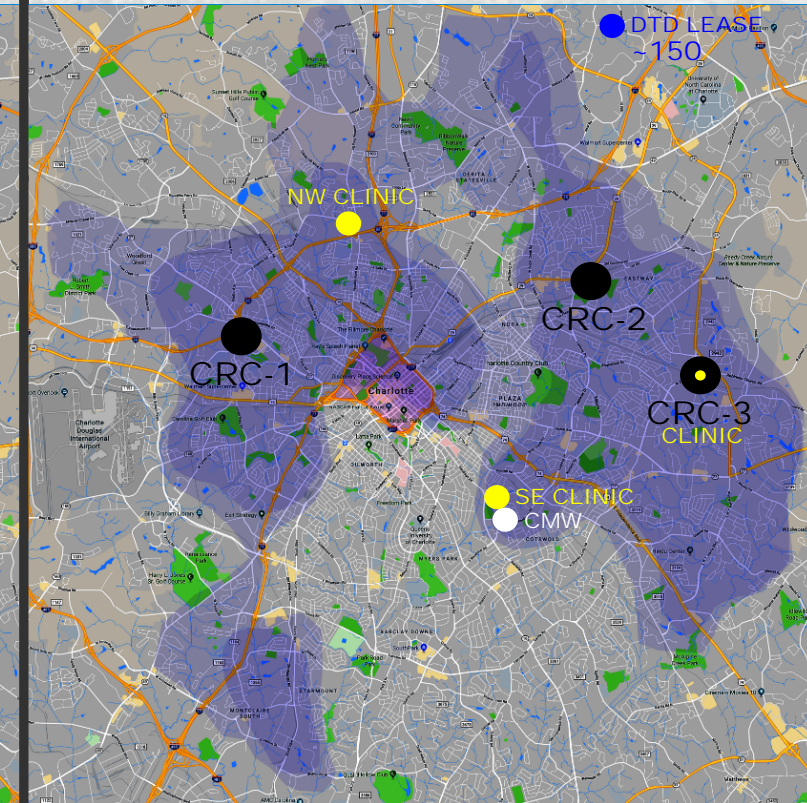
OPTION-2

E CRC is Final

Distribution of HHS Programs

- CRC Services: Partial
- PH Services: Partial

- 3 full CRCs (1 with new Clinic)
- CMW Center - Renovated
- Continue Lease | 150 Staff at DTD
- No Continued Dental Clinic Lease
- Add Temporary Clinic - Lease & Upfit
- Existing NW Clinic - Renovated
- Existing SE Clinic - Renovated



\$ 436.9 M

Baseline Savings
\$335.4M

CIP Savings
\$268.8M

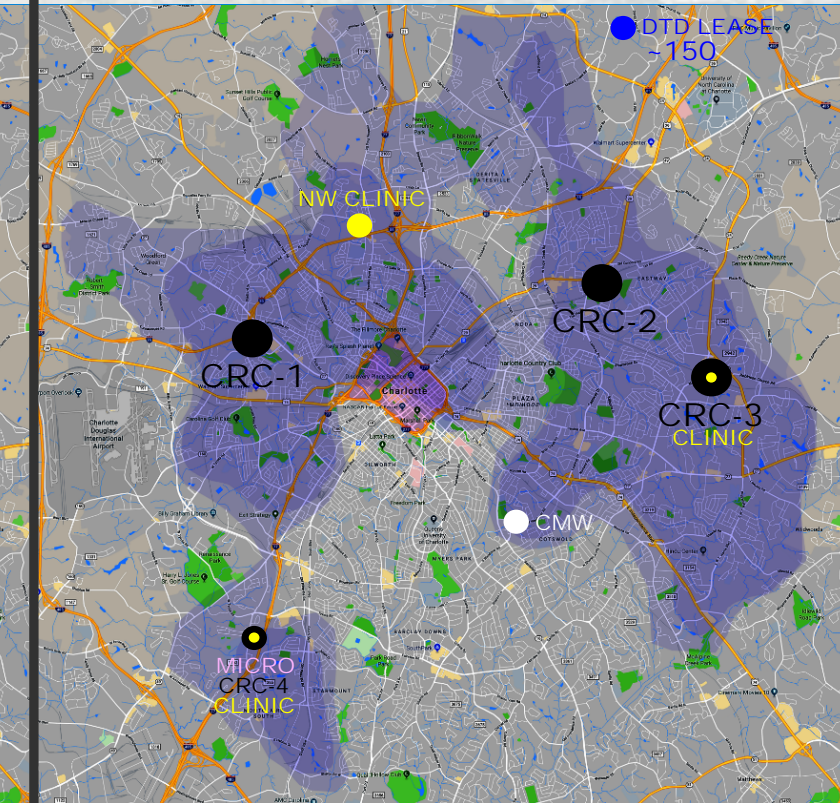
OPTION-3

SW Micro-CRC & Clinic is Final

Distribution of HHS Programs

- CRC Services: Good
- PH Services: Optimal

- 3 full CRCs (1 with new Clinic)
- 1 Micro-CRC with Large Clinic
- CMW Center - Renovated
- Continue Lease | 150 Staff at DTD
- No Continued Dental Clinic Lease
- No Temporary Clinic Lease & Upfit
- Existing NW Clinic - Renovated
- Sell or Develop Existing SE Clinic



\$ 495.9 M

Baseline Savings
\$276.4M

CIP Savings
\$111.6M

**Option 1
No Additional CRCs Built**

**Option 2
East CRC is Final**

**Option 3
SW Micro CRC & Full Clinic is Final**

- | <u>Advantages</u> | <u>Disadvantages</u> |
|--|--|
| <ul style="list-style-type: none"> Baseline savings: \$440.1M (Current CIP savings: \$408.7M) | <ul style="list-style-type: none"> Does not address HHS customer access needs in East and Southwest Requires Catherine M. Wilson Center renovations to reopen lobby for public-facing services Requires full renovation of Southeast (SE) and Northwest (NW) health clinics Need for temporarily-leased Public Health clinical space Continued lease of dental clinic at Biddle Point location Continued lease for 500+ staff at David Taylor Drive location |

- | <u>Advantages</u> | <u>Disadvantages</u> |
|---|---|
| <ul style="list-style-type: none"> Baseline savings: \$335.4M (Current CIP savings: \$268.8M) Expands access for East side residents Establishes new East side Public Health clinic Creates County-owned pediatric dental clinic Eliminates Biddle Point dental clinic lease Establishes supervised visitation/safe exchange on the East side Additional space for HHS staff in County-owned buildings | <ul style="list-style-type: none"> Additional \$104.7M investment compared to Option 1 Does not address customer needs on Southwest area Still requires full renovation of SE and NW health clinics Need for temporarily-leased Public Health clinical space Continued lease for 150+ staff at David Taylor Drive location |

- | <u>Advantages</u> | <u>Disadvantages</u> |
|---|---|
| <ul style="list-style-type: none"> Baseline savings: \$276.4M (Current CIP savings: \$111.6M) <u>Includes all advantages from Option 2, plus:</u> Creates access to CRC services in Southwest area Establishes Public Health clinic in Southwest area No longer need to renovate SE health clinic Creates County-owned swing space for clinical staff during NW health clinic renovation Allows for sale or redevelopment of SE health clinic property | <ul style="list-style-type: none"> Additional \$59M investment compared with Option 2 Continued lease for 150+ staff at David Taylor Drive location |