

MECKLENBURG COUNTY:

Addressing Equity through Health and Human Service Re-design and Child Development Improvements

Introduction

The fatal police shooting of Keith Lamont Scott in 2016 prompted Mecklenburg to launch a county-wide Equity Action Plan. Racial reckoning had been a long time coming in a County that was more segregated in 1990 than in 1970 and that had, in recent years, continued to struggle with ongoing racial inequity in housing, education, service provision, and criminal justice. More recently, police-involved racial unrest had heightened concerns that Charlotte-Mecklenburg's long history of having avoided the worst of racially related violence would be disrupted.

Many litigated and other anti-discrimination strategies were engaged over the five decades after the landmark 1969 Mecklenburg County school desegregation case, *Swan v Mecklenburg*, forever changed the role of courts in compelling integration nationally. Nevertheless, persistent disparities in opportunity and circumstance continued to be reinforced by redistricting and

other systemic injustices. If not for a seminal 2014 national survey ranking Charlotte-Mecklenburg last in socio-economic mobility among 50 peer urban settings, the commitment to re-visioning the jurisdiction in the wake of Lamont Scott's death may not have taken hold.

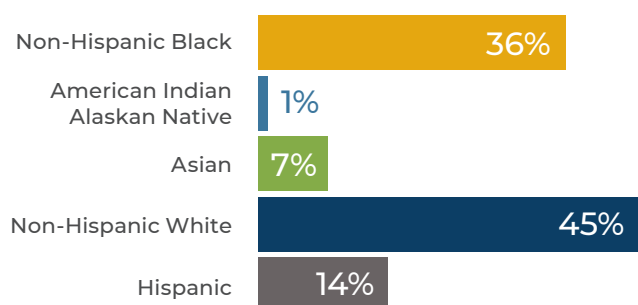
Charlotte-Mecklenburg will be a community that cares about all our children and youth — regardless of income, race, or zip code — and where all our children feel they belong, have big dreams, and find the opportunities to achieve those dreams.

— THE OPPORTUNITY TASK FORCE, 2017

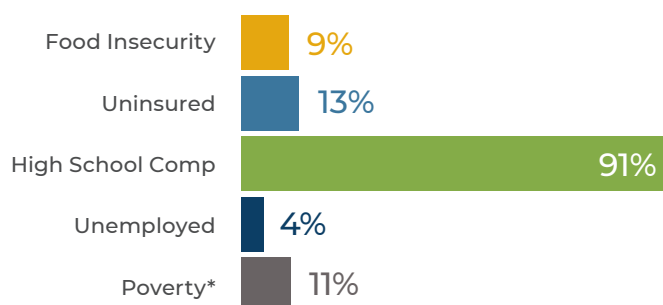
Mecklenberg County 2024

(Population 1,145,392)

RACE



SOCIO ECONOMIC FACTORS



<https://www.countyhealthrankings.org/health-data/north-carolina/mecklenburg?year=2024>

*Poverty rates from US Census 2023 estimates.

In fact, like other settings, the considerable equity-related initiatives undertaken by the County over the last decade are a function not just of a traumatic moment that catalyzed action but of several converging histories that have shaped, and continue to shape, the County's commitment to addressing disparities, particularly those engendered by race. Those histories include significant demographic shifts and the emergence of Charlotte-Mecklenburg as an economic powerhouse in the South; increasing burdens on an inadequately financed public infrastructure; economic downturns, in particular with the loss of major state funding in the late '90's; and adoption of a performance-based management strategy that shaped County government restructuring of public agencies, data analytics, financing, and other administrative practices. With courage, transparency, and a commitment to community engagement, public and private entities constructed both frameworks and policy priorities. Increasingly, these efforts have centered race in strategic change initiatives, repeatedly confirming the dictum the County adopted: *We lead with race.*

The following sections describe these efforts; the histories, approaches, and plans that set the stage; numerous enabling circumstances that presented and supported opportunities for change; select strategies undertaken by the County and its various community and private sector partners; and progress and ongoing challenges. Two areas of substantive change are a particular focus of this report: the redesign of health and human services delivery and significant changes in early childhood care, education, and family supports. As with other settings, operationalizing equity is a work in progress.

We need only the courage to confront what may hurt, embrace that which will help, and sustain collective action in the spirit of truth, trust, and compromise.

— THE OPPORTUNITY TASK FORCE, 2017

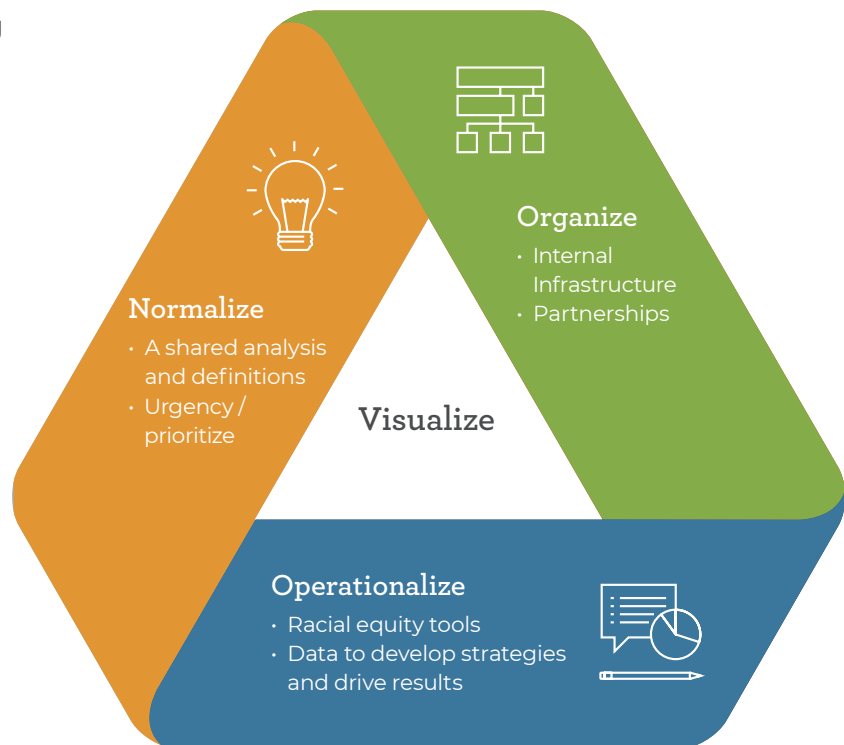
Planning for Equity

In the Fall of 2016, after the death of Keith Lamont Scott, the County manager announced the launch of an Equity Action Plan. It would take three years for the plan to get fully articulated, but the over-arching objectives shaped the subsequent work and demonstrated core assumptions: that equity had to be centrally located in the County's decision-making processes and in the understanding and actions of all employees and departments. Modest as these aims may sound, they have provided a litmus test for looking at the County's progress over time. Additionally, they reflect the now well-established premise that the implementers of equity-related changes — both inside and outside of government — need to understand the objectives, the mechanisms for action, and the relevant measures.

Within a year, the County had appointed its first Equity and Inclusion Manager and formalized a relationship with the Government Alliance on Race and Equity (GARE). GARE is a peer-to-peer learning and practice network dedicated to advancing racial equity in government; it promotes a framework for normalizing, organizing and operationalizing equity. In Fiscal Year 2019, the Office of Equity and Inclusion was established with enterprise-wide responsibilities to advance equity in all County operations through departmental and cross-agency action plans; provide guidance and technical support; and build community partnerships and alliances that would affect outcomes.

Government Alliance on Race and Equity (GARE) Framework

Shortly thereafter the Mecklenburg Racial Equity Toolkit was adopted with the purpose of integrating **explicit** consideration of racial equity in governmental decisions including policies, programs, practices, and budgets. The toolkit closely reflected the strategies outlined by GARE.



The Office had two other core functions: to facilitate the resolution of issues that were rooted in bias and discrimination and to build internal capacity through education, focus groups, workshops, surveys, and the establishment of an Equity Core Team that would socialize change at various levels. This attention to building buy-in and skillsets at multiple levels of public and private entities has been a hallmark of many equity related approaches.

It was through the work of the Equity Core Team that the 2020–2022 Equity Action Plan draft debuted in April 2019 and went on to get County Manager and Cabinet approval that June. The

plan was broad in its vision, in concert with the stated commitment to a targeted universalism approach: ‘all people in Mecklenburg County will have an equitable opportunity to thrive in the workplace and in the community’. Equally important, the Plan also was specific about the implications of structural racism in its mission statement: ‘To build and sustain a culture of equity and inclusion across the County through understanding, analyzing, and eliminating the root causes of racial disparities and advancing equitable policies, practices, and procedures, creating a culture of equity to meet the needs of all residents.’

Initial Equity Plan Goals



Establish Equity

Establish equity as a priority for county.



Train Employees

Train all County employees in social determinants and racial equity.



Develop Action Plans

Develop equity action plans for each County department with clear outcome measures.

Mecklenburg Racial Equity Toolkit

1		Desired Results	4		Strategies for Racial Equity
2		Community Engagement	5		Implementation Plan
3		Community Engagement	6		Communications & Accountability

The Plan itself articulated six goals, in the following areas:

- 1 **Infrastructure and Tools** (focused on building employee and community understanding of racial equity);
- 2 **Workforce Equity**, with the goal of making Mecklenburg County a model employer in this arena;
- 3 **Inclusive Engagement** with community members in all processes;
- 4 **Health Equity**;
- 5 **Economic Opportunity**, where Minority/Women-Owned/Small Business Enterprises (MWSBE) and Nonprofits share in the County's prosperity and in County government contracting;
- 6 **and Criminal Justice**, with the goal of reducing racial disparity and disproportionality in the system.

The many strategies built into the goal structure compelled an \$8.1M investment recommendation for the following fiscal year. In 2020, the County declared racism to be a public health crisis, increasing the urgency in governmental policy, procurement, and practice transformation.

While Covid interrupted some of the plans and financing strategies, the equity commitments shaped the regional pandemic response as well as the recovery through ARPA and other related funding. Furthermore, the County kept its commitment to report on progress and drive departmental plans with annual updates discussed briefly below. Their most recent plan forecasts planned equity development efforts through 2026.

We have a plan that is not just living on a shelf. We have a plan that has also been socialized and that takes it past 'equity is not someone else's job'. It is in our hiring practices and in how we do our work.

Finally, as with many of its regional strategies, the County partnered with the City of Charlotte in planning for equity, jointly acknowledging and condemning structural racism, engaging in collaborative community building, and creating both community dialogues and shared equity-focused ventures, particularly in child development, MWSBE business development, and select housing, community violence, criminal justice, and other arenas. Their joint efforts also attracted philanthropic and other support that helped build, implement, assess — and challenge — the emerging efforts. While there are many things notable about these strategies, a particular one stands out: the efforts that the County undertook to better understand both the history of racism in Charlotte-Mecklenburg and the implications of inequity in shaping governmental and non-governmental processes as well as the resulting differential lack of economic and other opportunity, particularly for people of color.

Principles and Frameworks: Intersecting Histories and Ongoing Work

As in other jurisdictions, well-articulated principles and frameworks are referenced across the many equity plans, related reports, and supporting documents. This strategy both builds common language and understanding of a problem and provides a platform for collective decision-making. Given their desire to balance the overall needs of a rapidly growing population while addressing systemic racism with limited resources, the County adopted the Targeted Universalism approach used by the GARE consultants and embraced by the public-private committee that produced the *Leading on Opportunity Report* in 2017. The Charlotte-Mecklenburg Opportunity Task force was convened by the City and the County in collaboration with philanthropic and other private partners in response to the 2014 economic mobility report.

We were particularly drawn to Professor John A. Powell's concept of Targeted Universalism: "Identifying a problem, particularly one suffered by marginalized people, proposing a solution, and then broadening its scope to cover as many people as possible.

— THE OPPORTUNITY TASK FORCE

The Task Force's Report is one of many prior and ongoing public and private plans and documents that continue to shape the County's equity principles and frameworks. Like other localities, these included: centering race and diversity, equity, and inclusion; assuring cross-sector collaboration; utilizing collective impact approaches; maximizing community engagement; and functioning in a justice-informed manner.

These principles are acknowledged in the County's 2020–2023 Equity Action Plan and reflect more than 25 years of local efforts to center race in building a better community. For example, in 1997, years of increasing police brutality prompted the County to establish a Civilian Review Board with the hope that increased community engagement — and oversight — would reshape public safety practices. Simultaneously, government and civic leaders created the Community Building Initiative to promote racial and ethnic inclusion and equity

True equity is achieved and sustained when organizations align their efforts to address social, environmental, and economic challenges through the justice lens.

— 2020–2023 COUNTY EQUITY ACTION PLAN

within Charlotte-Mecklenburg. CBI's focus on the organizational and individual skill-building needed to remove barriers to opportunity and build more equitable systems inter-dependends on collective impact approaches. These have been at the core of many efforts undertaken by the City and County across diverse domains: building integrated data systems; addressing the needs of out of school youth; and shaping community health worker and other initiatives coming out of equity planning processes.

Livable Meck, for example, began in 2012 as a city-county collective impact collaboration supported by the Foundation for the Carolinas and others. It's essentially an engagement infrastructure, whose purpose continues to be to help public and private stakeholders develop unified plans across many domains that are 'community-driven, stakeholder-vetted, and local-government-endorsed'. This effort to link principles and frameworks to strategies is ongoing.

Moving to performance-based governance

While Mecklenburg's path to engaging racial equity has many similarities to other localities, two intertwining histories distinguish how its approach evolved.

The first was an outgrowth of the demographic and fiscal shifts at the end of the 1990's. Charlotte-Mecklenburg had more than doubled in size since 1980 to almost 1.5M. The same period saw significant geographic differences in where most expansion was occurring and, with it, increasing income disparities, and differential growth in non-white residents, especially Latinos. Transportation and other service infrastructures became strained and access to core governmental supports became attenuated. Concomitantly, financial challenges at the state level resulted in major revenue losses to the metropolitan area. While the state permitted local communities to increase certain taxes to mitigate the effects of funding reductions, shifting leadership in Charlotte-Mecklenburg both approved and then withdrew tax increase decisions, prompting a significant reassessment of both city and county fiscal governance.

Managing for results has become the basis for County-wide policy and funding priority setting and, since 2005, departmental scorecards function as their workplans. This development features noticeably in the County and departmental equity plans adopted in 2020 and assessed annually. All goals have strategies with measurable outcomes

as well as community indicators that are identified through annual surveys and other community engagement. The plans are framed in accessible language with clarity regarding the objectives, actions, indicators, accountability and expected timelines as seen in this snapshot of the first goal in the adopted 2019 plan.

GOAL #1: Mecklenburg Count employees and residents have the understanding of and ability to advance equity.				
STRATEGY A: Implement infrastructure for Mecklenburg County employees to understand and commit to advance racial equity within the County government.				
Community Indicator	County Performance Measures	Actions	Accountability	Timeline
What we hope to see in the community.	What data we use to demonstrate if changes are working.	What actions we will take and what we aim to achieve with these actions.	Who is involved in the actions. Who is responsible for completion.	When we hope to see changes.

The County’s commitment to these tools is reflected in their 2023 equity plan update where they see the effect of performance-driven plans as ‘enabling tasks to be completed more effectively and through an equity lens’. They seek to achieve equity across functions through explicit outcomes that are managed efficiently. The County also has as an overarching framework for its support for vulnerable populations; they aspire to ‘stabilize folks and then with partnerships, move people along towards self-sufficiency’.

Redressing segregation and the absence of social capital

While Lamont Scott’s death prompted the County’s equity action plan announcement, that plan owes much to the 2014 report titled Changing Opportunity: Sociological Mechanisms Underlying Growing Class Gaps and Shrinking Race Gaps in Economic Mobility. This groundbreaking research from Harvard and UC Berkeley found that where a child is born has a dramatic effect on his or her chances of economic mobility. Additionally, it identified the Charlotte area as falling at the bottom

of a 50 urban area analysis; for a child born there, their ‘odds of moving from the bottom fifth to the top fifth of the national income distribution (was) less than 5 percent — less than the average in any developed country for which the data was available’. Led by Raj Chetty, the report also identified five characteristics that made the difference in better performing jurisdictions and greatly informed the Charlotte-Mecklenburg Task Force on Opportunity whose work began within a year. It would be hard to overstate how crucial that report has been to the framing of equity principles and strategies adopted Mecklenburg County; it was referenced throughout the interviews for this case study.

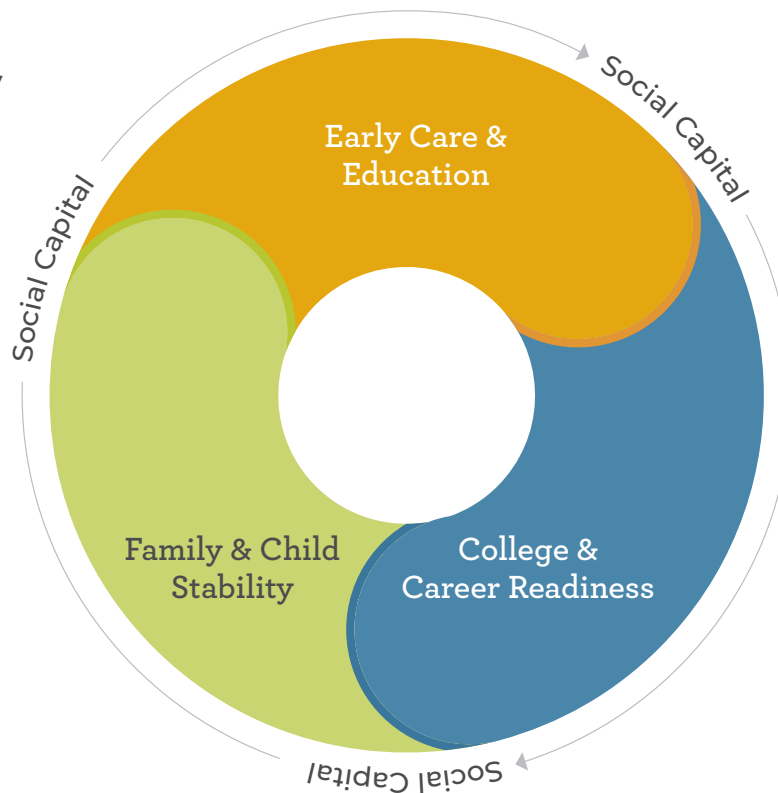
Five main ingredients in cities with high rates of upward mobility: less residential segregation, less income inequality, better primary schools, greater social capital, and greater family stability.

The 20-member Task Force represented diverse philanthropic, academic, service, and other industries. They met for eighteen months, assisted by City and County senior staff and foundation related support. Their report, informed by extensive consultations and further research, highlighted the impacts of Charlotte-Mecklenburg’s long history of racial segregation and the consequential lack of social capital among communities of color; they specifically noted the ‘profound impact on economic opportunity, social mobility, and general quality of life’. To tackle intergenerational poverty and the resulting lack of economic opportunity, the Task Force chose to focus on systemic and structural change, not programmatic interventions. Through their Opportunity System Strategy, they further focused their recommendations on what they determined to be three ‘interrelated determinants we believe are most likely to have the greatest influence on the opportunity trajectory of an individual’: early care and education; college

and career readiness; and child and family stability. The first and the third of these are where the County focused this report’s closer look at their cross-sector equity related efforts and are discussed in the next section of this case study.

The imprint of the Task Force continues through its legacy structure, Leading on Opportunity, an entity of the Foundation for the Carolinas that is on a ‘generations-long journey to improve economic mobility for all’. The Task Force’s report could have cloaked race in the sometimes-easier frame of class. However, the explicitness with which the Task Force centered race, committed their members to substantive understanding of its structural expression, and pushed forward policy, data, and fiscal strategies for change and provided the City and the County with the analytics, the impetus, and, arguably, the cover to respond even more explicitly after the death of Lamont Scott.

Opportunity “System” Strategy



Mecklenburg County chose to clearly ‘lead with race’ in their equity plan — and to embrace the wider lens of intersectionality, something that informs the two areas of focus in the next section.

We lead with race because we haven’t gotten it right yet. We lead with race because other forms of oppression will be dealt with using a similarly focused framework once we make progress on dismantling institutional and structural racism.

— 2020–2023 COUNTY EQUITY ACTION PLAN

Additionally, the County has continued the Task Force’s commitment to self-learning and reflection, one substantive example of which is a report they commissioned from the Charlotte Mecklenburg library in 2021 titled *Systemic Racism in Mecklenburg County Government*.

Learnings like this without active translation into measurable performance related commitments would do little to move the needle on the enduring impacts of racism. In that regard, the many documents related to County implementation and reviews of equity efforts provide the kind of internal direction and public-facing accountability that are the necessary ongoing tools of transformation. The cross-sector goals of the current Mecklenburg County Government Corporate Strategic Business Plan are but one place from which to appreciate how the County is seeking to operationalize equity across its scope of practice.

Diversity, Equity & Inclusion Lens*



GOAL AREA 1:
Accountable Government

To be well-trained, customer-focused Mecklenburg County team that effectively utilizes resources to provide services to our residents, customers, and employees.



GOAL AREA 2:
Connected Community

To foster access to physical, social, information resources and amenities for all in our community.



GOAL AREA 3:
Economic Opportunities

To provide economic opportunities for all by enhancing access to and support for individuals and businesses.



GOAL AREA 4:
Healthy Community

To have a community where all people can thrive, be well, and live healthily.



GOAL AREA 5:
Safe Community

To have an organization and community that embraces safety and justice for all and is responsive to the needs of justice-involved and non-justice-involved individuals.

*Mecklenburg County Government Corporate Strategic Business Plan

The Paths Forward: Equity-driven Initiatives

1. Enterprise-wide approaches: building understanding, capacity, new ways of working, and information access

The Equity Action Plan announced in 2016 articulated a series of strategies that have continued to evolve within the County government and with the City and its community partners. They started with internal efforts to educate employees about racial bias and its expression in governmental processes. The County Manager wanted to assure that 'policies, officials and services that the county provides are accessible to all residents and are bias-free'. She particularly noted differential treatment in a range of health and human services as well as in corrections. The Manager also addressed the disparate circumstances of County employees of color and women in terms of salary and status; this prompted an internal review of — and, ultimately, changes in — human resource management. Eventually the County's ongoing root cause analysis pushed them to look at discriminatory aspects of their service procurement rules and contracting procedures.

We have disproportionality in our criminal justice system...those who are incarcerated... are disproportionately African American. We also know that women of color are lagging behind in health care. We also find in our child protective services... that children of color are in custody more frequently and disproportionately than white children.

Like other jurisdictions, they engaged external experts as well as community members in their reviews. While the Government Alliance on Race and Equity was central to cross-agency equity plan development and implementation efforts, other consultants were approached to address specific challenges. For instance, at the County's request, Griffin & Strong, a national government procurement efficiency analytic and technical assistance firm, completed a year-long study of the Mecklenburg's procurement policies and procedures. They also conducted market analyses

to determine the availability of qualified firms and their utilization rates.

The firm found statistically significant under-utilization of minority and women small business enterprises (MWSBE) in the area. Their recommendations spanned arenas as diverse as staffing support for contract administration and compliance; MWSBE subcontracting goals; small business reserve programs; mandatory subcontracting; increased vendor rotation. The development of technical and other assistance as well as prompt pay strategies were intended to better facilitate new entrants into governmental contracting. Many of their recommendations are reflected in the County's equity action plan goals and timelines.

Other private sector and philanthropic entities have also continued to support the County's equity related transformations through community engagement support (Livable Meck; the Community Building Initiative; and Partners for Racial Equity); strategy development, including equity financing approaches (Greenspan Holocaust and Social Justice Center; the Foundation for the Carolinas; BCBS); and data development, analytic and evaluative efforts (UNC Charlotte).

Among the transformation strategies the County has embraced have been selective restructuring of both administrative functions and components of its service agencies with the goals of achieving efficiencies, streamlining customer engagement and program oversight, and improving outcomes, including equity. Long term commitments to performance-based management and the organizational change practices of the Baldrige Program also shaped new administrative and service alignment efforts across the enterprise and within the Health and Human Services Agency which is the focus of this report. Most recently, the reorganization of Health and Human Services that moved economic supports and the Community Resource Centers to the Department of Community Resources is reflective of the connection they see between service alignment and the County's equity commitment.

I think we have the tools to make a difference — a large tax base and the ability to be innovative.

Before there was a Mecklenburg County Equity Action Plan, there were County efforts to respond to the changing profile, population size, disparities, and service-related needs of the metropolitan area. After the Chetty report in 2014, governmental initiatives were increasingly informed by the co-occurring work of the Opportunity Task Force and other racial equity analytic and advocacy work. Most relevant to what would emerge in the health and human services equity action plans were two County developments that took place in 2015 and early 2016.

Equity is at the core of how we do our work... That includes intentional and effective investment.

In 2015, the County adopted a strategy called *Bringing Mecklenburg County to You (BMC2U)*, announced under the rubric of a new Government Facilities Master Plan. Driven by heat-map analyses of county service users, poverty and differential access indicators, the County Manager's initiative sought to address some of the findings of the Chetty report by targeting resources and support to geographic areas of greatest need. This included identifying new locations for multi-agency service provision. The first major initiative under this umbrella was the establishment of Community Resource Centers (CRCs), the prototype for which was published in 2016 and is the first of two cross-sector equity efforts chosen by the County for this case study. Most of the initial CRC work focused on broader social determinants of health: poverty, geographic location, transportation access, etc. Keith Lamont Scott's death and the aftermath brought the lens of race more specifically into the County's plans and communication strategies, both about new service alignment in the CRCs and about maternal and child health and well-being initiatives. These two efforts are the focus of the next sections.

The riot affected the very fabric of the community.

2. Service alignment, co-location, and facilitation as an equity strategy: the Community Resource Centers (CRCs)

The Mecklenburg County Board of Commissioners approved the County Manager's plan to move toward a community-based service delivery model in 2016. In the case of the CRC strategy, the overarching goal was to place multiple health and human services at new locations closer to the communities with greatest needs. Besides co-locating multiple agency services, the plan equally focused on the integration and consolidation of the respective program and agency operational supports; the intent was to achieve administrative efficiencies and alignment that would shift practice change beyond simple co-location. This strategy encompassed administrators, their direct reports and staff in functional areas including quality and training; legal services; contract and grant administration, oversight, and auditing; consumer advocacy; and mail and call center functions.

The prototype will include the core services necessary to conduct a sensible pilot evaluation — sufficient to inform the project team as to future CRC design yet not following a “cookie-cutter” approach and placing services there that are not warranted by the data analysis.

— 2016 CRC PROTOTYPE BUSINESS REQUIREMENTS

The prototype had numerous advisory and evaluative approaches built into its implementation process and responsive changes have occurred over time. In many respects, the design process was a thoughtful operationalization of an organizational business plan that also included client scenarios and sought to align the service mix against utilization profiles — and, to some extent, the preferences — of the populations in each site. The physical sites were to be established with attention to the consumer base as well as the employee mix, and with particular consideration of accessibility across child, adult, elder and

disabled populations. The specificity of the business requirements and KPI assessments, including for workflow related concerns are, again, a reflection of the performance — and efficiency — orientation of the County. Cross-agency resident advisory councils were established to guide the process and inform each site.

A values statement accompanied the CRC prototype that spoke to the culture change anticipated in the planned sites. It centrally located 'empowerment', which translates to optimizing autonomy, independence, choice, and self-determination and intersects considerably with the self-sufficiency goals that were articulated throughout the interviews for this case study. In fact, the focus on self-sufficiency as an equity strategy, distinguishes Mecklenburg's approach.



HHS Values

- Respect
- Empowerment & Self Direction
- Holistic
- Diversity
- Community
- Honesty
- Trust
- Creativity
- First Person Language

Although equity was not directly addressed in the CRC prototype, the County's Equity Plan announced later that year after the Lamont Scott death centrally located the CRCs in the equity agenda. Interviewees reflected the ongoing development of that intent through the CRC's purposeful program realignment, no wrong door approaches, care navigation and coordination support, and intentional site development. To achieve these objectives, the County purposefully sought to re-design service delivery, business intelligence, and community partnership.

While the hope was to have five sites operational by 2023, Covid and the economic and other recovery needs limited progress. The second site opened that year; three more are planned by 2030.

• **Program realignment:** The prototype site services initially included Medicaid status verification; family, children's, elder and disabled services eligibility reviews; Work First (TANF) and SNAP application and recertification processes; childcare intake, recertification, and coordination; emergency community services application and support; WIC and Family Planning referrals; and VA services intake. The co-location and facilitation of customer use of health and human services is characterized as a racial equity strategy. The heat maps, transportation, and other data demonstrated geographic access barriers all in areas where the majority of residents using HHS services are people of color, half of whom are black.

Over time, additional services have been added. Internal to the County government have been housing assistance and public health support, including immunization, nutrition supports, and family planning referrals. Numerous community partners are also onsite, including: community health workers (CHWs) from Navant Health, Atrium Health and CareRing; short-term behavioral health provided by ARJ Inc.; parent advocacy and support for school-aged children through Partner Voice from Mental Health America of Central Carolinas; and employment readiness, education and training referrals, and job placement supports through NCWorks. Legal aid services are sometimes also made available. Further development is planned. By 2030, the hope is that all HHS agencies will be represented in every CRC, including public health clinics.

There are so many opportunities within the CRCs to increase access to SDOH resources — joint physical placement alone. And the fact that CBOs can have space. This is a real ecosystem.

Building the appropriate service mix is a work in progress. Consultants have been tapped to assist the County's consideration of how best to align which services. County representatives went to other jurisdictions, including San Diego, to try to better understand alternative service integration approaches. Additionally, ongoing listening sessions with communities and the advisory councils help shape local CRC development from site planning through service delivery monitoring and evaluation.

Equally important to shaping equity-oriented and efficient collaboration and service delivery has been socializing a shared culture and an approach to clients that is trauma-informed; well-coordinated and aligned; and happens with as much ease as possible. Facilitating that cultural and care delivery shift has been the County's decision to have overall as well as on-site administration of the CRCs shifted to the Department of Community Resources which provides many of the core services. Additionally, the physical layouts of the sites, the cross-service greeters, the intake data system that establishes a queue for consultation and referrals, and the warm hand-offs that are facilitated by CHWs have all been developed to break down barriers to care access — and, ultimately to support customer's progress toward self-sufficiency while informing metrics they hope will demonstrate that efficiency. These strategies are also central to achieving 'no wrong door'.

The CRC division owns the service delivery and integration... within the facilities and in the lobby experience. Greeters triage, if they cannot fulfill, a service need. When you go downstream to direct service — those services are aligned with their own departments. In her division, (she) has been able to drive the culture change and then work laterally with the other program areas. We work closely so that they know that the other programs understand the client experience.

- **No Wrong Door:** Not unlike other settings, a particular equity goal of the CRCs is working to make 'no wrong door' a real experience for the customers who present. The scenarios framed in the original prototype gave credence to the ways in which the County saw both the differences in — and the intersectionality across — the diverse needs of vulnerable residents. Having a physical place that could specifically and holistically respond in the moment was a priority. Maximizing the service mix represented and the reliable referral capacity has been critical and, among other things, has required ongoing training across program areas for both County staff and community partners.

There is lots of cross-training about the services, so the access is real across programs. We work to make the staff understand how equity is driving the development of the CRCs.

Facilitating movement from needs assessment through eligibility and enrollment to care delivery or referral is a challenge both internal to the governmental agencies and with their private sector partners who work onsite and/or receive external referrals. Greeters are responsible for making people comfortable and helping resolve their problems through hand-offs to the appropriate service representatives with the assistance of the onsite queuing processes.

The queueing technology is one of two digital innovations that the County has undertaken to maximize the likelihood that the door clients have come through will be the right one. The technology produces a ticket for a service point representative who is identified by the primary concern with which a client arrives. A greeter asks the customer how they can help them and facilitates their use of the ticketing process. The service point representative does a deeper assessment of current needs and initiates immediate resolutions of the problem, referrals to on-site support, or facilitation of off-site connections. Some, but not all, County service eligibility and enrollment information for the client is available through this process.

The goal is to maximize the extent to which this is truly a one-stop shopping experience. Considerable attention is given to efficient — and effective — responses in order to avoid loss to follow-up.

Referrals are all electronic through the ticket system. It creates a warm hand off — the ticket system calls you to your next service. The notes about needs follow the ticket.

The second digital innovation has been the provision of government email addresses to a number of the community partner agencies. An unusual strategy for public agencies to embrace, its purpose is to ease client level information exchange and referrals between governmental and non-governmental entities. One community partner also felt that, *since the customer met at that location, they are expecting a government contact.*

Although actual care management services are not available at the sites, except for individuals receiving certain maternal and child supports, care navigation and some coordination is done by community health workers (CHWs) who are employed by external agencies. They can, among other things, do basic behavioral health assessment and referrals on site, and, under certain circumstances these CHWs accompany individuals to follow-up appointments. CHW assistance can be accessed by the various onsite service representatives, including NCWorks personnel who may identify a client support need during the work readiness assessments.

Aligning the incentives and commitments to make ‘no wrong door’ effective is difficult. Some interviewees spoke to what was still

What makes people want to work together across domains? Limited resources and knowing you can't do it alone. Co-location leads to natural synergy and efforts to collaborate.

aspirational and noted how federal and state program, revenue, and data use requirements — as well as individual public and private agency cultures and histories — can impede integrating care well at the level of the individual or family. Even internal to government, the process of getting to ‘no wrong door’ has faced challenges regarding the management of Medicaid and WIC eligibility, enrollment, and data sharing; this is also a work in progress. As one of the interviewees noted, there is *lots of opportunity for process improvement in HHS.* And another, *Right now front and back doors are in different buildings; there are manual ways to get folks into care... the CRCs will be a big part of the answer.*

- **Place Matters:** While co-location is not in and of itself an answer to addressing equity access issues, it is an important first step — for customers as well as staff and managers. Interviewees further noted how the physical location of these new sites is a source of pride because of how decisions regarding where to locate the CRCs have been driven by heat-map and poverty rate analyses of need; assessment of the considerable transportation barriers that poor people of color face in a geographic area with relatively little public transport; and community and employee engagement.

The CRCs are not just about access to the community but also co-location for back of the house staff and it is a quality concern for those employees as well.

Attention to location — and to the physical structure and workflow — is advantageous to both customers and employees. The County has been working to appreciate how their staff are similarly situated in histories of structural racism and have as much to gain from the development of new settings and models of care delivery as do their clients. Imagining a large community eco-structure related to the site development has been central to the work — and to building opportunities for community-wide work and greater self-sufficiency.

The County is changing. The CRCs are a part of the answer. They provide economic development in the communities...they bring work and economic activity. We want to have a community eco-structure around the CRCs; we saw that in San Diego where there are regional coordinators... We haven't gotten there yet.

Reminiscent of other reports, interviewees noted that the new sites and systems re-shape everyone's expectations and behaviors: *The customers really like what the settings look like, and the employees are nice and courteous to them, so they are not afraid to ask for help.*

- **Building Economic Self-sufficiency:** Economic Opportunity is one of the six equity goal areas of the County's Equity Action Plan against which all governmental agencies' performances are assessed. So clearly locating economic opportunity — and self-sufficiency — in a racial equity lens is somewhat unique. The plan ties the lack of socioeconomic opportunity to the drivers of health inequities; it's first focus was on the economic standing and opportunities for non-profit organizations and MWSBE.

The County ...foster(s) opportunities for individual and societal prosperity by providing people with the services and resources that improve the financial and social well-being of vulnerable communities. As a social safety net, we provide services that help individuals secure stable employment, earn a living wage, and support themselves and their families.

— 2020-2023 COUNTY EQUITY ACTION PLAN

Closely following, however, was the County's provision of safety net services that address individual and family self-sufficiency. All CRCs, as a result, have co-located both economic support programs, like TANF, WIC, housing assistance, and other work-related supports, including childcare, and job readiness and placement through NCWorks.

There are two relatively recent strands of thought informing the County's policy regarding self-sufficiency. One is the powerful data from the 2014 Chetty report — and augmented by the public-private Opportunity Task Force — that located Charlotte's lack of social and economic mobility in lack of opportunity and support, especially for people of color.

The second is a somewhat longer-held perspective of North Carolina — and by extension, the County — regarding the role of Temporary Assistance for Needy Families. Having renamed their welfare program 'Work First' after the 1996 federal law changes, the state noted that 'all people have a responsibility to their families and communities to work and to provide for their children'.

Self-sufficiency is about becoming independent, doing things themselves — that is always best; besides doing an assessment, we also do a budget so we know right away what you need to make in a job.

The challenges the County faces in aligning the aspirations for self-sufficiency and improved economic opportunities with the status of NC's TANF income support — and job availability and wages — are considerable. The state continues to have one of the lowest TANF maximum benefits (in 2023, it was 48th) and one of the lowest expenditures for basic assistance. Restrictive eligibility policies further limit the utility of the program.

Nonetheless, where the County has latitude, including in some housing support, childcare subsidies and improved early childhood support, it has sought to bridge some of the gaps in basic financial support. Its approaches to early childhood development and support are the focus of the next equity intervention.

3. Shifting the Trajectory by Focusing on Early Childhood

County representatives chose the Prenatal to Three Initiative as the second example of health and human services equity-related innovations for this case study because of its emphasis on service and program alignment and its responsiveness to the Opportunity Task Force's report. While still essentially a plan in progress, the history and the scope of the PN-3 strategy is instructive.

All children are born healthy, and their families have equitable access to high-quality resources and supports to help them achieve their optimal development.

— PN-3 STRATEGIC PLAN — 2023

In 2023, the Mecklenburg County Early Childhood Executive Committee published the Prenatal-to-Three Strategic Plan, a product of considerable work that began shortly after the Chetty report in 2014. Ultimately the PN-3 strategy relied upon the foundation set by the Opportunity Task Force in 2017 when it declared that Early Care and Education (ECE) — along with Child and Family Stability — were two of the three 'interrelated determinants most likely to have the greatest influence on the opportunity trajectory of an individual'. With approval of the BOCC and leadership from the County Manager, an Early Childhood Education Executive Committee was convened and has continued to guide research, community engagement, system development and financing, and report generation for almost a decade.

- **Building on Existing Capacity as an Equity Strategy:** In preparation for its 2017 report, the Committee reviewed the landscape of Mecklenburg's early childhood programs; considered opportunities and challenges to expanding access and assuring high-quality; looked at innovation models and lessons learned from other communities; and conducted multiple community engagement processes, including through a commissioned County-wide poll to gauge support for the public financing of an expansion effort. It was notable the specificity with which they engaged willingness to pay tax related questions

The Committee developed recommendations that created a pathway over a six-year period, starting with childcare and Pre-K capacity, quality, and payment improvements; they were building on existing systems of care. Among the strategies intended to improve access and quality were family engagement and provider training to 'promote cultural competency and reduce implicit bias (i.e., racism)'. While this commitment clearly centered the developmental needs of children, particularly, those who are poor and are of color, it also continued the emphasis on building parental work engagement and self-sufficiency.

The overall goal was to support pathways to economic opportunity by reducing the childcare subsidy waiting list to support parent employment and to ensure that their young children are both safe and in a setting that promotes their early learning while they are at work and expanding access to early childhood education so that all children start school ready to succeed.

— EARLY CHILDHOOD 2019 UPDATE

Starting with childcare and early childhood education was a choice, predicated in part on a history of Mecklenburg County having previously supplemented state and federal funding to support early childhood services. In 1982, the County created Child Care Resources, Inc. to be the backbone organization for Mecklenburg's childcare services. To this day it works hand in hand with the County and the individual providers in policy and quality improvement efforts; CCRI also administers the childcare subsidies. In 1993, the state launched its now nationally recognized SmartStart early childhood initiative to ensure that children were healthy and ready to succeed in kindergarten. In the late '90's, the Charlotte-Mecklenburg school system created Bright Beginnings, a public pre-K program serving 4-year-old children at risk; the County supplements the funding. Licensed childcare, at-risk Pre-K, and the Head Start/Early Head Start childcare partnerships were the base of an early childhood system of care that the Committee was looking to augment.

The establishment of the Early Childhood Executive Committee as an ongoing enterprise situated them to do continuing review of progress towards the Plan goals and to inform resource allocations and course correction. In 2018, their report helped shape the BOCC's recommendation for \$6 million to support reducing the childcare subsidy wait list and to increase the property tax rate to fund new public Pre-K classrooms, now known as MECK Pre-K. The Committee's first major update in 2019 noted the increase in children receiving childcare subsidies and the establishment of voluntary universal Pre-K. In less than a two-year period, an additional 1,448 four-year-olds had access to public Pre-K through increased County and state funding. UNC Charlotte assisted in a major program redesign to expedite training and licensure; they also supported the development of expanded child developmental assessments and new program implementation.

The balance between efforts to increase access and boost quality is reflected in the most recent County reports to the Committee and the Board of County Commissioners. In spite of interruptions in service delivery and data collection during

Covid, progress is notable. Since 2019 there has been a 24% increase in public Pre-K participation, particularly among communities of color who accounted for approximately 70% of 4-year-olds enrolled in Pre-K in the 2024 report. Additionally, 57% of children were from families below 100% poverty. Beyond improved targeting, there were also performance improvements. Meck Pre-K students showed considerable growth in kindergarten readiness, as well as in other developmental milestones, in FY 2023. There is also expanded use of the workforce childcare voucher, a strategy intended to support parents entering and staying in the workforce. And, in both childcare and Pre-K, numerous growth strategies are under way. Having launched a plan to align and improve childcare and Pre-K services with a particular focus on addressing equity, the Committee turned to the somewhat more challenging task of understanding the landscape and the needs of the prenatal to three continuum of care.

- **PN-3: Understanding Cross-sector Capacity and Unmet Needs:** In 2021, the Committee lent its support to the collaborative efforts of SmartStart of Mecklenburg County and UNCC who undertook the development of a comprehensive, baseline inventory of local services and supports for families expecting a child and for families with a child between birth and age 3. The scope of their work was impressive and said much about the complexity of building a roadmap across diverse public and private clinical and other support services for maternal and child health and early childhood.

Recent data provided added urgency. The past decade had seen ongoing decline in access to prenatal care in the County, with only 64% of expectant mothers in the most recent period having received adequate prenatal support. Additionally, infant mortality for black infants had climbed to almost double that of white babies. A baseline inventory of over one thousand programs in the County looked at three domains: health, early care and education, and food/tangible support services; focus groups were conducted with expectant parents and parents of young children aged 3 and under. Outreach to parents of color and those residing in very low-income neighborhoods was extensive.

Factors facilitating or impeding family access to needed services were identified: communications and logistics; service policies and procedures; family experience with services; and programmatic efficacy. Mapping identified particularly disadvantaged geographic regions.

Equity concerns shaped the recommendations which were to:

- 1 Implement collaborative and comprehensive PN-3 service models for meeting the diverse needs of families;
- 2 Strengthen outreach efforts and access to quality services; and
- 3 Foster culturally sensitive and responsive care necessary for building trust.

The 2022 Landscape report helped shape the Executive Committee's 2023 release of the Mecklenburg County Prenatal-to-Three Strategic Plan. The Center for the Study of Social Policy facilitated an eighteen-month process that focused on policy development to improve child and family wellbeing in the earliest years. The development of a vision, understanding of the barriers and articulation of values were informed by numerous analytic and community engagement efforts.

Core to their delineation of goals was a shared understanding of the path to equity in the 0–3 cohort. As a result, they recommended proactive identification and navigation supports necessary to assure that families got into systems of care and got what they needed. Similarly, the Committee supported ongoing family engagement and the development of new capacity through partnering with

Intentional elimination of disparities in early childhood development across demographic groups is the most effective way to advance equity.

— PN-3 STRATEGIC PLAN – 2023

community organizations. The goals were — and are — ambitious: to increase access, uptake, and quality of the continuum of necessary healthcare, child development, childcare, and family support. The Committee also emphasized both needed investments and the essential role of improving data for the 0–3 age cohort to facilitate alignment across sectors and to inform ongoing problem identification and intervention impact.

Issued in late 2023, the PN-3 strategy is still a work in progress, but the close alignment with County restructuring and program development has meant that policy and care delivery improvements have been proceeding in tandem with plan development.

- **Enabling Histories and Actors: State and County Innovations:** Mecklenburg County could not have made its considerable progress in building the PN-3 initiative without developments that were occurring at the state level and which were strategically undertaken and supported locally. Most recently, NC HHS Secretary Mandy Cohen (2017–2022) had achieved progress that had eluded past state directors. She facilitated the infusion of new funds and built new frameworks for cross-sector service collaborations and delivery models for pregnant women and young children. These included the state's Early Childhood Action Plan, the Perinatal Health Strategic Plan, and the Medicaid Healthy Opportunities pilots which are ongoing and permit high need enrollees to get needed non-medical supports.

Under her oversight, post-partum Medicaid coverage was extended to 12 months; she also helped pave the way to the state's Medicaid expansion in 2023. Cohen led with racial equity at the core of her maternal and child health and her whole person care initiatives, appointing the state's first Chief Health Equity Officer. Her work to help the state transition its child welfare system under the Families First Prevention Services Act was similarly informed and resulted in a new division for child and family wellbeing at the state level that has been mirrored in some of the restructuring that is taking place within Mecklenburg County.

Mecklenburg County is resource-rich, but everything is very siloed so we are working to meet and engage with existing internal and external partners and figure out what we can do to improve.

Mecklenburg was an early adopter of the consolidated health and human services agency option the state began to permit in 2012. As a result, like other consolidated jurisdictions, the County has sometimes been able to better align services across sectors. This is reflected in a number of the cross-program coordination efforts they have undertaken as part of their equity strategy for PN-3. These include: the Community Health Worker Initiative; Guided Journey, a CHW intervention begun in 2019 and expanded in 2021 for pregnant and post-partum women who do not qualify for the Nurse-Family Partnership; early diagnostic evaluations, therapeutic classrooms, and support services for at-risk children; and added cross-program community planning and engagement collaborations through Smart Start and through the Strategic Community Consortium, an enhancement of the federal Healthy Start grant operated by CareRing. In its update for the Committee last year, the County also noted cross-agency work on implicit bias training for healthcare and other early childhood practitioners; increased community-based multi-service delivery through mobile, satellite, and virtual clinics; and collaborative work in birthing connections, and the doula and home visiting initiatives.

We have thought of all the pathways into services... Alignment is very important for equity and that is what we take as our role in the PN-3.

The County has been building its own internal capacity for PN-3 during this time, relying on re-purposing other early childhood leadership as well as bringing on new staff and augmenting connections within the restructured Children, Family and Adult Services and with other County agencies. Across the HHS there is considerable recognition that breaking down silos internally is as challenging as is building the critical relationships externally.

We need to start internally to make sure staff have an understanding of where they can connect. The transformation underway with the approach with WIC will be informative. We are trying to avoid creating new things.

Revenue streams, care delivery mechanisms, and eligibility criteria have been mapped across 35 different programs and five departments, including Public Health; Community Resources; and Children, Families and Adults. As they align services, they are also trying to align data and revenue streams and develop navigation pathways that, at a minimum, can function as 'no wrong door' and, optimally, can evolve into well supported care management. The establishment of an Office of Intelligence, Integration and Partnership (OIIP) under the auspices of the Consolidated Health and Human Services Agency, is anticipated to bring technical and other analytic support to improving the cross-agency program and data integration processes, including for PN-3.

We want to make sure that the first point of contact is well-informed enough to quickly connect (a mom) to resources... Some of the care coordination we have in place is still aspirational.

• **Philanthropy, Corporate Leadership, Academic and Community Collaborations:**

Foundation support has continued to play a considerable role in both moving the PN-3 planning forward and in keeping the work of Leading on Opportunity as an important platform for transformation among public and private actors. Along with corporate and community leadership partners, the Foundations have been both thought partners and funders, leveraging their own and other resources, including those of Charlotte-Mecklenburg, to expand academic and other critical research and evaluation work and to build strategic investment initiatives across sectors and, critically, with healthcare entities. Central to these efforts have been the Foundation for the Carolinas; the Duke Family Endowment; the Knight Foundation; United Way; and local bank and corporate partners.

Particularly important to the PN-3 planning has been substantial community engagement; this has occurred through the research work of the UNCC, UNC/Chapel Hill, and others as well as through the community dialogues the County has supported in its Meck Pre-K Committee, the Community Health Worker Initiative and through the ongoing work of the SmartStart Consortium. Livable Meck is yet another mechanism for ongoing engagement.

Both researchers and County workers have recognized the barriers historic distrust of the local government have created in marginalized communities and the process of building trusted intermediaries has been intentional.

The CBOs talk a lot about mistrust in the government but getting their feedback through the community partners is effective. As a result, community engagement work is mostly through the CBOs.

PN-3 is a cross-sector plan that has been becoming an administrative initiative across HHS. The pathways it describes are simultaneously well-structured, measurable, and ambitious. Public-private and cross-sector alliance in delivery, financing, and the critical data collection and analysis is a work in progress — and the County's search for efficiency and efficacy is crucial. FY24 saw the beginning of the PN-3 dashboards.

For both better service provision and for equity, we need to be able to better quantify the impact from a scientific point of view.



Ongoing Challenges

The enterprise-wide equity efforts of the County are well-situated in public and private leadership, planning, and community engagement; financial investment and changes in service-delivery strategies are evolving. Dashboard development is still underway but has begun to provide a compilation both of community priorities and of differential need and interventions. Covid, funding fluctuations, particularly as ARPA funds have dissipated, and numerous external political uncertainties have interrupted some progress, like county-wide staff training, and threaten the path forward. Decision-making at the highest levels can facilitate or impede equity strategy implementation within specific divisions; and changing program leadership can affect ongoing commitments. The Community Resource Centers and the PN-3 Plan share many joint challenges and face some specific threats to their development.

There was a county-wide roll-out on equity training for all staff a few years ago but it really hasn't happened again at that level.

- **Building inter-operable data systems data systems that optimize planning, service delivery, and impact analysis is hard** — and the County, like other jurisdictions, sees it as core to addressing equity. Challenges exist both at the individual level where adequate cross-sector information can support care coordination and referrals and at the population level where understanding differential community risk is crucial to achieving the objectives of targeted universalism. There are numerous moving parts in this arena, including: the DPH's new Net Design platform that engages community partners; evolving data-matching efforts across WIC, Medicaid, and other MCH and social safety net services; and the recent establishment of a County-level Office of Intelligence, Integration and Partnership, intended to drive data innovation in a consistent manner across the agencies.

Program staff and leaders are worried that insufficient resources will be invested to

adequately support the infrastructure of such an ambitious business intelligence enterprise.

The County's plan is broader but what I need is the commitment that people will make the decisions when things get tough, and you have a central place to go.

They also worry that their own IT staff will be diverted from program management and improvement and that their agency's priorities and needs may not get adequately represented in the new structure. For PN-3, that includes data matching across external sources, including the healthcare system.

- *It's a bone of contention for me. The priority for data should be linked to telling a story.*
- *We can't really get robust data sets until the kids are in Pre-K.*
- **Aligning efforts with the state can be difficult.** Data system development is one arena where the County and state struggle. North Carolina made a statewide commitment to NC360 as a public-private service referral and care management system that would facilitate cross-sector collaboration. Among other things, the CRCs were depending on NC360 to be a bridge to external service referrals. Similar aspirations had existed for the PN-3 program. Entities that have used it appreciate its possibilities in terms of reducing workflow problems and allowing client contact through SMS messaging. However, reduced state funding and uneven uptake have impacted its utility and created difficulties across providers and between the state and County.
 - *NC360 has their own care management platform. Loaves and Fishes uses (it) for the back/forth referrals. But everyone isn't on it. It would be better if we had one unified system so we could see the large-scale impact. For them can reduce the workflow problems and allows SMS messaging.*

– There was an early childhood referral program and we wanted to test NC360. The goal was that at any point of entry, you could quickly and easily identify needs and send an actual referral, not just a cold hand-off — as well as get good data. (But it) dried up on the vine. Everyone wants to get there — but it is just more work.

State alignment concerns are even greater when it comes to the barriers the County faces in improving eligibility, enrollment, care access and care coordination for its residents.

– The hard part in NC is to crack the state system interaction in terms of eligibility and enrollment. A lot of times Mecklenburg County processing and recertification times are delayed even within the state. That is a challenge when we want to do the aspirational big picture stuff.

– So many restrictions on funding tie our hands... we need to find ways to blend and braid public and private funding. We need state and federal partners to alleviate restrictions on data and money.

• **Beyond the alignment challenges with the state, the County faces many of its own, even within health and human services.** Silos are a function of funding and regulatory mandates but also of culture. Limited co-location creates communication and other barriers. And differential IT and other resources, as in the cross-agency information access and navigation support at the CRCs, can mean that clients coming into other sites for the same services face greater obstacles. They can also face differential staff understanding of the importance of the service mix they require.

– Most of the supports are siloed initiatives have state or federal mandates. It is difficult to make into a single pathway for folks. CRCs were seen as a mechanism — but the federal government — and the states — have to re-imagine how we deliver services to people.

– Our programs are scattered all over...There is not a clear map of how people move through... We have a further need to know for who is serving who? Are we at capacity? Is there a need to expand capacity?

– People need to understand what SDOH means and why it is important to their families and clients. This is not consistent at the County. But they also need to know what/ where I can refer people to. Technology doesn't solve for those things.

• **There is a pervasive sense that insufficient capacity — both internally and externally — is frustrating the equity aspirations.** Much of the difficulty is located in resource constraints, but personnel and administrative decision making, uneven program design changes, and service capacity development trouble staff and external collaborators alike and risk still nascent community trust.

– They often try to make everyone a jack of all trades. Trying to get you trained up on SDOH platform when you are the Medicaid enrollment person isn't going to be your priority.

– Human capital — we just don't have enough people. We need to create the project infrastructure to move along both CRC and data. We need strategic capacity; program folks cannot do all of the change.

– You need someone at the other end of the referral. Everyone we want to refer to isn't in the platform. How do we organically build those networks and programs? If we navigate people to services they can't get, it causes them to lose trust in the system.

– We needed to solve the problem in our house first; we looked at how DEIB was functioning and started with diversifying the board and looking at different generational and lived experience participation. We are doing a lot of trust-building work.

Moving Forward

Five years ago, Mecklenburg County declared racism a public health crisis. But its pathway to building a more equitable future for its residents began almost a decade before with the Chetty report and, subsequently, in the aftermath of Keith Lamont Scott's death two years later. An extraordinary combination of public-private collaborations, particularly in building the Leading on Opportunity report and its subsequent initiatives, has both set frameworks and pathways for improvement and facilitated new investments in service delivery and access. County leadership and the ongoing commitments of local and other foundations, as well as academic and health system partners, have supported needed analytics and program development as well as community engagement and critical evaluation work. Close collaboration with the City of Charlotte has also benefited efforts to align service delivery and other equity efforts in as efficient a way possible. Notable in all of this has been ongoing commitments to pilot and amend, as needed, emerging strategies, including the ongoing Way Forward community violence collaboration. To a great extent, the equity approaches have remained centered on race while concomitantly recognizing other statuses that increase disparity — geography, age, language, migration status, and ability.

An update of the Chetty report in 2024 found that Charlotte-Mecklenburg, now ranked 38th, is no longer last of the 50 comparable jurisdictions in terms of economic and social mobility. Numerous interventions across health and human services,

People and leadership matter. Dina has set a standard for what government looks like in Mecklenburg, including how it is efficient.

The County is continuing to grow; it is trying to thread the line of not just becoming the tale of two cities. Given the size, it is hard to put system change in place and the needed public-private partnerships. The County does good job of leading with policies and funding, but change is taking a long time.

economic development and housing, as well as education have contributed to the change, including the establishment of the Community Resource Centers and the PN-3 plan. The particular commitments to early childhood development and to the CRC service alignment for adults, with its focus on self-sufficiency, are bearing fruit; they are also at risk.

On the one hand, capital, IT and program investments, including new revenue from Medicaid expansion, have bolstered both strategies; but, on the other hand, the loss of ARPA funding and obstacles to getting the third CRC opened signal barriers to achieving future gains. Some administrative integration that was planned early on, like the call centers, has stalled; achieving service alignment across those programs that have yet to move to CRCs has proven challenging; the consolidated health and human services structure is not always adequately engaged in the broader County planning; and community consultation and the trust it depends upon are still primarily dependent on intermediary organizations. Change can feel achingly slow. Nonetheless, there is a persistent sense of optimism and tremendous commitment. Having explicit and carefully crafted plans holds out the promise of progress even as challenges arise.

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