

**Partnership for a Healthy Durham NCCare360 Task Force (Advisory Council)**  
**Monthly Meeting**  
**February 14<sup>th</sup>, 2024**  
**4:00-5:00pm Zoom**  
**Minutes**

**Facilitated by: Catrina Lloyd**

**Present: Dani Moore, Fatima Deas, Angel Romero, Scott Brummel, Kamina King, Dr. Elena Tennenbaum, Bria Miller, Marisa Mortiboy**

Topic	Major Discussion	Recommendations and Action Steps
<p><b>Welcome</b>  <i>Catrina Lloyd</i></p>	<p>Introductions: name and organization.  Ice-Breaker Question: It's February! Spotlight an African American community led or serving organization or community leader.</p> <p>Dani- Ella Vanger with the Student Nonviolent Coordinating Committee at Shaw University  Angel- Kimberly Monroe, Partnership for a Healthy Durham Co-chair  Scott- Debra Clark-Jones and Stephanie Williams with Root Causes Fresh Produce Program  Kamina- Kenny Robinson with Freedom Fighting Missionaries.  <a href="https://www.freedomfightingmissionaries.org/">https://www.freedomfightingmissionaries.org/</a></p> <p>Elena- Zen Succulent (black, woman owned biz)  <a href="https://www.thezensucculent.com/durham">https://www.thezensucculent.com/durham</a>  and Kirtisha Jones, Principal at Northside Elementary  <a href="https://www.chccs.org/domain/3751">https://www.chccs.org/domain/3751</a></p> <p>Review agenda:</p> <ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Review January meeting minutes</li> <li>3. Presentation- Elena Tennenbaum</li> <li>4. Announcements/Updates</li> <li>5. Topics</li> </ol>	

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<b>Review of Jan minutes</b>	<p>Catrina followed up on onboarding Department of Social Services (DSS), the DSS manual, and a contact at Asheville DSS. Fatima explained that a toolkit is in progress.</p> <p>Angel had a question about the response time for the navigators 2-5 days.</p> <p>No amendments.</p>	
<b>Announcements/ Updates</b>	<ol style="list-style-type: none"> <li>1. NCCARE360 Advisory Council Meeting 2024 Schedule- Every 2<sup>nd</sup> Wednesday at 4:00 pm</li> <li>2. NCCARE360 Monthly Info Session- February 16, 12-1 pm. <a href="#">Unite Us Events - Unite Us Events</a></li> <li>3. Other updates/Announcements?</li> </ol>	
<b>Topics</b>	<ol style="list-style-type: none"> <li>1. Guest: Elena Tenenbaum, Ph.D.- Presenting on the NCCARE360 Behavioral Health Referrals Community Meeting</li> </ol> <p>Presentation: Experiences with Behavioral Health Referrals in NCCARE360. The goal of the meetings is to bring together the stakeholders in the process and identify issues with the platform for behavioral health providers.</p> <p>Elena is a clinical psychologist, specializing in autism, now on the triage team for behavioral health, and receives all Duke behavioral health referrals. Many are referred out, as follows:</p> <p>Workflow:</p> <ol style="list-style-type: none"> <li>a. Patient referred by Duke provider</li> <li>b. Need to refer out- usually due to unaccepted insurance or long-term needs</li> <li>c. Patient signs a ROI (release of information)NCCARE360 referral is sent</li> </ol> <p>Data was reviewed for 80 referrals, 6-months to a year later. Of the 80, 41 could not be reached; 5 were n/a, 4 could not recall, 16 were never contacted by a CBO,</p>	<p>*Cigna/Humana not accepted</p>

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and 21 were contacted by a CBO. Only 10/21 contacted saw a provider. Patients reported the reasons as insurance, scheduling, CBO availability, care offered or appointment options (virtual, in-person), and preference of a private provider.

Lessons were to ask patients to watch for NC calls, match insurance/services offered, and send multiple referrals. Elena still thinks it's still worth it, despite the 12% success rate, because the platform allows for patients to be connected with services when they are not able to find them on their own.

Elena does have concerns about the inability to track outcomes due to the sensitive nature of the referrals, the inability to batch referrals, or to match on insurance or age. Additionally, the services/needs options are generic for things like depression, not specific like eating disorders.

The next Behavioral Health call is Friday, March 8<sup>th</sup> at 12 pm (2<sup>nd</sup> Friday, every other month).

elena.tenenbaum@duke.edu

Discussion:

Scott asked if the ROI is required for behavioral health only. Elena explained that it is required for any Duke service and is typically built into the screening process. Angel found that many referrals to Root Causes had not been accepted. Scott explained that they chose not to use the platform for North Duke Street Clinic clients seeking assistance with food insecurity.

Regarding the issue with batch referrals, Fatima agreed that sensitive needs, like behavioral health, referrals cannot be batched, but needs like food can be batched. She also explained that the updates should be visible on the face sheet.

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	<p>Angel added that some agencies reject referrals due to lack of capacity and eligibility criteria. He believes it is a training issue. He gave the example of More in My Basket, an organization that is good at turning off their referrals when they are not available.</p> <p>Catrina discussed opportunities to improve training for CBOs to set expectations through the platform and directly with clients. For example, advising clients to watch for calls from NC numbers.</p> <p>Fatima explained that a complete profile is important and helps the client access more services, and it also prevents the need for the client to repeat their story and relive the trauma.</p> <p>Elena explained that the Duke ROI limits the info that can be collected to things like name and phone number.</p> <p>Scott asked the background of the council/meeting. Catrina explained that it once focused on onboarding CBOs to the platform. Fatima’s project now has that focus. The focus of the council has now shifted to making the platform useful and effective and to provide feedback to stakeholders like the admin (Unite Us) funder (FHLI) and Fatima’s team.</p> <p>Angel added that another goal is to locate more funding. The platform works well when used properly and the organizations have the funding and capacity.</p> <p>Marissa (in chat) asked if there has been a discussion with FHLI regarding funding. Catrina explained that past minutes were shared with FHLI. Fatima explained that there has not been an update, but referrals can be sent to the navigators to reduce the burden on CBOs. The navigators will reach out within 2 days, and will</p>	
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	<p>complete the profile, and address all service needs, and manage out-of-network resources from the 211 database.</p> <p>Marissa (in chat) asked how to contact the navigators and if a release is needed. Fatima/Angel explained that it is considered an in-network referral because Navigators is an option on the platform.</p> <ol style="list-style-type: none"> <li>2. NCCARE360 Flyer- Fatima provided a NCCARE360 Overview flyer that was sent with the meeting materials.</li> <li>3. NCCARE360 Article- Opportunities, Challenges, Recommendations (53)- will review in a future meeting.</li> </ol>	
<b>Meeting Time</b>	The next NCCARE360 Advisory Council meeting will be on March 13 <sup>th</sup> at 4:00 pm	
<b>Adjourn</b>		