

**Partnership for a Healthy Durham NCCare360 Task Force (Advisory Council)**  
**Monthly Meeting**  
**March 20<sup>th</sup>, 2024**  
**4:00-5:00pm Zoom**  
**Minutes**

**Facilitated by: Catrina Lloyd**

<b>Present: Angel Romero, Susan Spratt, Kate Geouge Brown, Abbie Symanski, Fatima Deas, Jaeson Smith, Bria Miller, Marissa Mortiboy</b>		
<b>Topic</b>	<b>Major Discussion</b>	<b>Recommendations and Action Steps</b>
<b>Welcome</b> <i>Catrina Lloyd</i>	Introductions: name and organization. Ice-Breaker Question: It's March! Spotlight a female led or serving organization or community leader.  Sally Wilson- Project Access Pilar Rocha-Goldberg El Centro Dolly Parton- Imagination Library Catty Quiroz-Moore- Durham, Interim Superintendent (The women of) Yokefellow of Caldwell County (Kate's mom) Dr. Mandy Cohen Bonita Green- Merrick Moore Community Association Camryn Smith- Communities in Partnership Bull City Strong Program Managers  Review agenda: <ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Review February meeting minutes</li> <li>3. Announcements/Updates</li> <li>4. Topics</li> </ol>	
<b>Review of Feb minutes</b>	Sent by email for review.	
<b>Announcements/ Updates</b>	<ol style="list-style-type: none"> <li>1. NCCARE360 Monthly Info Session- April 19, 12-1 pm. <a href="#">Unite Us Events - Unite Us Events</a></li> <li>2. NCCARE360 and Go Triangle Meeting, Friday, March 29th, 9 am.</li> <li>3. Community Listening Sessions, Tuesdays and Thursdays, April 8-May 13th</li> <li>4. Other updates/Announcements?</li> </ol>	

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<p><b>Topics</b></p>	<ol style="list-style-type: none"> <li>1. Building Capacity and Funding             <ol style="list-style-type: none"> <li>a. Potential funders- FHLI, Duke, etc.</li> <li>b. Draft Proposal- Funding needs, purpose, administration, and recipients</li> <li>c. CBO Capacity- Employ of CHWs? Use of Navigators?</li> </ol> </li> </ol> <p>Catrina introduced the discussion:</p> <p>Funding and capacity for Community Based Organizations (CBOs) to utilize the NCCARE360 platform has been a continuous topic of discussion in these meetings. There is an opportunity to apply for funding for Community Health Worker's (CHW) to be trained to support CBOs and their use of the platform. The objective is to determine the feasibility of this idea and to create a narrative to be included in an upcoming grant proposal, and could be used for future funding opportunities.</p> <p>CBOs can be selected from the existing list of organizations to onboard that Fatima has or suggestions from Angel or organizations that have difficulty managing referrals.</p> <p>There are potentially direct benefits to community members, who could have their referrals processed with more efficiency and accuracy, and have more profiles that allow all or their needs to be addressed without requiring them to repeat their stories multiple times to multiple providers.</p> <p>There are potential benefits to CHWs who will have stable employment opportunities (instead of contract to contract work) and will obtain a new skillset. CBOs will benefit from use of the platform without concern for the staffing and administrative costs.</p> <p>Angel has two considerations: where can the CHWs work from (possibly Project Access) and how many CHWs could be compensated with \$120k, possibly two, each with a portfolio of 4-5 CBOs. The CBOs could be newly onboarded, or already on the platform with limited capacity to use it effectively- CAARE is an example. CHWs would have access</p>	<p>*Fatima will follow up on the term period for the United Way's (3 year) contract and has a contact with Asheville DSS to provide an outdated, sample manual.</p> <p>*CHW job description input should be sent to Catrina by email for the draft that she will have written on Friday.</p>
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	<p>to the CBOs' dashboards and be able to check, review and process referrals based on eligibility and document the outcome. It is possible for the work to be done virtually.</p> <p>Catrina asked for clarification on CAARE's current CHWs and Executive Director (ED). Angel has spoken with the ED and other staff because Duke has been sending referrals and CAARE has not accepted them in a while. She stated that they have a couple hours a week to review referrals, but they have not been able to respond due to issues with management of the pantry. CAARE cannot currently deliver to customers as other pantries like Meals on Wheels (MOW) can, and many community members either do not meet their eligibility requirements or would have to join a long waitlist (about a year).</p> <p>Fatima does not have CAARE on the Durham County list of CBOs. Katrina reiterated that training of CHWs could help organizations like CAARE with response time to referrals, reducing misdirected referrals, and accurate CBO profiles, which could also be performance metrics.</p> <p>Susan commented on CAARE's process of recording food distributions in the notebook, and she believes CHWs could help determine if those in need have received the distributions. She also believes that the Duke student helpdesk, who have NCCARE360 training and a workflow, could be of assistance. She believes that CHWs can also keep the contact email and profile for the CBOs up to date. She has experience with the Aging Center receiving ineligible referrals for individuals under 65. This also happens with organizations serving veterans. Response time, rejection reasons are metrics that are already available on the platform. She requested input for the Unite Us team (Kate and Abbie).</p> <p>Abbie is able to provide reporting and data, but many metrics are visible to the CBOs directly.</p>	
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	<p>Catrina believes this will allow for CHWs to track successes and suggests bonuses and incentives for reductions in rejected and misdirected referrals, and efficient response time. The data can also be used for future grant reporting and applications.</p> <p>Jaeson (in the chat) provided the grant timeframe August 2024-July 2025 (and annual for 5 years through 2029) and there is the potential to apply for a supplemental award. He clarified that the \$120k would be awarded each year.</p> <p>This is an update to the discussion, which was initially based on \$120k total, not each year. Catrina emphasized that the potential for five years of funding would support long-term planning, including building capacity for CBOs to train staff or volunteers to use the platform or takeover compensation for CHW support.</p> <p>Catrina also clarified with Fatima that the NCCARE360 Navigators would be able to offer continuous support beyond the term of the Unite Way's current contract, as they are separate. Catrina thinks planning for the long-term is important, as there have been many projects and initiatives focused on the platform that have ended without any way to continue the efforts and the advisory council has been working to invite the representatives of those efforts into the meetings, to prevent duplication of efforts, and maximize benefits of the platform.</p> <p>Marissa responded to Angel's suggestion (in the chat) to seek support from Durham County government and explained that is becoming increasingly difficult.</p> <p>Catrina thinks this is another important reason to focus on capacity building for the CBOs.</p> <p>Susan spoke about the Medicaid 1115 waiver from the federal government- \$2 billion for resources and infrastructure- and inquired what the infrastructure entailed, specifically if computers and CHWs would be covered. More research is needed to answer this</p>	
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	<p>question. Angel suggested (in the chat) that Fred Johnson would know about the Medicaid waiver.</p> <p>Catrina explained that this grant, through the CDC, would not be the only funding opportunity to which this narrative could apply.</p> <p>Susan summarized the focus of this grant as funding the capacity of CBOs to use and benefit from NCCARE360 and introduced the topic of sustainability beyond the funding period. She suggested that over the 5 years, CHWs could help create protocol.</p> <p>Catrina agreed that funders want to know that the work will continue beyond the grant period and believes that the metrics will be a key part of reporting and projecting future success.</p> <p>Susan suggests that CHWs could inform CBOs of issues with their face sheet.</p> <p>CHW responsibilities to the CBO will include and accurate list of services, active/inactive status depending on capacity, updated eligibility criteria.</p> <p>Susan added up to date point of contact.</p> <p>Fatima added the importance of a well-trained administrator.</p> <p>Angel outlined long-term funding ideas in the chat:</p> <p>From Angel Romero, Duke Population Health Management Office to Everyone: 5 years is a long time. Maybe health systems could pay for it. By then, the new UNC hospital in Durham at RTP might be in place. CHWs could be funded by Duke and UNC. Before the grant ends, multiple sustainability options should be explored.</p>	
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	<p>Catrina believes that after the first year, there will be data to support those requests. There will be the ability to demonstrate impact. The goal is positive impact. Fatima added her experience with the knowledge of CHWs. Katrina believes that a benefit to the CHWs is they will be able measure their own effectiveness, because they want to be effective, and are often asked to make promises to the community that they cannot see through.</p> <p>Angel advised that the state has approved a state hospital with UNC in Durham County. The new hospital means new providers, and more need for use of the platform.</p> <p>Kate proposed the Unite Us “Train the Trainer” program to support sustainability and allow CHWs to train others.</p> <p style="padding-left: 40px;">2. Planning- Speakers/Guests, Report back from NCCARE360 meetings- moved to the agenda for a future meeting</p>	
<b>Meeting Time</b>	The next NCCARE360 Advisory Council meeting will be on April 17 <sup>th</sup> at 3:30 pm	
<b>Adjourn</b>		