

Location	Attendees
<p>Virtual Meeting</p>	<p>Governing Board Members Present: Blake Edwards, Rick Hourigan, Doug Wilson, Cathy Meuret, Molly Morris, Jorge Rivera, Brooklyn Holton, Ray Eickmeyer, Senator Warnick, Carlene Anders, Rosalinda Kibby, Nancy Nash Mendez, Ramona Hicks, Ken Sterner, Deb Murphy Governing Board Members Absent: Nancy Nash Mendez NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> Declaration of Conflicts 	<ul style="list-style-type: none"> Meeting called to order at 1:00 PM by Blake Edwards Declarations of Conflicts: Ken Sterner – Because Bruce Buckles is now the Administrator for the CDHD and Aging and Adult Care. He will abstain from any vote that will involve CDHD.
<ul style="list-style-type: none"> Executive Session – Board Members plus Linda Parlette and John Schapman 	<ul style="list-style-type: none"> 1:05 PM Blake announced that the Board will be moving into Executive Session until 1:40 pm to discuss Board nominations. 1:40 PM Board meeting resumed after Executive Session
<ul style="list-style-type: none"> Approval of Consent Agenda Public Comment 	<ul style="list-style-type: none"> ❖ Doug Wilson moved, Carlene Anders seconded the motion to approve the consent agenda, motion passed. Public Comment: None
<ul style="list-style-type: none"> NCACH Finance Update 	<p>Brooklyn said that they will start the 2021 budget discussions next month as well as provide a more detailed 2020 budget review.</p> <p>990 Filing- NCACH staff, in conjunction with Chelan Douglas Health District accounting staff, worked with Cordell Neher and Company over the course of the last 4 months to compile the 990 and ensure it accurately reflects the business of the NCACH. Revenue and expenses reflected in the 2019 990 document are a combination of transactions that have occurred in both the Chelan Douglas Health District account and the Washington State Financial Executor (Public Consulting Group) account. This includes payments to partners (NCACH Project and Shared Domain 1 partner payments) and contractors.</p> <ul style="list-style-type: none"> ❖ Rosalinda Kibby moved, Molly Morris seconded the motion to approve the NCACH 2019 990 document for filing with the Internal Revenue Service (IRS), motion passed. <p>Discussion: Cathy asked about responses on the 990 for documents. Are they required? We fall under the guidelines of the CDHD and we have adopted their policies. Are there any that need to be made? The governance committee will be looking to strengthen our bylaws but not in regards to the 990.</p> <p>Year to date budget – We are under in our expended year to date and will go into more detail next month. The biggest difference is due to COVID response and delay of ACH work. John noted that the main reason for our budget being under is due to eliminating the Pathways HUB. HCA has given extra time to complete an alternative project due to COVID.</p>

<ul style="list-style-type: none"> Executive Director Report 	<p>Linda Parlette –</p> <ul style="list-style-type: none"> We learned today that the Keynote Speaker for the HCA Symposium will be John Powell [SIC]. This will all be virtual. Last month we had volunteers to be on the Governance Committee to review the bylaws, we will start those meetings soon. Military will be giving masks to the ACH's to distribute. Other entities will also be receiving masks as well. NCACH will be receiving over 160,000 masks. Linda, John, Tanya and Amy Olson will begin interviews for the Recovery Coach Coordinator position. Vaccine campaign – this is an idea from some of the other ACH's that have been floated around. Still getting more information.
<ul style="list-style-type: none"> Board Governance 	<ul style="list-style-type: none"> The FQHC nomination has been delayed until September. ❖ Carlene Anders moved, Cathy Meuret seconded the motion to approve the nomination of Christal Eshelman to the Public Health sector seat on the NCACH Governing Board for the term that goes till December 31st, 2020, motion passed, Ken Sterner abstained. ❖ Ken Sterner moved, Deb Murphy seconded the motion to approve the nomination of Lisa Apple to the Okanogan Coalition for Health Improvement sector seat on the NCACH Governing Board for the term that goes till December 31st, 2022, motion passed.
<ul style="list-style-type: none"> NCACH Staff Updates 	<p>CHI Initiative Funding – Sahara Suval</p> <p>Working with NCACH staff, the Regional CHI Leadership Council has developed recommended process improvements for 2020 to increase local collaboration and deeper connection between the CHIs and the community investment process. The most notable update is a recommendation to allow the Coalitions to develop finalist recommendations (instead of a regional Award Committee appointed by NCACH's Executive Director) for a portion of the total award funds allocated for 2020 CHI Community Initiatives. As in 2019, all finalist recommendations generated will be presented to NCACH's Governing Board for approval and disbursement of funds. NCACH staff will manage contracting and reporting for all funded partners.</p> <p>Biggest change:</p> <ul style="list-style-type: none"> Size of project There was a missing piece of engagement with the coalition last year Last year the applications were scored by members of the coalition, but managed by the ACH. The proposal gives the coalition the opportunity to manage the applications. <p>If approved today, we will follow the timeline and remove the “*” from that line in the 2020 budget. Projects will not actually start until 2021. Linda noted that this is really to simplify the process and put the control into the local coalition's hands.</p> <p>❖ Ray Eickmeyer moved, Brooklyn Holton seconded the motion to approve recommended changes to the CHI Community Initiative funding process for the funding allocated in the 2020 NCACH Annual Budget, motion passed.</p>

Telehealth presentation – Wendy Brzezny

- The movement to implement telehealth was accelerated due to COVID in March.
- Telehealth was not a feasible option due to lack of reimbursement.
- COVID – CMS stated that they would reimburse for both phone and online visits.
- 14/16 of WPCC providers are conducting regular tele-video visits to some capacity, the other 2 were doing phone visits.

Organization needs:

- Technical Assistance - billing, scheduling, provider onboarding
- Laptops
- Software license
- Network upgrades
- Telemedicine carts for remote care

Resources:

- Loaner laptops
- Zoom licenses
- Multiple orgs provided focused trainings
- HCA/ MCO BH survey to understand patient needs for equip and broadband connection
- MCO's: phones, unlimited minutes, increased date for clients
- FCC grant: \$200 million dollars, 529 applications approved across the country

Wendy has become aware of some other grants available and can push those out. Even with all of these resources, there are still gaps.

Discussion: Should the ACH do more to support our partner in developing a sustainable model for telehealth?

- Ken – many aging adults are challenged with technology. What would the benefit be for those folks?
- Cathy - There is a huge need for more interactions with the medical providers in the community. Children have very limited access to a providers throughout the year. It is more than just setting up the system, but also need to look at the access to broadband etc.
- Ray - In person visits do provide great insight, supports telehealth as a tool in our toolbox. YES
- Rick – Telehealth is now a part of our tool box. Now we need to figure out a way of improving it. There are many opportunities out there for funding. Wifi and iPads have been working, he knows that this will change, but feels that providers need to look into other funding options. We need to start looking at the access, getting the word out to patients. Maybe hold some classes for the technology challenged to learn how to use an iPad.
- Ramona - It is difficult, but well worth it to keep patients home. Also need to look at payment models.
- Lisa – BH has not been given the free Zoom accounts. Another expense was programs like DocuSign.
- Jorge – YES but how big can the ACH go in sorting this out? Maybe it is more about coordinating telehealth programs. Result of a survey showed that people could use IT more than anything else.
- Sen Warnick – YES, the legislature has been trying to do this for years. It needs to be done safely – HIPPA and privacy concerns.

	<p>What is NCACH’s role in supporting our partners in developing a more sustainable model for telehealth and what are some key parameters/areas we want to support?</p> <ul style="list-style-type: none"> • Rick – It is hard to answer that if we do not know the funds we have available • Dr. Wilson - It is a priority issue. Telehealth deserves our attention to try figure out the obstacles. • Cathy - What would it look like? Can be visits, placing equipment in patients home. We need to define what we are trying to accomplish. • Dr. Wilson – There are many pieces that need to work together to make this work. • Lisa – For people that live in the outlying areas, telemedicine kiosks is an idea that she has heard. • Rosalinda – Provide loaner iPads to send to patients in advance of a visit • GWATA will be mapping hotspots for all 29 school districts. • Brooklyn – The Economic District is working on some internet access and NCRL has blood pressure stations. • Ray - WANDA the platform he uses has been a great platform. <p>Thoughts on next steps-</p> <ul style="list-style-type: none"> • Budget – Where would this fall? What is the expected budget? • Rick – We are missing the consumer voice. • Carlene – Rural access is challenging as it is. We need to make sure that we are not increasing risk to clients. Need to know the needs. Also, with fire season coming, people may not have access to telephones or internet. • Cathy – We need to find a target population. <p>Specific Next Steps – Staff will gather input from today and try to come up with a future plan.</p>
<ul style="list-style-type: none"> • Roundtable 	<ul style="list-style-type: none"> • Dr. Wilson – Saw the Multi payer model on the WPCC agenda. That indicates that the state is moving forward. • Carlene – Great discussion – telemedicine is absolutely essential • Sen Warnick - Loves that this group has different perspectives • Cathy – Telehealth will be a wonderful thing for our group to get behind • Ken – Cautiously a proponent of telehealth. Concern that it will become a replacement for in person visits. • Christal – have been talking about telehealth since the beginning of the ACH it is nice to talk about providing some tangible • Molly – Welcomed Lisa and Christal to the Board • Ray - Passionate about CIE. Hoping that we can refocus on that. • Deb - In Grant County they have put up the hot spots. There is a lot of potential for help with the broadband issue. • Lisa – Hopes that telemedicine and technology does not replace the provider. It is an exciting tool to add to our box. • Caroline – Asked Board members to think about what questions they want answered by staff in future meetings.
<ul style="list-style-type: none"> • Adjournment 	<ul style="list-style-type: none"> • Meeting adjourned at 3:27 PM by Blake Edwards • Next meeting Monday September 16th – Virtual