Board of Okanogan County Commissioners Tuesday, November 22nd, 2022, 1:30 p.m.

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Notes are verbatim when possible, and otherwise summarized. Note taker comments or clarifications are in italics. These notes are published at https://countywatch.org and are not the official county record of the meeting. For officially approved minutes, which are normally published at a later time, see the Okanogan County Commissioners' website at https://www.okanogancounty.org."

Present:

Andy Hover (AH), BOCC District 2 Chris Branch (CB), BOCC District 1 Lanie Johns (LJ), County Clerk Dave McClay (DM), Director, OBHC (Okanogan Behavioral Health) Dennis Rabidou (DR), Juvenile and Family services, OBHC Board Chair Roy Johnson (RJ), OBHC Board Member

Time stamps refer to the time on the wall clock. An AV Capture archive of the meeting on this date is available at: https://okanogancounty.org/departments/boards/live streaming of meetings.php

Summary of Important Discussions:

- Behavioral Health reports filling two posts, six remain vacant; seeing clients more quickly, prepping to hire interns, success of mobile crisis unit intervention
- Agreement that County and Behavioral Health develop concerted plan for spending opioid settlement once it is paid out, attention given to law enforcement regarding illegal drug production and trade, people's need for pain management
- Contingency money available for three funds, alcohol, developmental disability and mental health, according to biggest need
- Approval of seven motions including lodging tax funds for County Tourism Council (\$300,000) and Methow Arts Alliance, radio communications fund request from state, insurance premium increases.

1:32 - Update, Behavioral Health- **DM**: I sent you the numbers for crisis services from July 31st through October 31st –a little over 16,000 clients, or about 4% of the County. We'd like to get the "penetration rate" up but we're hampered by vacant positions. Six Master' level therapist positions are available. But that's better than it has been, and we're getting a better "churn" of people. The therapists are taking smaller caseloads so they can see people more frequently, and they're letting them exit sooner. We were two or three months behind on our waiting list and now we're seeing people more quickly. We recently hired someone to oversee an internship program, are starting to build relations with WSU, Eastern and Central, so we can start bringing in interns. (Must figure out) how to house them. In general services pretty good, the quality has gone up, we've hired people for that mobile crisis program. They've been trained and are starting to interact with the community and law enforcement to be that first line of response before the DCR (Designated Crisis Responder). They intervened just the other day, worked the way it was supposed to. (This has taken time to get running.) They should be working with (Omak Police Chief Christiansen) to get ahead of a situation before it becomes a crisis... The DCR is scary for people because they can be detained. This is a positive new service. Also benchmarking what we pay at the midpoint of each of the job titles, if we can. We found we were \$900,000 under market.

We found \$442,000 through attrition with jobs running more efficiently and reworking some contracts. This we put into our pay. We to be competitive to be able to serve the community. **RJ**: It's very frustrating when a trainee starts with us and then moves to another county for better pay. It's a loss in investment. ...**DM**: Our CFO is leaving and I'll be filling in for the interim. Still working on the Medicaid rates. Payments cover 85% to 90% of our contract revenue. The State has passed down rate cuts to the insurance companies that have contracts with the State but raised by 7% what they give the providers so it will be interesting to see how that plays out. ...*CB asks if these increases will apply to primary care; DM doesn't know*.

- 1:44- **DM**: We were curious about the <u>opioid settlement money</u>. AH says they've sent in information and are waiting. AH: Every city and county has to buy in on it, otherwise it's going to be pro-rated somehow. CB: Do you know about (how) the money can be used? RJ: I thought it was for opioid and other substance addiction, and maybe there was a mental health component. **CB**: ...We don't run a program like that... We would be open to suggestions how it could most effectively be used on issues people have in the County. DR: It's quite a bit of money that's going to come to the County. CB: It's a conversation we haven't had. ... Also, is there an enforcement side, as to the opioids that are made and delivered illegally? Isn't that a huge part of the problem? **DM**: I can't remember if there's a timeline on it but the unique part is that there are a lot of things you can use (the money) for. **CB**: There are people out there that can't have a managed program to deal with their pain. ... And I speak for myself. AH: We have three funds, alcohol, mental health and developmental disabilities, so we'll be able to tell you how much you'll have. AH: Last year OBHC was asking for more than they had in the account. We were going to leave what each account's carry-over was, and were going to appropriate all of that year's taxes that (inaudible) going to come in on each separate one. (He is looking at the budget.) ... for Mental Health you'll get hopefully \$44,000 (from the County). But if something really bad happens there's a contingency here of about \$240,000 (since) you are the County's contractor for these services. They used to allocate last year's taxes to this year's budget; there was more certainty. CB wishes to better define how they can use their money wisely, and to leave a clear approach for future boards of commissioners. CB: I've been co-mingling with some commissioners on the west side who feel a lot of responsibility toward behavioral health, especially through the health care authority. It's important to see how we can leverage the roles... He talks about MCOs, ASOs (private and public care organizations), other counties' administrations. (2:10) DM says the tax money they receive (10% of their revenue) is more flexible than what they receive from Medicaid. **DM**: We can fill some of the holes in the gaps of Medicaid requirements. We're appreciative of that.
- 2:12 Approval of minutes, consent agenda,
- 2:13 LJ: I have a list of motions. JD is going to need a candy bar. CB speaks of a discussion with a group including Judge Short on diversion, and aging adult care, will send the others the report. LJ gives this list of motions, which are then approved:
 - authorization to sign letter asking legislators to approve \$3M for completing a radio communications network
 - allocating the Office of Public Defense \$48,532
 - authorization to sign reimbursement request of \$21,709
 - approval of two memorandums of agreement between the County and Sheriff's Employee Association non-commission regarding holidays.
 - approval of County Tourism Council Destination Marketing Organization funding agreement amendment regarding 2023 Lodging Tax in the amount of \$300,000
 - approval of LTAC (Lodging Tax Advisory Committee) agreement with Methow Arts Alliance for 2022 in the amount of \$16,500

- approval of LTAC agreement with Methow Arts Alliance for 2023 in the amount of \$18,000
- Approval of <u>reclassification of Appropriation Manager</u> from grade 31.5 to 36.3
- Approval Delta dental insurance premium cap rate increase from \$80.95 to \$91.9 per month to cover monthly premiums
- Increasing Sheriff's office administration cap from \$831 to \$833 to cover the "employee only" portion of the premiums
- 2:35 Executive session with Deputy Officer and Planning Director Palmer. Public meeting adjourned.