

Board of Okanogan County Commissioners
Monday, October 2, 2022 AM

JN—Jon Neal, BOCC, District 3
AH—Andy Hover, BOCC, Vice-Chair, District 1--Absent
CB—Chris Branch, BOCC, Chair, District 2
LJ—Lanie Johns, Clerk of the Board
MG—Maurice Goodall, Emergency Management
JP—Joe Poulin, Maintenance Supervisor
PP—Pete Palmer, Planning Director
DR—Dennis Rabidou, Superior Court Administrator
SG—Scott Graham, CEO, Three Rivers Hospital

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Summary of significant discussions:

- Dennis Rabidou, Superior Court Administrator and Opioid Abatement Council liaison for the county, reports on the newly organized multi-county Opioid Abatement Council. The council was established because of the Blake Decision which could bring the county approximately \$50,000/year for the next 15 years. The commissioners and DR discuss how to form a county-wide committee to advise the BOCC how to spend its Blake Decision money.
- Scott Graham, CEO of Three Rivers Hospital, makes a presentation to the commissioners about the upcoming ballot initiative for \$72,000,000 to replace the old hospital with a modern one.
- Meeting adjourned for lunch at 12:01.

04:35—Pledge of Allegiance.

CB, JN and LJ discuss a letter of intent that CB needed to submit to Roni (Holder-Diefenbach?) that went missing, but ended up being submitted on time.

CB—The discussion of ADUs (Accessory Dwelling Units) on the agenda—I'd like to expand it to include other zoning issues, too.

CB—Commissioner Hover isn't here today?

LJ—No, he won't be in today or tomorrow.

JN—Did AH have any comments about the EMS contract?

LJ—He reviewed it and agreed with the changes. Wants to go to what Esther (Milner, Chief Civil Deputy Prosecutor) added. LJ reads the changes suggested.

LJ asks about the ARPA (American Rescue Plan Act) agreement with the OCEC (Okanogan County Electrical Co-op) for broadband. They need the money for the match. Wasn't sure how much is set aside for OCEC or if the PUD is getting some. CB makes a phone call to someone to try to answer the question.

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LJ—I'll just put it on the back burner until we hear.

23:00—No public comments.

CB—I had a situation—A woman has side-by-side property with her brother. There was a segregation by the Assessor. Their mother had the segregation done. Now the mother's gone and the brother and sister can't sell because the lot didn't get subdivided. Pete (Palmer, Planning Director) will meet with the Assessor and see what can be done. They both had quit claim deeds.

JN—I did the fairgrounds tour on Thursday. There's a lot of stuff that needs to happen but it's a matter of prioritizing. Drainage at both ends of the Agriplex. Water inside of the Agriplex. Safety issues.

JN—We'll just have to find somebody who can fix where it's leaking.

34:05—MG—I'm Maurice Goodall, Emergency Management. I talked to you both about the thing (?) that happened yesterday. Nothing else except for the email from Craig Nelson saying they got funding. Coming up with a Community Wildfire Protection Plan (CWPP) and a plan to get it all addressed. Also got Title III money from the Sheriff's Department. Not due until the 23rd. Money to pay wages for them to write the CWPP, and also some funding for the notification system. We use it for search and rescue calls out in the forest. We do pay for the notification system, but people who use it can pay for it, too.

MG—I sent some pictures to JN from the fairgrounds. I'll send them to Shelley (Keitzman, Human Resources and Risk Management) too. And I looked at the roof of the annex this morning. Damage caused by chipping ice off the roof. You can't see most of the damage from the ground.

Discussion of Annex roof—its damage and how to fix it. CB suggests they get a roofer to look at it.

MG—There was a small fire up in the forest. Never saw a cause but there was a helicopter making sure it was out.

MG—I'm done.

44:25—I'm Joe Poulin, Maintenance Supervisor

JP—We hired a part-time job from the fairgrounds. Starts today. Kyle. But I'm going to retire at the end of the month, I wonder if we can put Kyle on fulltime until I'm gone. So we can get him on board.

JP—There's a position opening up we hoped he'd go into.

JP—Yes. But I'm hoping we could put him on full time now while I'm still here.

CB—If it's OK with you, Jon, he can talk to Shelley to get him on fulltime for October.

JN—It's fine with me.

LJ discusses how to make the payroll change.

CB—It's a good idea.

JP—And it'll help the guys out. He's young, smart and strong.

JP—That's all I've got.

49:12—PP—I'm Pete Palmer, Director of Planning. I've just got two quick things.

PP—I looked at the information Roni has sent about yard sales that pop up outside of the towns. I'll talk about this more this afternoon, but I think it's easy to plug flea market/yard sale type vending into the temporary use permits in the zone code. Esther's been looking at the WACs and RCWs concerning most with the Revenue Department, concerned with those sales making over the threshold amount each year. They have to register with the Department of Revenue if they make more than \$10,000 or \$12,000 in a year. I was going to look at what the City of Omak does to regulate the summer-long flea market.

CB—Look at Oroville, too.

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JN—I think Oroville allows three yard sales per year and then you had to get a business license.

PP—I think the difference with these is that they're not at the people's home, but somewhere else.

Maybe public space or in the right of way. Mirroring what we've done with agricultural stands, we put conditions on the times, the areas and the signage. And a lot of the goods at the stand Roni told us about are brand new. They still have the tags on them. It's vending and not a yard sale.

CB—I was thinking about enforcement. Especially in the ROWs, if the Sheriff's Department could explain the rules to people.

PP—My second thing this morning is an agenda bill to authorize a resolution to change a Planner 3 to a Senior Planner. It's Rocky Robbins and she completed her three year training plan. Really got a good grasp on permitting in critical areas. I'm proud of her.

CB—We talked about this some time ago and we encouraged it. Is the resolution in our email?

PP—Yes. Shelley's reviewed it.

PP—Char is now a Senior Planner, so now I've got two. Pam is a Planner 2 and Liz is a Planner 1.

PP—She's very committed to the county.

JN—I'm happy to do this, but I'd rather wait until we have a full board to do this.

PP—OK. I'll bring it back up next Monday.

CB—And when we do it, could you bring her in for kudos?

PP—That's all. I'll see you this afternoon.

CB—It's good when somebody wants to commit to being a planner. Rocky should go to the Spring Conference in Chelan. There's a lot of stuff that's new every year that it's good to hear.

1:00:15—CB—We should have a discussion about the Hearings Examiner when Commissioner Hover gets back. Maybe even an evaluation.

JN—OK.

Discussion of left-over snacks from the LTAC (Lodging Tax Advisory Committee) meeting—scones, cookies, chips, etc.

More discussion of fixing roofs and preventing future ice problems.

1:11:10—DR—(Several minutes in the beginning of this discussion were not recorded on AVCapture.) This is mostly just an update, but I want to talk about the plan decided by the council. I hope you have input so we can plan. I learned a lot being on the council and about the UW's project about prevention. I talked to Esther about it, too.

CB—One of the first thing to fund is the (*inaudible*) with the other counties if it's applicable.

DR—I heard what they were doing about detox.

CB—We were going to do the Intercept model if it's applicable. I talked to Commissioner Overbey (of Chelan County) about it. Their attorney looked at it and has communicated with Esther. This would be a part of that. We should wait until 10:30 because that's the time on the agenda. There's another person who's joined the meeting.

LJ—That's Josh Petker. He's the taskforce supervisor for the counties.

DR—I don't know if we both show up at the council, I bet we still have only one vote.

CB—Now it's 10:30, so will you introduce yourself.

DR—I'm Dennis Rabidou. I'm Superior Court Administrator and Opioid Abatement Council liaison for the county. We met on Sept 27. We determined out fiscal agent—Chelan was able to take that on. They establish the account and distribute it to the administrator. They aren't going to charge an administration fee! They also agreed that Carelon (?) would be the administrator of the funds and

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accept the RFPs (Request for Proposal). The money still gets spent the way the county wants it spent, in accordance with the MOU (Memorandum of Understanding). That's the gist of what happened at the first meeting. Each county elected to meet with any stakeholders in the county and then report back to the council.

DR—The next meeting will be Nov. 1. If we're going to convene our internal group before that meeting, we need to decide who's in that group. Maybe the towns in the county or maybe you can give me some guidance.

CB—Well, the cities and towns will be on the list. They might want to run their own programs, but I doubt it.

LJ—Someone from each town council?

CB—Somebody from Wenatchee and East Wenatchee or maybe Moses Lake—the two biggest cities in the area. They don't have to be on it if they don't want.

DR—East Wenatchee may do its own administration of the money.

CB—There's the prevention thing we've got going with OBHC (Okanogan Behavioral Healthcare) with the UW. That's just getting kicked off.

DR—I looked at what Esther sent me. I think what Okanogan County has about \$2,600,000 over 15 years, so it's approximately \$50,000 per year. Has the county verified the numbers yet?

JN—I think it hasn't been finally settled yet. There are still settlements coming in.

CB—Some of the settlements were still up in the air.

DR—So how do we disburse the money so that the whole county benefits. Esther didn't know about the project we're about to launch about prevention. I'm trying to convene that stakeholders group. Schools are included and that disburses it to the whole county.

DR—But if we're also going to use it for the Intercept thing, we need to explore that. Pull the mayors in and have a discussion?

CB—I think so. And still have to go through the council. Maybe we'll have to front the cost until we get the council going. That's the good thing about Carelon. They've already got accounts to manage the opioid clinics' accounts.

DR—We're narrowing it down. Plan for roughly for \$50,000 per year. Convene a meeting with mayors, etc., here in the Commissioners' room?

JN—Have they set up guidelines about how we can spend the money?

DR—It's exhibit A. I may have sent it to you already. We can share it with the group.

DR—One other thing—Chelan & Douglas counties are talking about a detox center. Did they land enough money to do that?

CB—They're not where they're ready to do that. That's why the Intercept model is useful. To realize who'd use it, we've had these discussion here. Thinking of having our own facility for long or short term. It's useful for involuntary commitments.

DR—Can this money just sit in the pot for years until we have enough?

CB—Looking at a jail with treatment facilities.

DR—Don't know how the money would work. And what if we want a smaller amount for a project that just came up?

CB—I think the money comes to us and the council decides if it's being spent appropriately or not. The administrator would keep us in line. Carelon works with a lot of providers in the region. So this all looks good for our self-determination. What will we call the group?

DR—An opioid advisory committee? Maybe the group's first meeting will just get this information out.

CB—The same list of people and entities is also what we need for the Intercept. What do we do if faced with someone with a drug problem or mental illness?

DR—Can I lean on you to brief the group about Intercept?

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CB—Yes. But Commissioner Hover knows that.

DR—I'll draft an agenda and send it to you.

CB—AH should be there when we talk about who to invite—Community Action, Room One, etc.

JN—OCOG (Okanogan Council of Governments) has a list. I'll get it to you.

LJ—There are 13 incorporated towns in the county.

CB—Rena with Community Action would be good. You've got OBHC covered, but she's got a list of people she interacts with for services.

JN—One potential issue—half the mayors have a day job, so the meeting needs to be in the evening.

DR—First part of this process is to see what's going on in each place.

JN—Have the meeting here and also attend virtually.

DR—I'll draft the agenda. Meet maybe 6-7 on Wednesday or Thursday. Maybe Oct. 19?

DR—Any questions?

JN—Maybe just ship out the exhibits with your email?

DR will come to the next OCOG meeting.

1:43:50—CB—There's a scheduled public hearing now for a budget supplemental appropriation for the Parks and Recreation budget for \$119,810.

JT—I'm Josh Thomson, County Engineer. As I read through the resolution, I found out that the info we had when we put this together this morning may have changed. The Methow Conservancy's plans have changed. I'll prepare a second supplemental resolution.

LJ—We'll have to do a second resolution for the second supplemental

JT—Everything in the resolution is fine, but I have to prepare a second one with the RCO (Recreation and Conservation Office) revenue on the top—so that's an additional \$115,000. And then Capital Expenditures Habitat line has \$0 in it, and that money would go back there.

CB—So this resolution is accurate, there just needs to be another resolution, too.

JT—Yes.

No public testimony.

JN—I move to approve Resolution 134-2023. Motion passes 2-0.

1:48:50—CB—We have a public hearing scheduled for a budget supplemental appropriation to the Road Fund for \$426,000.

JT—This covers two items—a contract to replace a burned guard rail for the Eagle Bluff Fire in the Loomis-Oroville area and also to cover expenses incurred during a gravel crush. We got more sand than gravel and had to screen it. Screening costs less than buying the sand for the winter roads.

No public testimony.

JN—I move to approve Resolution 135-2023. Motion passes 2-0.

JT leaves.

CB and JN discuss the proposed ability for county commissioners to raise the property tax 3%. JN says it may become harder for the county to get state funding if they don't raise the lid.

1:59:10—CB—It's 11:15 and time for our discussion of the Three Rivers Hospital ballot initiative.

SG—I'm Scott Graham, CEO at Three Rivers. Thanks for giving us time to talk about the ballot initiative. I've been there for about 10 years. There have been a lot of changes but not in the buildings.

SG—Jennifer Best, Business Development Director, is here with me. On-line are:

- Jamie Boyer, Physician Relations Director and Clinic Director,
- Anita Fisk is our Human Resources Director and

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- Dr. Ty Witt is our Chief Medical Officer.

SG—We have an old building. First one is almost 75 years old. Latest additions was in 1980s. Lots of structural problems in the last few years due to its age. Everyone’s done a great job to make the hospital serviceable. It’s clean, well maintained but its useful life is past. It won’t carry us into the next decades.

SG—We had many meetings with our board, team, architects asking “can we renovate”. Building codes change over time and we’ve got lots of waivers. But with changes in legislation, the waivers aren’t going to work anymore. We were told it would cost more to renovate than build a new one—because of the electrical, medical gas, water and structural building issues that are beginning to fail. We have to have a safe environment. So we decided the right thing to do would be to go to the community for support to build a new facility. Hope it will be lean, clean and green.

SG—Not move to a new campus, but build in stages. Hope to get a new hospital that will stand for the next 50 years.

SG—We provide an Emergency Room, in-patient beds, transitional care and rehabilitation, lab and radiology, primary care and specialty care, surgical care including general, orthopedic and gynecological surgery.

SG—We hope to offer those services and more—including specialty services—podiatry, cardiology, ophthalmology— on a part time basis.

SG—Also think a new building will increase the neighborhood’s engagement with the hospital. This will help with recruitment and retention of talent.

SG—Our time line—

2023—Election in November

2024—Design process

2025—Break ground for phase 1, demolish the McKinley building, replaced with phase1 structure

2026—Begin phase 2, demolish the other buildings and adding additional services

2027—Move in.

SG—Any questions or comments?

CB—The District serves all the way to Mazama and to...?

Jennifer—Boundary line goes all the way to Malott and down to Mansfield, as well as the Methow Valley.

CB—I didn’t know that.

Jennifer—Our district is the largest in area in the state—about 2,500 sq. mi., 16,000 residents with 8 towns in the district.

SG—We’re the largest district in the county with the largest population

CB—With diversity.

SG—Yes. Some very wealthy communities and some underserved communities.

?—About 40% Hispanic and a large population of elderly citizens.

SG—People who know how to estimate hospital building costs said this will cost about \$72,000,000. The bond would run for 30year. That’s \$1.39/\$1000 assessed value. For a \$250,000 home, it’s about \$350/year or \$29/month or less than \$1/day. As the area grows, the cost per house will go down. We know it’s a big request, especially for those with high home values, but we need this to serve the area. It’s vital to the community’s health as well as people’s health.

CB—I’d add the 6 month cost for the tax bill, because some people pay their property tax 2 times per year.

?—For the homes in our district, in Douglas County, the average is \$97,000. In Okanogan County, the average parcel assessment is \$260,000. In the Methow Valley, it’s a lot more. There’s a state discount for low income or disabled people.

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SG—We know it's a big ask. We're heartened by the reaction of some people to the possibility of a new hospital.

CB—I didn't realize the district is so big.

SG—Shows slides of what the hospital might look like. Shows 360° view.

SG—Right now the footprint is about 55,000 ft². The new building will be about 65,000 to 69,000 ft². Part of that is bigger rooms (required by code), and have just 10 inpatient rooms which could be expanded to 20 rooms in the event of a surge.

SG—Any questions? We've got a website.

JN—A comment—You want the best facility possible for a facility you hope you never have to use.

SG—We can't ask people to vote Yes because we're a public hospital. But we can educate. You want the hospital where you can get the emergency care you need even in the middle of the night.

CB—I'm not in the district, but it's good to have a local hospital that's well staffed. How's the board?

SG—The board is very much in favor. Some live in the Methow.

Jamie Boyer and Dr. Witt make supportive comments. Anita Fisk notes how much a new facility will help to recruit new staff.

SG—Dr. Witt says it costs more to run an old building than to run a new one. It's like having an old beater car that always needs something.

JN—Tech changes so fast that it's impossible to keep up with.

SG—There's a Clean Buildings Act that would cost us millions to comply with and then we'd still have the old building.

Jennifer—Medical buildings cost more to build than regular buildings.

CB—It's fortunate you've got the space to build on.

CB—We get questions about this, but we'll direct them to you.

JN—The only thing you might add to the presentation is the cost estimate to do a remodel.

SG—It's in a study on our website.

?—The architect said it'd be more than \$80,000,000 to remodel and be more disruptive to patient care. With the new construction, the only disruption will be in parking.

LJ—Our office has received calls about the hospital. They want more information about how it impacts them. That's the major thing and they seem frustrated about not finding the information they want.

?—Aside for what we're already done to spread the word, we'll have a newsletter coming out next week.

?—Most people who are concerned are concerned about their taxes. Some want to know who the commissioners are. I had kind of a hard time finding it myself.

Jennifer shows how to find the bond page on the website with the studies, bond information, meetings we'll be holding, etc. Also my contact number and contact information for the board members. I can give my card to you guys so you can direct calls to me.

Dr. Witt—Can I say two quick things? Thanks for letting us present this today. I want to emphasize this is a community owned hospital. The tax payers' money is not the large part of our budget, but I want to ask if you want a hospital in your district. But an emergency room can't be open 24/7 without all the other parts of the hospital. That's the way reimbursement works. Thanks.

CB—The quality of care in the ER—as I've learned—is great. And the follow-up care is great, too.

SG—Thanks Dr. Witt. We need the acute care, the surgery, the transitional care and lab and radiology to keep the ER there.

CB—Would it cost a lot more to have just emergency?

SG—Yes. The expenses for the ER far outweigh what we get as reimbursement.

Dr. Witt—And we get about 4,000 ER visits every year. We save lives every week! And we do about 400 surgeries every year.

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SG—Thank you so much. We do save lives every day.

Adjourn for lunch at 12:01.