Okanogan Board of Health (BOH) Tuesday, April 11th, 2023, 1:30 PM

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Present:

Lauri Jones (LJ), Board of Health Director Mariann Williams (MW), BOH board member Jim Wallace (JW), Health Officer Jim Wright (JWr), BOH board member Jill Gates (JG), BOH, Secretary Mike Harr (MH), Okanogan County Health District Chris Branch (CB), County Commissioner, BOH board member Jon Neil (JN), County Commissioner, BOH board Chairman Andy Hover (AH), County Commissioner, BOH board member Jennifer Richardson (JR), Okanogan Public Health District Krisha Warnstaff (KW), Okanogan Public Health District Chuck Zimmerman (CZ), Counsel to Okanogan Public Health District

Time stamps refer to a Zoom recording on the County Watch website.

Summary of Important Discussions:

- Financial report cites field training for Environmental Health specialist; <u>resolution 2023-03</u> <u>transferring voucher-signing from BOCC to BOH sparks discussion about payments between</u> <u>meetings</u> requiring subsequent full-board review
- Formal <u>approval of new organizational charter</u> (res. 2023-04) naming single administrator instead of administrative team
- Health Officer welcomes <u>decline in Covid hospitalizations, cases still twice state average, end</u> of health emergency May 11th means masking in health care settings no longer required; Dr. Wallace gears up for <u>new health care assessment</u> compiling region-wide data
- <u>BOH votes in Lauri Jones as Administrator, Michael Harr appointed Environmental Health</u> <u>Director</u>, salaries determined by board.
- 1:30 Discussion on what constitutes a quorum. Only six of eight posts are filled. Four board members are present. CZ says four was a quorum when there were seven positions; now there are eight but through no fault of the BOH no tribal member has been appointed. He therefore suggests that four would constitute a quorum.

11:05 - <u>Financial Report</u> - A company was hired to provide field training for the Environmental Health specialist. JG brings up resolution 2023-03. JG: We talked to the Auditor about signing off on vouchers and payroll in the place of the BOCC who's been doing it. AH: It's asking for a \$50,000 bond for the Assistant to the Fiscal Coordinator and District Administrator designee. LJ: Enduris is our liability carrier. CZ: Enduris covers that bond. It's a statutory requirement. A discussions ensues between CZ and AH about a clause in the Health District charter CZ has helped draw up, allowing two people to sign off on payments of up to \$25,000 if they fall just

after a monthly meeting. Above this sum a special meeting must be called. In either case, if after a full-board review it is refused, the financial coordinator must make every effort to get the funds back. JG points to the size of the document on spending regulations, asks if the BOCC has that many. AH: Ours is much more substantial than this. CZ: The difference with the BOCC is they meet several times a week. JG has some vouchers to have signed in the absence of LJ who is at Sea-Tac Airport and attending via Zoom. CZ says LJ should designate someone other than a board member because it will be up to the board to review it. LJ designates Jennifer Richardson. CZ says they will come back to this (when LJ is officially named sole administrator).

23:19 - <u>Organizational Charter</u> - **MW**: With resolution 2023-04 the goal was to make one administrator, in conjunction with the Health Officer, with four directors who report to them: Community Health, Communication and Support Services, Fiscal/Human Resources and Environmental Health. *The new organizational charter is approved*.

28:01 - <u>Health Officer's Report</u> - **JW**: Covid cases are 84 per 100,000, double the state average. Hospitalizations are down, from 11 per week per 100,000 to 5/100,000. Three more deaths reported bringing the year's total to 5. We welcome the increase in hospitalization capacity. Long term care numbers are going down, coming out of outbreak status. The Department of Health removed the mask mandate in health care environments. I and others encourage masks when we're face to face with a patient. It's different from facility to facility. May 11th we'll see the end of the federal public health emergency. We'll see a decrease in reporting and in ability to track disease activity, and work on being able to keep each other informed in case of a rise in cases.

<u>Community Health Assessment</u> - **JW**: The last one was in 2014. We've had partners doing their own assessment: substance use disorder, opioid use, homelessness and access to medical and behavioral health care are top priorities. We want to repeat this and compare. We're working together to compile existing assessments to deliver one large region-wide compilation of the health assessments, partnering with the Coalition For Health Improvement and NCACN (*North Central Accountable Communities of Health, the new regional health district*) to make sure we don't have any gaps. ...We'll se what folks are most interested in. **LJ**: We had the regional "eppies" (*epidemiologists*) up here the last week in February to see where we go regarding the Tribe and focus groups.

34:30 - Environmental Health - MC: I have nothing to report except that things are getting really busy.

36:50 - Executive Session for the evaluation of a public employee.

37:17 - *CB arrives, gives his approval of the minutes which the others have already approved. MW moves to appoint LJ as Public Health District Administrator. They discuss her salary.* **AH**: Chelan-Douglas pays theirs \$130,000 a year. Okanogan has been at 80% to 90% (of their salaries). I say \$110,000. **MW**: We want to offer our current administrator what we'd offer our future administrator. It's important in terms of what we can support and what we can advertise. JN: Is it in our budget? **AH**: Technically not. The entire budget is allocated out but we have \$300,000 in reserve and \$800,000 in emergency reserve. Since they historically don't overspend, these funds can be moved into the budget. *MW asks about making it retroactive to January 1st. AH says that makes a lot of money.* **LJ**: It's not hard to justify; for the Environmental Health Director as well as the Administrator there are foundational funds among others that could be used. **CB**: You're talking about \$150,000 coming in that hasn't been budgeted for. **AH**: Lauri got a 4.5% longevity raise in March. \$100,000 is base. It would be on top of that. ...I'm okay with (that) but at \$115,000/year I'm not in favor of going retroactive. ...Let's get back to this. We also have an Environmental Health Director to appoint. Do we have the Administrator appoint this position? LJ: Yes. AH: Michael should be appointed to this position and be paid retroactively because he has been doing those duties since then and should be recognized for it. Does the Board think the Administrator should appoint these positions? CB: I support the Director running the hiring process and I encourage the director to include the Board in the processes, and let us know what's going on. CZ: There are the wages, which are up to the board, then the appointments which are up to the Administrator. *He proposes the Board vote on a motion for the Director to appointing MC at a certain wage, retroactive or not.* CB: You came up with a wage? AH: \$6,8000/month. LJ: The Administrator would agree to that, and consider his wage retroactive to January 1st. *Mike Harr is voted in as Environmental Health Director and Lauri Jones as Administrator from April 6th at the fore-mentioned salary*.

Meeting adjourned.