

Okanogan Board of Health (BOH)
Tuesday, December 12th, 2023, 1:30 PM

These notes were taken by a County Watch volunteer. Every attempt is made to be accurate. 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:

Lauri Jones (LJ), Board of Health Director
Mike Harr (MH), Okanogan County Health District
Mariann Williams (MW), BOH board member, vice chairperson of the board
Jim Wright, BOH board member
Jon Neil (JN), County Commissioner, BOH board chairman
Chris Branch (CB), County Commissioner, BOH board member
John McReynolds, CEO, North Valley Hospital
Kait Schilling (KS), attorney
Jim Wright (JWr), BOH board member
Denise Varner, BOH board member, Municipal Representative
Sabrina Smith, Public Health nurse
community member

Time stamps refer to three Zoom recordings on the County Watch website.

Summary of Important Discussions:

- In public comment, Blue Sky Minds lauded for serving students in need
- Leadership training in Wenatchee with other NCW counties strengthening management teams
- Resolution 2023-16 on procurement policy approved to comply with RCW, geared more to large public works projects than public health
- Health Officer's salary upped from \$125 to \$150/hour
- Approval of \$10,000 contract with Blue Sky Minds county hunger assessment tabled until group can present "deliverables" to board members
- Health Officer's report signals rising Covid and RSV rates, each totaling 4% of county hospitalizations; State reviewing what could have been done better in reaction to Covid, governor's approach called "abrasive"
- Brief discussion on tribal sovereignty; Cmm'r Branch says government not providing what they need
- End of bookmobile in north a mental health worry
- Long discussion on mental health crisis: decentralization, staff shortages, "ER becoming a mental health facility"; mental health nurse planned for jail

2:00 - *LJ asks that Resolution 2023-17 be removed from agenda and put on next month's. An RCW says they have to index public records but KS says they can say it's burdensome to do that. LJ requests that the approval of Blue Sky Minds' contract be an action item instead of under "administrator's update". MW reads a public comment email from Raven K.: "I have learned about Blue Sky Minds and their potential to serve the county's students in need. I am strongly in favor of the expansion of their programming (*including cooperation with, support and funding for*) Room1, the Loop*

and others on food access and summer programs for children.”

6:45 - Financial Report - MW asks about \$9,000 in “Equity Covid Funding”, if they’re still receiving Covid money. LJ talks about the Covid Rural Equity Grant:

The contract is for isolation support, transportation to homeless shelters and to medical appointments if unhoused. JN asks about Nash Consulting.

14:25 LJ: I’m so glad you asked. She said Nash gave a discount for Grant, Chelan-Douglas and Okanogan County to do leadership training. They sent behavioral health employees and service managers, people from health care. Eight from Chelan-Douglas counties, almost as much as from Grant County. LJ attended with MC. The three counties took turns paying for lunches.

LJ: A lot of people are gathering info and reporting on homelessness issues...if anyone has the possibility to participate, it’s enlightening.

18:00 - Res. 2023 -16, Procurement Policy - Kate Schilling has a modified version to fit the health district. It has been vetted for the State Auditor’s office, as a result of feedback from employees. “What is looked for in the accountability the Health Districts are required to have?”

CB: I hope the staff will get a good look at it. It’s about meeting statutes regarding bids and procurement policies. That’s who the public works engineer should look at it.

LV: I doubt we’re going to use this much. It’s for (spending) over \$10,000. I’m comfortable with it. It’s a detailed policy.

CB: This is for public works, professional service, supplies. Occasionally projects would come up, people didn’t know what they were getting into, the difference between bid and quote. There are some areas and thresholds that cause us to do things differently. ...The MRSC (*Municipal Research and Services Center*) is interesting to look at for cities and towns to see if something is within the perimeters of law. Following a motion by MW, Resolution 2023-16 regarding procurement policy is approved.

28:45 - Health Officer’s Contract - LJ is being asked to increase the salary of the Health Officer from \$125 to \$150/hour for a minimum number of hours a week. She’s bringing this up because, she says, the district administrator doesn’t decide on a budget issue. ...LJ: Dr. Wallace is a family practice doctor in the Methow and is health director for Okanogan and Chelan-Douglas counties. He gave up office days, which he loves, to serve as Health Officer.

39:50 - Blue Sky Minds, Memorandum of Agreement and Discussion - LJ: There’s an up-front payment of \$4,750 and in June the second half. It’s a pretty involved work plan...an extensive Okanogan County food assessment, (including) the tribes. We didn’t have the capacity or staffing. She’s a good one to assess, in schools, kids’ nutrition.

DV: Last meeting I thought we’d have something to review...

LJ: When we had ARPA for seniors we did a simple contract with them. We’re currently doing an emergency preparedness assessment. With once-a-month meetings it’s hard to get things approved. ...It’s not a large amount...

CB: I support the ability to be nimble but if board members would feel more comfortable, I would support having the presentation.

LJ: Kait? KS says it’s not a substantial amount in the grand scheme. LJ: We could table it until January.

DV: I would like to know what the deliverables actually are...

48:00 - CB doesn't want people to approve something they don't know about, to rubber stamp.

LV: That's fine. She can do the work. *LJ thinks there can be an in-person presentation.*

Health Officer Update - LJ: Jim (*Wallace, Health Officer*) wanted us to know that Grant, Chelan-Douglas and Kitties counties are submitting a letter to the NCW health care partners. In the past two weeks we've seen an increase in the rate of respiratory illness in our region. (*RSV and Covid each account for 4% of hospitalisations.*) NCW has surpassed one or more thresholds that we have been tracking and discussing as triggers for increased precautions to prevent transmission of respiratory pathogens. *He will probably be asking health facilities to ...maintain personal protective equipment, hand washing... and strengthen entrance screening for patients with respiratory illness. He recommends that people who have had Covid wear masks for 10 days from the onset of symptoms after going back to work. She asks if they want a copy of the report.*

CB: I read that you should expect this happening in medical facilities... I would state that health advisory is addressing this issue—What could they do better? *DV asks what the recommendations were.* It's an issue of taking the community with you, and it's hard to do, spend more time with your communities. The CHI (*Community Health Improvement, an assessment process*) *would be that they're doing communication with the community before it becomes an order. (He goes on to talk about dire situations, the mass deaths at the nursing home, smallpox in the past hitting children especially hard. When it all comes down, it'll be a recommendation by the governor... In uncertainty, you err on the side of the extreme. He tells about after a hurricane at Galveston Island in Texas, people being ordered at gunpoint by the police to pick up the dead bodies.)* How do we do that?

LJ: Well, we had that challenge when the governor was calling the shots.

CB: It was (considered) a strong response by many...

JN: The governor's approach was very abrasive.

CB: People hated the governor *before Covid.*

1:00:00 - MW: Did the (*approach*) work?

LJ: We controlled our data to the best of our ability. The only time we lost track of deaths was when they were transferred, a discrepancy with what the State was or was not showing. *CB says they've been through all that as commissioners and, in the case of Neil, mayor. He talks about people wearing masks simply out of respect. JN says there's lots of confusion on the proper use of masks. They talk about needless mask - wearing alone in cars or on mountaintops, even oxygen deprivation as a result.*

LJ: In the Emergency Preparedness Survey we're not going to mention Covid by name but we're going to slip in something similar. We'll test it on some willing staff member, see how it goes,

LJ says the Leadership Training firm will come Wednesday. They've been twice to Wenatchee.

MH: It's been tougher than I thought. They make you come up with scenario, how you'll react. *LJ suggests that DV as the newest board member do an orientation.*

Community Health Report - LJ says they've been busy trying to get new players in hospitals and clinics. They discuss vaccinations. *DV says her immunization record recommended a polio booster. MW says she'd get RSV, Shingles, Pneumonia, and Covid vaccinations but not polio, it being so rare.*

1:19:58 - A discussion about sovereignty issues with the tribes, enforcement of codes. MW was excited to have had Mr. Tonasket talk to them. KS says working across borders is an “interesting (legal) realm”.... CB says one has to have relationships with more than one tribe, and that it gets difficult when only the attorneys are talking. CB: ...I’ve been operating with land use agreements for 28 years and never had a lawsuit. If you live on the reservation or have land you can apply to either entity. They talk about issues like water at the fairgrounds. What was overseen by the state now will be by the EPA. CB talks about the federal government not providing what they need. He calls “checkerboard ownership” complicated, describes the movement for termination of the reservation when he was young “a big fight: Mel was for keeping it, my family was against it.”

1:29:00 - JM talks about the end of bookmobile service in the north. A question of budget and numbers, he says the bookmobile’s loss will affect the mental health of people without mobility. CB says something about putting out a letter because this seems to be a popular service. He wonders about the role of the BOH in mental health since the rise of ACH (Accountable Communities of Health, an approach to health care including screening, referrals, collaboration between partners). LJ cites the Harm Reduction Program since 2006 targeting substance abuse and mental health.

MW: Mental Health is an area we haven’t completely addressed. The governor is decentralizing mental hospitals and putting mental health in smaller communities in different ways, and it’s time to get a piece of that somehow.

LJ: Public Health should be part of the discussion about the opioid dollars and it’s not.

Substance abuse and mental health coexist... MW asks where the funds are going.

CB: I’ve been spending a lot of time with that. Crisis response is one of the areas (where the money is targeted). Mental health patients show up in emergency rooms and it’s a real challenging issue for the emergency responders. They don’t have the room or the staffing, and the law enforcement just want to get on with their job. Putting patients in jail is not a good thing. You have to put them in a larger space, ‘cause when they act out... We’re looking at a budget that includes (a mental health nurse) in the jail.

LJ: It needs a full-time nurse... We had someone from the hospitals come by today and we had the discussion—the ER is becoming a mental health facility. There may not be anywhere to send people. In the hospital they have complex care needs... (It’s something) we need to come together as a community, a society, to address.

1:37:04 - MW (to JM): Is there any place for mental health patients in the hospitals? I know you’ve been talking about roles for different hospitals in the valley...

JM: Fundamentally the role of the ER is a lot different now. You’ve seen that North Valley and Mid Valley have security guards. We’re just dealing with the different client population. We’re also part of a pilot project where we have social workers imbedded in the ER and that’s positive. Is it possible to focus the care that’s happening on different facilities? ...The barrier that North Valley ran into is the reimbursement rates. We have a staff that it’s not their primary preoccupation... It requires a capital investment. There are a lot of patients but you wouldn’t necessarily get paid enough to cover your cost...

MW: I see that the governor wants to de-emphasize Western and Eastern State and making them more community-centralized services. Is it so they don’t have to pay as much for staff, or is there money to send along with the care. Are you part of the discussion?

JM: We work really close with OBHC (Okanogan Behavioral Health) crisis responders to get beds in the ER. Our role is to hold them until they get transferred. I’ve heard a lot about their problems with staffing and licensing...

DV: How many DCRs (*dedicated crisis responders*) are in the county and how long does it take them to get there to evaluate?

JM: I don't know the total number. From our side, they're pretty responsive in getting here, same with the sheriff's office, generally. The much bigger problem is the second step, the 10% of cases where the person needs an involuntary hold. Getting a bed availability is a big issue. It's not uncommon... to see someone who's been here for 17 hours waiting for a bed, or a transfer.

LJ talks about the EMS side, getting heart attack out of facility:... Sacred Heart may have a 15 patient wait for a bed. In the winter it's worse, they can't fly people out... What are we going to do? *CB says they left the Spokane network and went to North Central Washington.* CB: It's the same problem here. We decided to map how people are moving through the system. Three people from OBHC and someone from the sheriff's office got together. ...A psychiatrist was amazed at how people in the Okanogan were passionate about this issue and working to try to fill the void. I think we've got three DCRs through OBHC. They're hard to get. If I wanted to be a DCR (*there is a lot of liability with involuntary treatment*).

LJ: They only keep 'em so long and then they have to have a plan for when they get out. There's Mobile Crisis first... who can assess certain things before the DCR is sent for...

CB: We have three EMS services but the reimbursement rate is terrible. They are a private entity that is pretty successful in delivering services. We have limited service in the Tonasket-Oroville area because of (*recording trouble from 1:47:55 to 1:51:49*)... volunteers...

JN: It was funny, the intercept people had no idea of how big Okanogan County was, how sparsely populated. If you have a crisis at Pontiac Ridge and your key point is Mid Valley Hospital, there's a minimum of two hours (*plus*) the sheriff might take two hours to get there.

CB: In their defense, they were there to learn about our situation... Crisis responders, ambulance Services could be a big part of this because they're out there. ...I even found myself in an ambulance and I was interviewing the ambulance crew. In our area we don't have the same level of service because they have to compromise some of the levels of service in the Tonasket and Oroville districts because of the distance and income.

They all agree on this point. CB talks about a former planning director who had a heart attack and the EMTs didn't know how to use the defibrillator. He's glad they got to address this subject.

LJ: There is a huge shortage in licensed mental health professionals, like there is in nurses.

CB: Anyway, thank you.

1:55:48 - MW: We are adjourned. Happy Holidays!