

**Okanogan Board of Health (BOH)**  
**Tuesday, February 11<sup>th</sup>, 2024, 1:30 PM**

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**Present:**

Lauri Jones (LJ), Board of Health Director  
Mike Harr (MH), Okanogan County Health District  
Andy Hover (AH), County Commissioner, BOH  
Jim Wright (JWr), BOH board member  
Jon Neal (JN), County Commissioner, BOH board chairman (via Zoom)  
Nick Tim (NT), County Commissioner,  
Jim Wallace (JW), Health Officer, BOH (*Zoom*)  
Jill Gates (JG), BOH, Secretary  
Quill Orr, BOH member, Colville Tribes  
Krisha Warnstadt (KW), Okanogan County Public Health District  
Kait Schilling (KS), lawyer, Ogden-Murphy-Wallace  
Denise Varner (DV), BOH board member, City of Okanogan representative  
Jim Wallace (JW), Health Officer  
Shannon Richardson (SR), Okanogan County Public Health District  
Kristin Quert, Wenatchee Valley College nursing student

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

**Summary of Important Discussions:**

- *Influenza cases: triple the number last year at this time; hospitals asked to report and genotype new strains; flu related to some afflictions in muscles or the brain*
- *Syphilis up, some congenital cases in newborns*
- *Presentation of "2024 in Review" showing year's achievements in environmental health, community health and support services*
- *Overdoses more than double compared to January 2024; health officer explains challenges of curbing fentanyl addiction: only methadone works and not as well as on other opioids; meth and marijuana sold on street is cut with fentanyl; one horse tranquilizer used to prolong its effects, Xylazine, doesn't respond to overdose treatment narcan*
- *Colville Tribes board member position vacant*
- *On-site septic regulations draft (OSS) going to advisory committee, then SEPA for review; Environmental Health Director Mike Harr speaks about Eastside Solid Waste Group "leveling playing field" with west side since needs different over here, approves of Satellite Management Agency to monitor water systems*
- *Meeting adjourned at 2:42*

1:30 - *Previous meeting minutes, financial report approved. Resolution 2025-02* - LJ: This is a cash handling policy, the operations part of the procedure. The policy that says we'll abide by all the things that we need to, financially. ...It's how we function financially.

KS: The State audit. Website doesn't say much about it but it can be as broad or detailed as the district wants, but to me, as long as it reflects the actual process that you follow, then it's good.

AH: Is this a revamp or did we not have a cash-handling policy?

6:10 - LJ: This is part of our updating our previous not as detailed policies. *Motion approved.*

Administrative Update: 2024, Year in Review - LJ: I really appreciate Krisha, Jennifer and Michael's hand in this, as well as Jill's with some information. *Members look at report on big screen. Some trouble getting different pages to appear. OCPHD described as single county health district since 1985 with 8 board members and 15 paid employees.*

Health Officer's Report - JW: Two key things: respiratory illness continues to be high. We're seeing a second spike in the flu season, a rise in number of ER (*emergency room*) visits and hospitalizations, counting for 4.2% of ER visits compared to 1.2% last year- over three times what we normally see in a winter season. Covid fortunately is still pretty low, only .6% of ER visits. RSV (*Respiratory Syncytial Virus*) is actually pretty high: .6%, and our normal seasonal number is .3. A lot of hospital staff members ill. Asking along with other jurisdictions, state and national, to sub-type influenza strains to identify novel or more severe strains than we normally see because this seems to be a stronger season than we normally see. Overdoses: We've met with local county groups, Chelan-Douglas county are mapping out where there are services or gaps in services so we can get more folks into treatment and prevent more overdoses. ...Making sure that "every door is the right door" so people get services to get housing, employment, food security, transportation when necessary... to maintain success in recovery.

JN : With your flu issues, has there been an increase affecting youth?

JW: We have had reports from schools and day care that they're seeing more absenteeism.

JN: 9 yr.-old Friend ended up with influenza B viral myositis, couldn't walk.

18:13 -JW: That's why we're asking about new strains... They're trying to track Acute necrotizing encephalitis, a brain condition that seems to be related to influenza. We don't have a great way to track that now but it's another reason we're asking hospitals (*for strains*) to be reported and genotyped so we can do more investigation.

DV: When someone comes to the hospital with an overdose and is willing to go to the next step, is there funding?

JW: Family Health Centers and 3 Rivers are putting treatment centers into place with one or more person able to dispense medication for withdrawal. ...Behavioral health services, others to provide food, housing--these are things that need to be addressed after (*the addiction is dealt with*). Also other health conditions they may have. Supporting a person's entire life so stress is not an issue leading them to self-medicate

AH: With LJ, the idea for a methadone clinic came up.

JW: That's another treatment used for opioid use disorder but requires a more robust treatment program, requires an addiction medicines specialist, a place to receive daily medication. We're trying to get that. There are also injectable medications that can last up to 4 weeks that can be helpful for people who live far away (*from clinics*).

AH: Looking at opioid settlement money we're looking at dispersing. Hopefully someone will apply for something in that realm.

JW: I'll share that with this group that's cropped up to work on that.

NT: Is Methadone as effective for fentanyl as it is for other opioids?

23:10 - JW: Nothing is as successful with fentanyl as it is with other opioids so I would say Methadone and buprenorphine have been more successful with heroin, more successful with prescription opioids and we are not meeting the same success with fentanyl (*which*) comes on so fast and disappears from the body so fast that it's almost like a rapid cycling of silencing the withdrawal symptoms for a brief period of time and then within hours they're right back in withdrawal situation. It requires a medication that's going to last longer and have greater affinity for the opioid receptors and methadone has that, so buprenorphine, soboxone do not...

JN: One thing, I've been working with the jail, we're getting these guys coming in, they're fentanyl or something else, they start coming down... This is a long term thing, has it been discussed yet, like a diversion, a place where they can come down safely, under medical watch?

JW: ...Whether that's a clinical service that we provide to the jail or a separate service that they go to, people can definitely receive buprenorphine at small doses, then increasing doses to reduce the withdrawal symptoms and also be treated with other medications that are symptomatic treatments while they're going through the withdrawal experience. But I can imagine how disruptive and challenging it would be to incarcerated individuals and those around them providing for their safety. I appreciate the question...

(Back to year in review reports on the big screen.)

LJ: We are one of less than a handful of single county health districts. One position for a Colville representative is vacant. That needs to be appointed by the county commissioners. We have a budget of a little over \$3.16M. We

receive state funding and foundational funds for environmental health, community health and support services. Environmental Health is fee-funded as well as funds we get from the state. Community Health is funded mostly by federal and state grants through the consolidated contract with some foundational funding for that; Support Services include vital records and are funded by fees and by foundational funds.

*MH as Environmental Health Director assesses different water systems: Group B public water systems, anything 14 or less connections, 25 people served for more than 60 days per year, or where it's large events for 1,000 people for less than two days it falls under group B systems; a single connection well is private-exempt, no regulatory authority by Public Health; if it falls above these numbers it's a Group A public system mandated by the state health department. (He oversees on-site septic program, environmental health hazards, liquid waste, recreational water (commercial swimming, beaches), food safety, solid waste, water adequacy testing, land use review (short plats, long plats, reporting to Planning), DOE (Department of Ecology) and state health dept. contracts, conducts surveys for state-this year 9 well site inspections for group A and B systems and 201 septic (new or repaired) installations-71 health complaints (food safety, solid waste/illegal dumping, liquid waste/ OSS (on-site sewer system) failure, molds).*

Eastside Solid Waste Group - MH: When (new) regulations come along, a lot of times they're based on the west side. It's to kind of have a fair playing field. A lot of things that happen on the west side are not even applicable on the (east side). He talks about this group pushing for more money to come over to the east side so they can provide more services. He describes groups pertaining to septic, like the Water Core Team Meeting, and a group that helps with public health legislation.

DV: Do you oversee food trucks? Yes. Anything retail.

JN: Your thoughts on Group B where you wouldn't need oversight management?

MH: I like the satellite oversight, that means it would be monitored, but SMA (Satellite Management Agency, a public health tool) is a good thing.

39:40 - JN: Environmental health is no longer a part of overnight rentals, but there's also a thing called Swimply?

MH: It's basically a website where I can rent my private pool out for commercial purposes... It's being addressed in Congress right now, it will have a trickle down effect and be addressed by the (state) water recreation "regs". It will be just a general guideline, and you'll be categorically exempt from permitting, You'll have to make some main drain, suction-...It all boils down to act passed when there entrapment issues on drains, drain covers were missing, were uncovered drains. A senator's grandkid was swimming at the YMCA, swam down to the main drain at the bottom, sat on the drain and it pulled his intestinal tract out... So there's a lot of VGB (Virginia Baker Graham

Act) stuff that's not applicable to individual pools that aren't commercial pools...

42:12 - Community Health - KW: This consists of Child/family health, communicable disease prevention, notifiable conditions, harm reduction, immunization/vaccine information, and partnerships that we communicate with at the state level, perinatal, mental health, infant mortality. *(This year)* we've had 78 cases of influenza, 79 of type B influenza, 88 RSV, 470 Covid-cases reported and investigated; most of these are coming through ER. There is wastewater surveillance in Brewster for disease: influenza A had a bump in March 2024... a bigger surge in January 2025; we've had two cases of tuberculosis—we're obligated to observe treatment for that- 25 of pertussis (half involving youth), 10 of salmonella with links to nation-wide outbreaks, campylo-bacter: 12 cases (swimming in water or eating street vendor food, bacteria, some from game, that gives GI symptoms. Chlamydia cases: 110 *(down from 2023)*, gonorrhea: 8 *(down)*, syphilis: 35 *(up)*.

46:30 - NT: Is this to do with the super STDs that are out, antibiotic resistant strains that are coming out? causing super bacteria?

KW: What is reported is the cases, not whether or not they're the super ones. What is extremely scary is congenital syphilis, passed from mother to child. We've had 143 EMS calls for any kind of call that went into EMS that presented symptoms of poisoning or overdose: 12 overdoses reported from hospitals. Obviously a lot of people have narcan. So the amount of people actually coming through the ER is not indicative of what exactly is the concern in the larger community. In ten of the twelve overdoses, fentanyl was suspected.

LJ: In one month, January, there were 32 calls for overdose. It's way more than double from last year in January..

KW: We also had nine reported already to hospitals. Special health care needs: We had 36 children born with chronic health condition, so they're eligible for supportive services, *(including)* cleft palate, *(they can go to center in Yakima);* Life Course Activities are focused on healthy lifestyles. We have Oroville Cares, Advisory Committee for early childhood, liaison to school nurses in monitoring disease, and food assessment (with non-profit, Blue Sky Minds).

NT: What's causing the doubling in ODs?

LJ: Carfentanyl (horse tranquilizer). The coroner said in one death the amount of meth was much higher than the fentanyl. Who knows what meth does to your heart. Obviously speeds it up.

JW: Some is unintentional. People think they're getting meth or marijuana on street and there's some fentanyl in it. People are just trying to avoid withdrawal symptoms. Tolerance builds and builds. Xylazine *(a different horse tranquilizer)* is another substance that serves to prolong effects of fentanyl... People end up dying trying to avoid withdrawal *(because this drug doesn't respond to narcan)*.

JN: So out of the 100 plus responses to overdoses from EMS, *(how many ER visits avoided thanks to narcan)?*

LJ: Hard to know.

JN: A lot of them respond and they've already been given narcan.

LJ: You have to go slowly when someone's not breathing. You have to initiate basic CPR first before.

DV: Is the state still providing steady source of narcan? *Yes.*

Support Services - SR: Public records requests: 481. State streamlined records services are going from two to one. *She reports on the number of birth and death certificates.*

LJ: She has revamped multiple forms online. We have a great team... Our organizational achievements: Emergency preparedness, assessment of Seniors, BSM (*Blue Sky Minds*) Food Council and assessment (*a model for the state*), workforce development with Pilot Rock for staff and leadership thanks to grant, review and update of policies and procedures, and we hired a LERC (*licensed emergency response coordinator*).

1:05:00 - *They talk about core values for the department falling under general heading of "integrity": respect judiciousness, flexibility and innovation.*

Next step: strategic plan and succession plan. Going to come full circle, see if we're on track or not, evidenced by what? In a time of chaos where nothing is certain, we need that stability and core values.

NT: I like that. It's something we can reference. We did it in the Air Force... This is great.

MC: I thought it was "touchy feely" at first but ...insuring the future employees have the same values is important.

LJ: Great to work with people who are... great stewards of the money we've been given (*notable JG*), and (*glad for*) the expertise of KS. The staff is amazing and we appreciate our board and health officer.

1:09 32 - Environmental Health Update - MH: The draft of OSS (*On-site septic regulation?*) is done and out to the advisory committee. I think the comment period ends on Thursday. After it goes to Kait (*schilling*) for the legal aspect it will have a SEPA (*state environmental policy*) review. Hoping to get it approved by April. *He talks about re-certification through a test or online course.*

Community Health - KW: We're continuing, with Jennifer's help, updating online forms so schools and daycares can report absences online and we can see what kind of diseases are affecting our children.

1:12:19 - Meeting adjourned at 2:42.