

Okanogan Board of Health, Tuesday, May 14th, 2024, 1:30 PM

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Dr. James Wallace (JW), BOH, Health Officer

John McReynolds, North Valley Hospital

Jill Gates (JG), BOH, Secretary

Mike Harr (MH), Okanogan Public Health District, Environmental Health

Chuck Zimmerman (CZ), Ogden, Murphy & Wallace, Counsel to Okanogan Public Health District

Kait Schilling (KS), Ogden, Murphy & Wallace, Counsel to Okanogan Public Health District

Krishna Warnstaff (KW), Okanogan Public Health District

Quill Orr (QO), BOH, Colville Confederated Tribes representative

Denise Varner (DV), BOH, Okanogan City Council member

Marianne Williams (MW), BOH

Andy Hover (AH), County Commissioner, Board of Health chairman

Jon Neal (JN), County Commissioner, Board of Health

Chris Branch (CB), County Commissioner, Board of Health

Lauri Jones (LJ), Administrator, Okanogan Public Health

Jennifer Richardson (JR), Okanogan Public Health District

Ms. Jackson, local resident

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

Summary of Important Discussions:

- Board approves \$3,600 increase for sanitary surveys—chlorination, distribution.
- Legal advisor presents “Roles and Responsibilities” guidelines for the board
- Pertussis, Measles on the rise
- Okanogan biggest state utilizer of hospital transfer program, lack of beds in Wenatchee tied to staffing issues, Health Officer recommends improving capacity for high acuity patients in local

hospitals

- Spending strategy in the works to appropriate federal money (\$280/ year for four years) before deadline
- Community Health director stresses importance of Community Health Assessment

Financial Report - AH: Employee recognition? There are two charges on the 20th, \$49 - Walmart, \$63 - Breadline. Is that every month?

JG: It's donated funds.

DV: Who donates?

LG: Private businesses, *(inaudible)* public.

JG: We do recognition, have lunch, combine with birthdays, every month.

MW asks about the epidemiologist, Peter Williams. LJ: We had him until last month. He's the second one we've had. He has since departed.

MW: Do you have another one?

LJ: He just got hired. *AH wonders about a hotel bill for five nights. JG says it was for finance committee "boot camp". AH asks if there's a Public Health policy about paying 100% of hotel bills—the state policy doesn't cover all, and LJ says yes, there is.*

AH: Consolidated contract 20 is an increase of \$3,600 for sanitary surveys. We decided it was time to update the agreement. *(MH)* consulted with *(attorney)* Esther Milner.

MH: We look at system chlorination, distribution. We had a generator report. There's quite a bit of work involved. *The amendment is approved.*

LJ: There's a juvenile department contract for nursing assessments. IT hadn't been reviewed in 10 years. The director consulted with Esther and with Kait (Shilling). We receive \$14,000 a year from juvenile detention, which saves them a whole bunch of money. We go twice a week.

DV: Do you see every person *(inaudible)*?

LJ: They need to have health screening so if someone hits the wall, we go up. We triage. *Motion approved for the chair to sign the inter-local agreement.*

(At the board's request, legal advisor CZ has drawn up a template of "Roles and Responsibilities" which he presents on the screen.)

1:48 - CZ: ...I've been making these presentations most of my career. One thing we didn't cover is the Public Records Act. A phone call is not a public record. But text and email is; we might not want it. Rules around the Public Meetings Act: Meetings have to be open to the public, every meeting, with some exceptions, like executive sessions. At a meeting a quorum must be present, five in your case, to "keep things moving". ... You take public testimony. Final decisions are made by the board.

JN: Without a quorum you can have discussions but can't vote based on that discussion?

CZ: ...You may take some preliminary action but must discuss as a board.

AH: ...Can we get a list on what the chair can take action on?

CZ: Buying and spending. You create spending limits and authority with people. Maybe \$10,000. Often thresholds are too low. Payments can be made to avoid late charges but if not agreed on by the BOH, you need a resolution to say you'll make every effort to get the money back. It's a resolution that we have on file and it's a good idea for you. An example: The inter-local agreement is a terminable agreement. People forget to renew. You have to use your best judgement. It would be hard to create an advanced authorization for the chair to do what the board is supposed to approve.

AH: I was thinking contract signing. Sometimes I say, "I'll do it and pray for the best."

CZ: It's tricky. *He explains that at a friendly gathering people who sit on a board together shouldn't have a discussion about board business. He says recording is encouraged but not required; all that counts are the actions*

items in the minutes, not what everyone said. Special meetings may be called on matters identified on the agenda. Executive sessions must be in accordance with the statute. The chair must be informed ahead of time of a session to discuss the performance of a public employee. The decision to hold an executive session is made by the presiding officer. If a complaint is brought to you or a board member, go to the chair, and from the chair to the administrator. Board member responsibilities: listen to residents, discuss, develop and adopt district policies, avoid conflicts of interest. Administrator responsibilities: hiring, firing, negotiating contracts. Labor contracts must be followed. The board sets wages and benefits but doesn't meddle with supervision. The administrator develops and discusses the budget with the board. Boards approve all contracts and district expenditures.

MH: What about rates?

0:50 - CZ: Customers are going to get charged through decisions by the board. The administrator prepares the agenda, the chair acts with the administrator, proposes policy, initiatives or changes. CZ warns against having a "comments from the board" period at the end of the agenda.

AH: The chair has to do their job. We hear from staff what's going on and put it on the agenda

CZ: That makes board meetings turn into staff meetings. Better if you think of something great, talk to Lauri and put it on the agenda. *He cautions against letting disagreements get too personal. Avoid surprises. Be careful with special interest groups. But be open to different perspectives. He recommends as resources the Public Health Charter, RCWs (revised code of Washington) for public meetings, public records on conflict of financial interest and the Municipal Research and Services Center (MRSC).*

CB: I've used the MRSC and I'm on the board. They usually say "talk to your attorney for advice". As county administrator you have to tell the county prosecutor that you talked to them.

CZ: True... They ask you right away, "What's your angle?" A lot of resources on that site. The state legislature was considering defunding. It would have cost small counties lots of money. *LJ thanks CZ for coming.*

1:00 - Health Officer's Update - JW: Influenza and Covid are lower than the

low point in 2022. The Department of Health put over a state advisory for pertussis. There have been two cases, one had traveled to Chelan County. It's much trickier to diagnose. We are encouraging people to report suspicions early. There have been 170 cases in 2024, 82 in Chelan-Douglas counties, compared to 24 cases across the state in the same time frame in 2023. We're prioritizing infants and other high risk contacts. The pertussis vaccine is working well. It's a big reason why we're not seeing severity of cases. Measles has been in the press, Philadelphia, Chicago, Spokane County. We need to be on the alert to that. You've heard about bird flu. We've tracked and followed. One domestic flock in the county has been exposed. It's very rare, infection in humans. We're "at the ready". No exposures in Washington.

Okanogan County continues to be one of the highest users of hospital transfers.Lifeline, Air Methow, etc. need to deploy for hours and hours. It takes a lot of resources out of the county. Wildfire preparedness - We're working with Liz Walker on impacts and community responses to wood smoke exposure. With summer preparations, we see a lot more rabies exposure. We work closely with emergency rooms, hospitals, vets and wildlife biologists. We're preparing for heat events as well, issuing food permits for events, working on quick response to food-borne illness. Any questions?

1:09 - KW: I have some questions about the users of state-wide transfers. Is it a question of geography as well as population concentration?

JW: Our primary health care facilities in Okanogan County have great access for patient care. Having three hospitals for emergency services is a huge benefit. But for ICU or special surgical services, sometimes we need to get people out quickly. One reason we're high utilizers is, too often, Wenatchee is unable to accept a transfer. Grant County is the second highest utilizer. I've worked with leadership at Confluence and Northwest Washington Hospital They may have been able to expand capacity. Usually a staffing issue. One strategy is increasing the capacity of our care of high acuity patients. Our hospitals are trying hard to do that.

JP: A person I know needed to have a valve replacement. She wasn't able to find a bed until 20 hours later. Is someone addressing that kind of situation?

JW: Regional Health is tracking that response. Most placements are on the west side of the state.

2:45 - Administrative Update - LJ: We'll send out two or three policies so the board will have time to review before next meeting. May has been a big training month for a lot of us. I'll be gone from the 24th but will be back for the June meeting. I trust that our management team, Mike, Krisha and Jennifer will get things you want put on the agenda to Jill. Now for Arpa spending—

JN: The county has appropriated a lot of money to Public Health which has spent very little of it, and we have some constraints if we have to re-appropriate it.

LJ: We've been discussing a plan for what we want to do with that but I need to talk to Kait and see if it's a possibility. ...It involves a large sum.

AH: The amount of money the county is providing you is \$250,000 a year plus the amount that needs to match the solid waste grant: *(in total)* \$280,000 a year for four years. The problem is you have to have it spent by mid-year 2026 and all of our contracts say at the end of this year they need to be spent with *(inaudible)* the extension through 2025. We're not going to get in the same predicament that we got in with the other money, when we had to give some back. If Public Health can't use it in the time frame, we want to put it to use elsewhere.

LJ: ...We'll have a plan by next month.

2:52 - Environmental Health Report - MH: Over the next six months there's a lot of fall season regs I want to present to the board. I'll do my best to give you advanced timing. The on-site regs have taken effect. I think a lot of them are not implemented til 2025. There are several we need to update in the next six months. I'm going to simplify them, basically adopt the WACs, where, if we run into these cases we're not going to be in a huge hurry to get local regs and policies changed. That's all I've got.

AH: I don't know where we're at with the issue of the pool *(bending state regulations concerning a fence around a privately-owned pool)*.

Community Health Update - KW: WE're working on increasing our child

immunization rates, bringing out a caravan to do the mobile immunizations. We're partnering with Family Health Center. ...One thing that the Early Childhood Advisory Committee was interested in was seeing if parents would be eligible to get an MMR booster or D tap. It's at no cost to our community. Last week I went to an assessment meeting in Weatchee, learned a lot of epidemiologist data. The takeaway: We don't have a view of what it looks like on the ground. Which is why our Community Health Assessment, and asking people who are in our community and doing the work that we're doing now on emergency preparedness and resiliency is so important.

2:56 - Meeting adjourned