Okanogan Board of Health (BOH)
Tuesday, January 9th, 2024, 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
James Wallace (JW), Health Officer
Jon Neil (JN), County Commissioner, BOH board chairman
Chris Branch (CB), County Commissioner, BOH board member
Denise Varner (DV), City Council representative
John McReynolds, CEO, North Valley Hospital
Jim Wright (JWr), BOH board member
Marie Hines, Blue Sky Minds
Theresa Adkinson, Grant County Public Health

Because of technical difficuties, the notetaker could only listen to the last part of this meeting.

Summary of Important Discussions:

- *Medical officer says 140 reported overdoses last year, real number probably three times higher; should be more information available in the right places*
- *Former Brewster fire chief hired as new Emergency Response Coordinator.*
- *Public Health Director Lauri Jones says workers at housing shelter in Okanogan "in over their heads" with people coming at night and complex medical issues.*
- *Drug use in jail, long discussion about need for full-time nurses, experienced in mental health, who do more than administer drug treatments, maybe from the west side? "Recovery navigators" recommended, plan for discussion between sheriff and public health actors*

2:57 - MW: Do you know the percentage of opioid overdoses not reported?

JW: Those who seek care through Emergency Medical Services *(EMS)*, 30%. We had 140 overdoses in the past year. We're likely seeing three times that number. I'd love to think the lower number is accurate but... We need "lock zone", to leave information where people can get it. We want to make any door the right door, catch them at the right moment.

LJ: On a positive note, we hired a local Emergency Response Coordinator. He's experienced, a former fire chief from Brewster, who will start the beginning of February. He can work with Maurice Goodhall (County's emergency manager), nursing homes, public health staff. He can update our plan. I'm ecstatic. One of the reasons I need to talk about nursing–

AH: One of the hundred?

LJ: –is the shelter in Okanogan. The complexity of coming to the shelter at night. They're in over their heads. EMS is getting called for complex medical issues.

AH: We talked about nursing in jail. Laws have changed and they're required to have full time medical staff. We have had coverage in the past but not enough. It's a tough situation.

LJ: We've been providing Narcane for jail. They've been using. There are places they're not allowed to look for drugs–body cavities–you need a court order. People are overdosing. There are a lot of issues that make the nursing part complex: chronic mental health and medical issues.

MW: Is there a nurse 24/7?

AH: Two nurses, not sure what shift. There's the MOVD grant, for opioids...

LJ: Withdrawal meds.

AH: We have a need for nurses trying to administer those drugs, then nursing as a practical matter. The officers are not trained. You've got to transport *(inmates)* to the hospital, and the hospital is not going to want to take them. *Someone asks about provider visits.*

LJ: Twice a week.

DV: Are they on a contract?

AH: With a provider.

LJ: The bottom line is, we don't have nurses. I could spread the word. Jail nursing takes more than college stuff.

AH: They have to be seasoned professionals. And mental health issues are on the up-tick.

MW: It should be someone with a mental health background.

CB: A mental health specialist, or at leas a DCR *(designated crisis responder)*.

LJ: DCRs don't do meds. Someone from the west side.

MW: Passing meds is not the big part, but someone that can make judgements. Are you conducting a substance abuse program in jail? These are some of the bigger questions about what treatment should look like.

CB: DCRs, or "recovery navigators" have recovered themselves. They can get to them in jail before they get out.

LJ: Jail shouldn't be de-tox. *Someone says "but it is".* They get people on Suboxdone.

AH: What is de-tox? If we can get the Sheriff and de-tox providers in a discussion–

LJ: Creating a model–

AH: We had a request for two nurses. We didn't have current expense Sheriff's dept. money but there's money to use in a contract situation.

MW: You need someone to pull that whole piece together.

AH: Some nurses, all they can do is Suboxone. It's better to contract with someone to provide nursing and everything and you provide the money. We have probation. It's supposed to make its own revenue but the courts can't fine anyone. Defense is losing its attorneys because there's not enough money there. To provide all these things we have to cut services or the state has to pony-up.

CB: Managed care–the *(regional)* health care authority took that over. It's been an intervention budget.

LJ: We need more discussions about it.

AH: I'll get some people together with the sheriff. People are getting arrested for drug abuse. Sometimes they're a health risk to themselves or others.

LJ: We need a community where people have housing. Other countries have done this really well.

AJ: I'll talk to the sheriff and whoever you invite.

LJ: We've been providing a lot of *(the overdose treatment)* Narcane...

3:18 - *The environmental health director having nothing to report, the meeting is adjourned.*