

Board of Okanogan County Commissioners
Tuesday, August 1st, 2023, 1:30 p.m.

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Present:

Chris Branch (CB), BOCC District 1
Andy Hover (AH), BOCC District 2
Jon Neil (JN), BOCC District 3
Laney Johns (LJ), Clerk of the Board
Cari Hall (CH), Auditor
Beth Barker (BB), Civil Deputy
Larry Hudson (LH), Noxious Weeds
Pete Palmer (PP), Planning Director
Shelley Keitzman (SK)
Paul Budrow (PB), Sheriff
Dennis Rabidou (DR), Juvenile Court/Family Services
Dave McClay (DM), Okanogan Behavioral Health Care (OBHC)
Unidentified jail officer (JO)

An AV Capture archive of the meeting on this date is available at: HYPERLINK "https://okanogancounty.org/departments/boards/live_streaming_of_meetings.php" \t "blank" https://okanogancounty.org/departments/boards/live_streaming_of_meetings.php

Time stamps refer to the wall clock in the Commissioners' room.

Summary of Important Discussions:

- Sheriff's office gets grant for live scan fingerprint equipment*
- Contract approved to pay Aspect up to \$11,000, reimbursable by the Ecology grant it will help write, to oversee with the Conservation District and the County the establishment of a water bank, taking the agricultural component into consideration; Aspect will co-manage the bank and work on acquiring the Pine Creek water right.*
- Representatives from Behavioral Health, the Courts and law enforcement meet with the Board to discuss the four-county Regional Diversion Work Group and ways it might spend opiate settlement money; a group, Connections, proposes to conduct an assessment to identify priorities and solutions; the idea of a NCW mental health jail facility sparks enthusiasm; a second settlement of \$50,000 to be added to initial payment of \$89,000; a well-planned project essential, says Branch, before the council would solicit any funds from the legislature.*

1:30 - Resolution 94-2023 approved, a budget supplemental requested by the Auditor who had more money than budgeted for thanks to some additional districts, for a total of \$59,000 to pay for elections and voter registration costs.

1:35 - Public Hearing to approve Resolution 95-2023, a budget supplemental for the Sheriff's Department's live scan fingerprint equipment, \$15,526, to be reimbursed by a grant. Resolution 96-2023 approved for budget supplemental within Emergency Management fund #121 for expenditures related to grant 522-230 for emergency vehicle equipment: \$14,205

1:47 - JN (to LH): Did Lake Osoyoos get treated amidst all this stuff (the fire)?

LH: the first treatment yes, send, no. We're holding off in car they need to get planes (refilled). LJ asks LH about a public hearing notice which she should have received. He will send it. He leaves.

1:52 - CB: They're trying to figure out what the Twisp River field plain level was. We talked about it on one of the tours we did. This house was in the field plain area. You can see that it was elevated. *He is dubious about filling in and raising houses indefinitely.* CB: There's no way you can just not displace flood waters over time. Eventually you do raise the flood plain, have channel migrations.

1:53 - CB: This liquor license thing—Someone had had the brand "Lone Point" before the winery so they have since become "On Point Cellars".

JN: It's been quite the ordeal. They also had to put in a new kitchen in the winery for their catering because the Liquor and Cannabis Board won't allow them to use the kitchen at the tasting room.

CB: It's interesting how they get to the rules. Things happen and you keep stacking up rules, then they can't go back. *CB and JN exchange stories about bad engineering rules.*

2:06 - Water Bank - *They look on the screen.* CB: This is the Contract Order and Description of Work for the water bank technical assistance proposal by (the company) Aspect. *He reads:* In partnership with the Okanogan

Conservation District, Aspect is working towards establishing the Okanogan County Water Bank with the goal of retaining water rights in headwater basins, protecting long term development and viability. Since April 2022

Aspect has assisted the Conservation District (OCD) with grant applications through the Department of Ecology's water banking pilot program and (inaudible) water banking technical expertise, particularly regarding the

agricultural component of the bank. It is interested in co-managing the water bank, working with the County to acquire the Pine Creek water right and to develop the county side of the water bank. Aspect will meet with the

County and OCD, aid in the grant application process and provide project administration at a cost of \$2,500. They will also set up a meeting with the Department of Ecology and create an

“application for water banking, consistent with the Department of Ecology guidelines. The grant will cover county staff time and Aspect fees. *They look for their rates.* The contract says not to exceed \$11,000. *The commissioners approve the contract order. PP asks if Planning should include this contract in its budget; AH recommends a budget supplemental for the 2023 portion and to integrate the other part into the 2024 budget. PP says she has some savings that can cover 2023. She leaves. LJ asks if the Board wants her to schedule a public hearing for the OCD’s new schedule of rates and fees. AH wants to compare this with current rates. CB says to have a public hearing so they can hear the explanation.*

2:58 - LJ mentions LH’s resolution to create a Noxious Weed Department uniforms bars code.

3:00 - Regional Diversion Work Group - CB presents material from the group Connections which incorporates Chelan, Douglas, Okanogan and Grant Counties in addressing the opioid crisis. CB reads from the presentation on the screen, citing “the high level of mental disorders and substance abuse, particularly in the jail. No standardization or fun continuum of services available, and what exists is limited. The region needs to identify how the leveraging of existing resources... (can) create new solutions for individuals in a mental health crisis.” The three key questions they seek to answer: “How are the core components of existing crisis continuum functioning today? What are the strengths and weaknesses? What are the immediate needs and gaps...? How can these needs be met in a way that honors the unique culture and communities of (these counties)?” Solutions refer to “multifaceted in-person engagement with the communities.” CB says this will entail a visit to Omak to meet with clinical leaders at Behavioral Health Care (OBHC), a tour of their facilities, meeting with the emergency staff at Mid Valley Hospital and with the commissioners.

(3:10) SIM (sequential intercept model) mapping would record their findings. The cost for these four counties comes to \$75,000, which CB sees as being provided by the opiate settlement money. He points to a graph on the screen showing the path from crisis intervention to 911 and law enforcement involvement to court procedures, jail and release. CB: They look into specialized police responding, trying, things like that. You see (*this mapping*) and you see the gaps. This can be presented to the State Legislature to see where our shortcomings are and why they exist.

AH: There needs to be a place to go that’s not jail... a place that’s protected. It can just be a bunch of doctors and nurses. It needs to keep people from hurting themselves or someone else.

CB: Voluntary commitment.

AH: The involuntary commitment here is awful.

CB: There’s an interesting example, someone in our system of care, their son, ended up going to a local store to be killed by cops. He did a robbery. He needed a place to go. If you have involuntary commitments, you’ve got to follow the steps because there’s liability issues. I would also propose you bring it up with the Risk Pool. They may want to be investors in that.

3:19 - CB says he’s invited all of the stakeholders to be part of this discussion but no one has come. When I go to those meetings, off and on, we ask: What do we have going today?

AH: Making reports is not difficult to do but making something that's worth something is the hard part.

CB: But we don't have this list.

AH: (*Connections*) should give us tangible solutions. CB *pointing to the outline on the screen*: Transition planning by the jail (*inaudible*) goes beyond that—medication and prescription access. Key players are people who've been through it before... They like to catch them in jail... Their investigation can help find any of these breakdowns...

3:24 - PB arrives. *The invitation to the discussion was in fact for 3:30. SK arrives. CB is relieved he isn't being stood up. PB asks if this is a regular meeting. CB says no, it's the first, though there have been with other counties to talk about various diversionary programs, what people were doing, with the interest of an evaluation treatment center.* CB: They have some beds in Wenatchee. A few years ago we were part of a group in the Spokane area. Their people were going to Eastern WA Hospital. They had to pay \$10,000 per bed per day for going over the number of allocated beds. We decided to join the other counties through the Accountable Communities of Health. That was because of the whole process to transition mental health into general health care. Of course law enforcement ends up being involved with it as well. DR, DM and a jail officer (JO) arrive. CB tells about previous meetings during COVID where they discussed a scenario starting in a community, going through law enforcement, maybe emergency, how they were being dealt with. The public health director was there but not no one from the sheriff's department. He says the intercept mapping could be helpful, tells them about the provider (*Connections*), its price tag. Prosecutor Lin arrives. CB invites the participants to read the material. DM is concerned that their share of the opioid settlement, about \$15,000, wouldn't go far. CB suggests maybe ACA and also the Risk Pool for funding.

DR: What is the intended outcome? Is this the model?

CB: It's the model for evaluating systems, identifying shortfalls and opportunities for collaboration.

PB: Other counties are already using this?

CB: They're making proposals.

DM: The most important part of this is the collaboration piece... You need a commitment, you have to tend to it to make it work. We run into bumps with the jail to work through. If there's no commitment to this, it won't work.

CB: It's local *and* regional. All these places people end up—if we don't have a warm hand-off, we end up going in a circle. ...Some of us know what the other is doing but not all. We can't even explain to our constituents. I heard one potential judge say they didn't believe in diversion at all. DR says something about the mapping being good but evaluation centers are hard to staff. He is speaking softly and away from the mic. CB replies that the legislature will pay attention to proposals when several counties are involved. AL: (*inaudible*). DR: (*inaudible*). CB answers that *Connections* has probably made presentations in the the other counties and they're using a recognized model.

AH: What is the goal we are trying to achieve her? Try to keep people with mental issues out of jail? What is our top priority? R is it preventing people from doing something that could get them in jail?

CB: Or committing suicide? ...Are our crisis centers working well? No, they're not. ...Is that costing us something? It might pay to actually do an assessment of the system. PB: The way the legislature is going, it's going to cost us a heck of a lot soon because every time we put a

mental health subject in there my officers have to go hands-on and if they hurt the subject *(inaudible)*, and they shouldn't even be in jail. *That's the heartburn we've been having—between the prosecutor's office and us we're stuck between a rock and a hard spot.*

CB: A lot of it is connected to just drug use... People end up spending their life in *(and out)* of jail. I don't have the solution but we can identify where things don't work well together and collectively, identify what we need to do with an individual.

DR: What is the regional goal? Workshops together, and these?

3:48 - CB: Things what we can't do by ourselves... The question I have is, do we want a regional jail? What is it going to cost and what function is it going to serve? Are we going to build jails that deal with people that have mental health problems?

PB: I was thinking a regional mental health jail.

AL: Since we don't have a regional *(facility)*, our only alternative is keeping them incarcerated.

PB: Or let them go. We have a couple of them—they need to go because if we don't get him out of this facility he's going to get hurt and we're going to be liable. I'm 100% behind Albert's idea of a regional facility.

CB: We have these three hospitals and Confluence Health. In a way we work together and in a way we work against each other. *He says they don't really get beyond each one seeing things from their own particular viewpoint.*

DR: I agree with the Sheriff and Albert. What we need is someplace to divert.

AH: It needs to be in a city that has enough labor resources. Let's find a place near Wenatchee, come up with a plan for it, all of us go to the legislature and say "this is going to cost us \$80M... We want an appropriation because we're all going to do the same exact thing. *(And)* find a consultant that has done mental health facilities... You need to look at it—if I have a family member going through something in an immediate, acute way, and somebody is going to get hurt, how do you get that person to help in a way that doesn't infringe on their rights or future rights but that *(temporarily)* protects them, to change the situation. That's where we lack a lot.

3:55 - JO: In Island County they certainly have a higher tax base than we do and their jail population is about half what ours is. They're in the process of building a new facility. Their dedicated mental health wing is larger than the rest of the facility because that's just the way things are going. In the 15 years I've been in the profession I've seen that difference and we're just nose-diving off a cliff, heading in that direction, with opiates and mental health. And the Jail Standards Act is going to be put into effect next year. It's not published yet but the mental health piece is a big part of it and I'm nervous that we're not going to be in compliance with it.

PB: We have the funds to do that, by the Risk Pool or something?

CB: We could probably use opioid settlement funds for that. We haven't had that discussion yet of where those dollars should go.

AH: We just got a payment for \$89,000.

PB: So, do we have to have full agreement from all the counties?

CB: I think they would probably go forward with it, down that way...

PB: That's our number one goal, a regular mental health facility.

AH: What are the gaps between here and there? Is it the labor force? *DR says something about joining forces before the legislature, presenting something by January or February. AH imagines going beyond their district's legislators and getting support from some of the democrats on the west side, Sam Hayward for example: You could get a lot of traction.*

DR: They've got deep pockets for the homeless population.

CB: It's easy to go and say this is what we need, but it's a little more difficult identifying that need and having it substantiated somewhere... *AH suggests it be located halfway between the Canadian and Washington-Oregon border. PB says transporting to hospitals from jail means using the ambulance service, whereas going to another jail they can do the transport themselves.*

AL: The situation Paul and I are dealing with is, a person has been arrested, they haven't been arraigned before a judge and we need to be able to process the case. If the person's going to be released there are conditions that are set... The court has to be able to weigh the factors: are they a danger to the community or themselves? How are they going to get back to court? If it's jail to jail, it's going to be easier. Paul has more control over what to do. A facility is going to just let them go. They're going to be out on the street. ...Is this going to be just a band-aid? ... We need a place that's secure and subject to conditions.

CB: ...The issues (*stated right here*) are not compiled, and they're shared by many of the counties. There's not any list of potential solutions. ...We seem to know a lot about what's going on but we never get to a point where we reach the goals. I can't pin-point what three county commissioners would say to the State Legislature or Department of Commerce as to "What is your plan?" "Do you have something on the table now that would mix with what we're doing right now? With our capital facilities plan we finally just stumbled into it. It's by the seat of the pants.

AH: If you build a jail it's going to be \$100M. But we don't have \$100M.

CB: Then you don't have a plan.

AH: But with (*Connections*) I would much rather say to the other counties that we'll go to the legislature and pay up \$15 to get this done. Well, let's go and do it. I don't have to come up with that decision as long as all the other counties are in agreement that it's going to work.

CB (*after giving an example of having to make compromises*): All I can put out here, if you're going to go forward with something, you other stumble onto it—with a regional facility I don't think you'd ever get there. Unless you went through some process...

DR: If we pass this through our legislature this is something that's going to help *them* too...

AL: Commissioners, I think, from my perspective, you asked earlier where the gap is. I'd say at OBHC. Ninety-nine percent of the people we serve are voluntary. We're talking about less than 1% of the people we serve. How do we engage the people who don't want to engage?

AH: But that small percentage costs the county a lot. ...How many people do we run through our jail in a year that should be in something like this? ...There's issues when me as a park-goer gets harassed or there's something going on and the police officers can't do something. That's a big deal too but (*different from*) a regional thing. A plan is okay as long as it's not the tail wagging the dog. We'll pay you but we have some targeted thoughts on this plan.

CB: I have to point out that this is not a plan. It's an assessment. ...As far as I'm concerned, this process that's being proposed is an assessment to try to lead yourself to a planning effort.

AH: Tomorrow we're getting another \$50,000 in the opioid fund.

CB: We have to make sure it's a valid use, get the council that works together to verify that we're doing the right thing with that fund.

LJ: We're talking about, when you're doing something that impacts other counties, having someone who's objective to do this piece of it. I think it's going to be very important.

SK: We know what our wants and needs are but when we're talking about doing something

about that as a group, it makes sense that someone from the outside does the assessment. Looking through this, they're looking at the right things for how to move this forward.

DM: It ties into what we're talking about here, validating a regional center. What's the volume of that intersection and does it justify that?

CB: In our minds it may be that a regional facility is what we need but I'd like to keep it really objective. What is the overall landscape? Does *(a regional facility)* make sense? A couple of questions I would pose to *(Chelan County)* Commissioner Overbay in his work with everyone else: does it give us number statistics as far as people?

PB: When's the next regional meeting?

CB: Soon. I've looked at this model quite a bit with them. They said let's see if we can go ahead and work with Connections and define our situation. *DR says something about OBHC building up capacity.*

DM: We're still swimming around in data. *DR talks about "serious money coming in", federal calls for WA to do better in this area.*

AH: Funny, we tout ourselves as being so great but we only pay 5% of our indigent defense costs, and all the other things. ...So you're going to find out if you can use the opiate money?

CB: Yes...

DM talks about the MCW Diversion meeting date.

PB: So they're going to interview us?

CB: Yes, and us too. It's a great opportunity for us to have conversations, to talk about these issues in the same room.

AH: What's the percentage of people in jail who have mental issues?

PB: Well into the double digits.

JO: It's difficult to get exact numbers; there's a lot of cross-over between opioids and mental health.

AH: to get 20%-25% of inmates that cause 75% to 90% of the big problems, that would be huge for us.

PB: Staff injuries, visitors—we've had four majors since I've been here. ...If we had this facility, we would not have to change our jail.

CB: That's what the conversation started with.

PB: We have plenty of room. We could just upgrade. Don't need a new jail if we can just get rid of the mental health side.

4:36 - JO: As we all know, bookings in the last couple years because of Covid went down. We're working on building our way up. Part of our problem of getting harassed with our *(inaudible)* kids in the park is because booking restrictions have to be imposed. Now for the last two months they've gone from 54 to 104. We're doing a phased re-opening. The problem is not necessarily bed space but where we put these high problematic people. We don't have any space to put them safely. We've been doing a week of every kind of arrest to get people off the streets than having to put the brakes on three to four weeks, just high level arrests, to get people filtered through. They come down off opiates, get to the help they need.

PB: What's weird is I haven't seen this kind of mental health revolve *(inaudible)* since LSD. LSD hit the brake and never letting go. Like this Fentanyl.

AH: The cheapest dirt you can buy to get somebody stoned. *(To DM)* I can't even imagine what you're trying to do.

DM: But we can work together. *As the meetings continue with the other counties, they should*

continue to meet like this.

DR says they're going to be a pilot county for a U of W program. DR: They're going to do the legwork; it won't cost us anything. It's focused on substance abuse. We just got a notice they got the grant.

CB: Later on we might share where you're at with that.

DM: WSU is also doing something on rural county jail recidivism.

4:45 - Meeting adjourned.