

Okanogan County Board of County Commissioners meeting May 9, 2022
AM session

AH – Andy Hover, BOCC Chair, District 2
CB—Chris Branch, BOCC vice-chair, District 1
WW- Wayne Walker (Lifeline EMS)
TH – Tony Hawley (County Sheriff)
TE – Tanya Everett (County Human resources dept.)
DM – David McClay (OBHC CEO)
CH- Crystal Hawley- Deputy Clerk of the Board

These notes were taken by an Okanogan County Watch volunteer. Every attempt is made to be accurate. Notes are verbatim when possible, and otherwise summarized or paraphrased. Note takers comments or clarifications are in italics. These notes are published at <https://www.countywatch.org/commissioner-and-board-of-health-meetings.html> and are not the official county record of the meeting. For officially approved minutes, which are normally published at a later time, Click [here](#).

Summary of Significant Discussion: Discussion about EMS services in the Oroville area and lack of resources; Discussion about obtaining additional personnel to assist Sheriff's dept with mental health calls that are not criminal in nature.

The time stamps refer to the times on the AV Capture archive of the meeting on this date. Click [here](#) to go to the video.

Meeting did not start until 11 AM due to lack of quorum.

00:00 Video starts with staff trying to resolve issues with audio. AH is joining via Zoom.

15:20 – Audio issues are resolved – Pledge of Allegiance.

15:30 – WW We were asked to come to address issues that BOCC has about Oroville EMS.

CB – we were talking about the Oroville contract. I didn't know about this scheduled meeting.

WW – Since Covid we've been having more in depth conversations about the EMS.

CB – the assistant fire chief was mentioning something about service.

WW - At one time the city of Oroville reached out and asked if discussions would be happening about the EMS. One of the issues is having 24 hr service.

CB – we had talked before about Oroville annexing to the district.

AH – Could you walk us through what's happening in Oroville? I have heard that a lot of volunteer firefighters are being used for EMS calls.

WW- The system could not support a dedicated 24 hr system. They have 7 days a week from 0800-1900. After those hours, the response is from Tonasket EMS district. To address the Oroville fire dept concerns, everyone's perception is their own reality. We do use the firemen for certain situations. For example, they are on automatic dispatch for car accidents, and we use them for cardiac arrest. Also for very large individuals who require more than 2 people to

move them. People who are in excess of 400- 800 lbs. Those people were high frequency calls, and we needed more than 4 people to safely move them so we called on the fire dept to help. It's not happening on a weekly basis. I would guess maybe once or twice a month we use the fire dept to assist with EMS calls.

There was a period of time where there were two individuals who required a large number of people to move. The hospital would not transport the individuals so we had to move the person back and forth from home to hospital.

AH – Are we going to try to get better when we are limited by the number of people who live in the district that we can levy to pay for service. Are we limited by what we can pay for?

CB- recaps – remember that we raised the levy, but still were behind on the budget. Our intent was to move forward and rebuild the reserve.

WW – That's correct – the levy failed the first time, but we went into a limited mode to stretch the dollars. I believe the levy was \$0.30 - \$0.35 per \$1000 property value. It eventually passed at \$0.50. We had talked about re-opening the contract because the increase was more than 5%.

CB – The rate we are paying is still relatively low. Here we are a couple years later, after Covid. If I had known about this meeting today I would have looked at the budget.

AH – Lanie has the numbers. I believe that the revenue from the levy exceeds the contract amount. Does the county own the ambulance?

WW- That's a good question. At one time I think that the city owned one ambulance, and the county owned one. The building was partially owned by the city and county, but don't know what the percentages are.

CB – There was some discussion about Lifeline reconfiguring the system up north. Maybe adding a station?

WW- How can we make the system better? That was one of the points in a brainstorming session. Potentially combining services and looking for a more centralized location. That seemed to gain traction, but then got stalled out (due to Covid). Those are all things we should look at- geography, call volumes, etc. One thing I would like to say that is not seen. For instance when the Tonasket ambulance is called north during off hours, we try really hard to move an additional resource from Omak up north to help out. For example, if we have to go to Bonaparte Lake, there is only one vehicle. In that case, we move one from Omak to cover. This is done internally, and the public doesn't always realize it. We do it without funding or requests just to make the system work smoothly.

CB – Typically when things are going badly, we hear about it. I haven't heard many complaints. Just a request to look at the situation in general. I think it would be good to review the system in terms of response rates, response times, etc.

AH – I have not heard complaints about service, more about the fact that the firefighters are being used for EMS response. Can Lanie pull up the EMS quarterly report?

CB – We have another meeting coming up now, let's talk about this further at a later time.

AH – Can Wayne come up with a proposed contract to see what we can do? Also look at costs for building maintenance, etc.

Some discussion about revenue in different parts of the county and how Methow generates more \$\$ than other parts of the county.

CB – I would like to have another meeting that I can prepare for where we can look into this further. And also bring the city of Oroville into the conversation.

WW – I brought some numbers. Covid changed the dynamic of a lot of things (call volume, etc.) In 2021 the Oroville district in off hours, there were 219 calls for service. Of that, 90 were no transports. 129 calls required transport. Rough idea to compare – to provide 24 hours coverage, we would be talking about \$15-\$20K /month (staffing only). If we want to move to 24 hour staffing, there would also be changes required in the building. The timing is good, because I was hoping to approach the city and county anyway. The building has carpet that is old and dirty. EMS station should not have carpet. Our guys would be willing to tear out carpet if others could pay for new flooring.

AH – CB is right- ½ hour is not long enough for a full discussion. We need to meet again with city of Oroville and figure out how much service we can provide with the available funds. If WW could give us a list of required upgrades, major and minor. Don't need prices, but just a bullet point list of general items so we can start looking at them.

WW – I can bring a more detailed cost breakdown for various options. (Full staffing, hybrid staffing, etc.). There is a trend especially in Omak/Okanogan area for more service. Repeated 911 calls for issues that are not being addressed. 17 times in one day for one individual. Same scenario occurred in Tonasket. (25 times in less than 12 hours). Oroville area has a couple of residents who do the same. These are mostly mental health and drug and alcohol related. If we as a county could address those issues it would help immensely.

46:45 – Sheriff Tony Hawley and Tania Everett. TE – that was a perfect intro to our discussion about mental health and crisis response. The Sheriff has been talking with other LE about mental health and Designated Crisis Responders (DCRs). Last week I received an e-mail. Omak Police are doing the same. How can we respond to mental health issues that don't involve breaking the law or health transport but just some counseling or other response. Yakima has a program. On Friday one of our deputies responded to a suicide call, which took him away from his law enforcement duties. Our officers are becoming crisis responders even though they have no training in this. They are learning. TE may have some funding sources, and we need to figure out a job description and position created for someone to perform this job. For example, in East Wenatchee they have someone who rides with Police officers. Our county is so large, we don't know if such a person would even be in the right location to respond quickly.

CB – What is the protocol when you do get a call? Are you working with OBHC?

TH – Currently, the deputy responds, assesses the situation, then calls OBHC. It would be much better if a trained responder were able to be there to get them the specific help they need.

CB – Are you suggesting that we add training to existing deputies? Or have an entirely new position?

TH – I don't think we should try to add to the existing deputies duties.

AH – Would this proposed person be a commissioned officer?

TE – We have had a huge influx of mental health and substance abuse issues. It's no secret. Hospitals are overwhelmed. Other counties have their own DCR's to respond. They are using the .1% funding to pay for it. They would work with the Sheriff and the jail, and be a county employee.

AH – Is it feasible to get someone in a position like that? Is it difficult to find people to fill these positions?

DM – it is difficult to find crisis responders due to the unique requirements for the position. There is a shortage throughout the state and the nation.

CB – Asks if OBHC is fully staffed?

DM – We are short 6 therapist positions. Our DCRs are fully staffed. We have a meeting coming up to discuss creating a mobile crisis team. With Beacon, to see how we can fund it. Where I came from, they had DCR's embedded with law enforcement.

TE – There are two other options. One is a ballot measure that would go before voters to implement sales tax. OBHC provides a lot of services, and we were hoping that the county could have their own response that would serve some of the remote areas of the county. It would have to be a partnership.

AH – The county used to do it's own mental health, now we contract with OBHC. If there are issues, we need to talk to OBHC. That's why we contract with them. If there is an issue large enough that requires the county to do something else, we can look at it.

TE – They have met with OBHC, and I don't think there are contract issues.

CB – It was clear from the previous meeting with Lifeline that the mental health needs are increasing. We have these contracts with different entities, but it's clear that the needs are not being met and the problem is getting worse.

TE – then there is the Legislature with new rules coming out that affect everybody.

CB – I have had conversations with folks down south, but we are much more rural. Our large geography is a big challenge. One thing I'm observing is that if we had DCRs embedded with LE, we still need to talk to OBHC. We only pay for a portion of OBHC.

DM – Largely the funding comes from a portion of the sales tax, but it is not specifically for crisis response.

CB – Asks about Medicaid.

DM – It's a 70/30 split.

CB – Everybody is brainstorming for solutions.

TH – That's where we are, too. We have started talking in our office, but we need to move the conversation forward to the BOCC and actual solutions.

CB – The community needs to be involved, too. There may be programs that will help pay for community involvement. We need to be talking about this during the next Leg. Session, and make sure that our unique needs for our county are included. The proposal for embedded DCRs has funding?

TE- Yes, we are looking at other counties and where they are getting their funding. What can we do to be pro-active? Whatever this person does, they will need to work with OBHC. Gives example of a ride-along situation she was in. A mother called because child was not taking meds. Not a crime, just wants her child to get help.

CB – I agree – that is very often the situation. Person just needs help. I am having a meeting this week with other commissioners and would like to have good info to bring to that discussion. I'm glad you came, Dave, and we need to keep up communications with OBHC and Sheriff's office. Direct conversation helps promote accurate info.

TE – that is the point of this meeting today. To let you all know what we are talking about and what the perceived needs are.

TH – We prefer to deal with the underlying crisis, rather than let it escalate to a crime where we have to get involved. It would help the Prosecutor's office, too. We have increasing mental

health issues with our jail population. Sometimes requires separate jail cells, etc. Puts more of a burden on everyone.

CB – I know that everyone is dealing with this, and there is much to learn.

DM- W want to be partners with this and help the situation.

1:20:50 – Assessor Larry Gilman reports on job applicants. 7 people applied, two are outstanding candidates. Would like to hire both fo these people if possible. This is a great opportunity – we have a retirement coming up in 2 years, and it takes 5 years to train.

Don't want to hire until June 6th, so it's not urgent. We would like to have people hired by June 6th to start with learning new construction which is the basis of appraisal.

BOCC agrees to address this next week.

AH – will start at 9 am tomorrow.

CB – more information about the morgue shelter. Also got more info from Soo-Ing Moody to leverage ARPA money. Nespelum has to update their critical areas ordinance to be eligible for public works money. Also have another hurdle to overcome.

Meeting adjourns for the day.