

**Okanogan Board of Health (BOH)**  
**Tuesday, March 14<sup>th</sup>, 2023, 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  
Mariann Williams (MW), BOH board member  
Jim Wallace (JW), Health Officer  
Jim Wright (JW), BOH board member  
Jill Gates (JG), BOH, Secretary  
Patricia Stanton (PS), Board member, Okanogan City Council  
Mike Harr (MH), Okanogan County Health District  
Chris Branch (CB), County Commissioner, BOH board member  
Jon Neil (JN), County Commissioner, BOH Board Chairman  
Andy Hover (AH), County Commissioner, BOH board member

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

*Summary of Important Discussions:*

- *Resolution will dispense commissioners from having to approve health vouchers*
- *Amendment to specify a single administrator as opposed to a team approved*
- *COVID back to pre-January levels, hospitalizations up, two deaths in past two weeks; positive steps taken to combat opioid crisis*
- *Purchase of multi-drug testing machine approved*
- *Environmental Health Director Mike Carr seeks clarification– Planning regulation change weakens enforcement of septic requirements through subdivision loophole; liens on 50 properties implicated; lawyers involved*

*MW asks about check signing. AH says BOH signs but BOCC (Board of County Commissioners) audits. AH: It looks like the auditor is doing a review of this because there's no statutory reason for it. CB: And they have no knowledge of what goes on here. MW: What do we have to do to say the BOCC doesn't have to do it any more? AH: A resolution to say whoever we deem is able to sign off on checks can do that.*

Financial report - LJ: "Advance", through the Rural Equity Grant, covers a (*salaried*) position, homeless (*support*), COVID testing, outreach, helps people get to doctor appointments. It also covers our staff time. AH: \$13,000 for "Community Choice"? LJ: Money we use to keep people isolated in their homes. Groceries... JG: The auditor said the commissioners shouldn't be approving vouchers for payroll. A resolution should say (*LJ*) approves them and signs on a weekly basis like other junior districts. ...CB: First, the checks the county is sending out are not necessarily for services to the county, and then, how would we ever disapprove, after approving as board members?

18:16 - Board of Health Charter - *Copies of the amended charter are handed out.* **AH:** Last meeting's discussion on nepotism led us to a discussion on changing the make-up of the organizational charter. Article 2 says the BOH works for the administrators. That's not true. The BOH is the governing body. We need to change that. Article 5, "Appoint an administrator to serve as District Administrative Officer" replaces "Appoint an administrative team". **MW:** The administrator is called the fiscal coordinator. **AH:** It doesn't have to be the same person, but a fiscal coordinator operates under the direction of the administrator. ...Once (the BOCC takes action to change) this charter, on the recommendation of the BOH, the BOH can sit down and say, "we need to do an organizational charter, and who do we want in these places? Then do a job description for administrator. There's no pay classification for a single administrator. *(Currently this responsibility is shared between the Community Health and Environmental Health directors and included in their job descriptions.)* **AH:** Do we want to move for the amended charter to be signed by the BOCC? *Motion approved, with CB abstaining; he has not been able to review the whole document.*

35:55 - Health Officer Update - **JW:** COVID activity is up around the county in the past three weeks. Wastewater surveillance in Brewster is going up; two weeks ago we were at 85/100,000. The counting of new cases in 7 days has stalled because of some data issues but in talking with Lauri and with communicable disease nurses we've seen a significant rise in cases reported. We're able to get a lot of those patients in with Care Connect, support services. Seeing a rise in hospitalizations. We're watching nursing home outbreaks very closely. The first two deaths from COVID in 2023 occurred in the past two weeks. ...We need to take precautions. We're continuing masking for now in health care settings. Fortunately, influenza, RSV and other respiratory illnesses are low and we're not seeing a resurgence of *(the flu)* as we often do in the springtime. Still challenges with hospital access and transfers to Central Washington Hospital and other outside facilities.

39:28 - On a regional level we've been having good discussions on the opioid crisis *(with Chelan-Douglas BOH, the Recovery Coach Network, Family Health centers..)* There's been a really strong program to get people with opioid use disorder in treatment and keep tracking folks as they near... recovery. Also distributing Narcan (overdose treatment) regionally. A new Narcan vending machine is being put in at Coulee City. We continue to support...first responders wanting to continue to get Narcan and receive training for using it. Access to treatment will be expanded because health care providers wanting to start prescribing *(addiction treatment medicine)* Suboxone no longer have to go through a more arduous process to get a license for prescribing it. We'd like to see more of our providers adopt that practice and work with recovery groups and the opioid treatment network to provide more robust services.

We're already beginning preparations for wildfire smoke season, working with the tribe and a café in Wenatchee, trying to get materials ready to reach out and prepare especially vulnerable communities... Plans are underway for our Community Health Assessment with support from epidemiologists and others to define questions, develop a survey to get as much community input as possible. A perennial concern is homelessness. It's been cited as a barrier to treatment for opioid use disorder. Housing prices are going up; availability for safe and secure housing is limited for people in our area. We want to continue to ...work with the Housing Trust and the Housing Authority... **CB:** Can you share the age group of the two recent COVID deaths? **JW:** They are older than 40. *CB mentions an article in the AARP magazine on the effects of COVID on folks over 60.* **JW:** We're seeing more hospitalizations and severe illness in folks 65 and older. It's a reason to exercise greater caution... get vaccinated, get tested. AXCOVID, prescribed in the days following infection, can be very helpful in reducing severity. **MW:** Wastewater testing—it's a brilliant idea. **JW:** It's a great way to follow the trend over time... a

more consistent denominator (*than self-testing*). **JN**: Any rise in the use of “Trank”? **LJ**: Not that we know of. *JW says it's an animal tranquilizer.* **LJ**: It turns you into a zombie.

47:36 - Community Health Update - **LJ**: Deputy Coroner Gene Davis talked to us about the multi-drug testing Radox machine... We'll get the newest edition coming out in May. The coroner said they could have used that machine yesterday for a case that's pretty complex. Funding through COVID, ARPA (*American Rescue Plan*), several other mechanisms will help. We supported the Coroner's Office testing during COVID. We work on childhood death review, vital records. *A resolution to buy the machine for up to \$68,000 is approved.*

52:27 - Environmental Health Update - **MC**: Land use is picking up. Was slow due to road closures... I briefly mentioned with Andy last week that property lien. We've got quite a (*inaudible*) of property liens. One of them is particularly problematic. He's trying to get the lien released; his lawyer reached out. There was a little bit of confusion with the latest regulation change. I need some clarity, and to reach out to (*our lawyer*). The lien was put on a property in the Methow Valley due to the installation of a septic system without permit five or six years ago. There have been multiple houses put on without building permits. It's in a zoned area that doesn't allow for secondary houses on a parcel. A huge mess right now. Going to get the legal interpretation of our regs, so we'll have to bring Building and Planning into it as well. There's a minimum of two, maybe three structures; the land size is not even adequate for a subdivision with two houses. No building permits at all, one shared well which is totally against the rules in the Methow Valley... There's probably going to be 50 more of these that come up in the near future so trying to get a good procedure is worthwhile.

55:30 - **AH**: ...Prior to that regulation change, Public Health was making people with existing houses with an existing septic system –when they subdivided, you had to put in—and there was no permits? Is that it? **MC**: If it was a system installed prior to permitting, it had to be changed out no matter what. **AB**: Don't know that this fits, because there's a subdivision asked for it. **MC**: The point I was trying to make: with this revision it's very confusing to me. In this situation a letter was sent, a lien placed on the property The house was put on there in the permitting tie frame. The way the regulation was revised there was a loop-hole. If I've got a lien on a property now and I have to install a septic system, the way the reg is written now, all I have to do is subdivide that property and not that system gets carried over without anything having to be done to it. So that's my confusion—Is it applicable to all properties? I need some clarification. *They go around and around on this for awhile.* **AH**: ...Was the pre-permitting thing where you didn't have to put in a brand new system just because you built a house prior to having to get a permit? I would talk to the attorney. But one thing is, (*the owner*) sent the letter saying he wanted to update the system, get a permit. When you look at the liens that we have, that's the real purpose of the lien, to get compliance. That's the risk people run when they don't put a permitted house in, or permitted system—that when you go to sell it, you can't. I think you're going about it the right way, talking to the attorney about pulling the lien, and the question of intent. (1:00:30) Commissioner Branch, remember the reg we changed where if you were subdividing and you had a house that was pre-permit, that you didn't have to put a system in, you could just let it inspected? **MC**: The way the reg was adopted, it wasn't grandfathering-in pre-permitting systems, it was grandfathering-in all residential without permits and there was no date in there.

1:08:39 - (*This portion of the discussion is at the end of the recording due to an error in montage.*) **CB**: The reason we have a lien is to encourage people to comply. **AH**: Weren't we saying that when we subdivided you had to be up to the code in that year? If it was built in '84 and permitted, but we were subdivided in 2022 then somehow you had to meet the codes for 2022? **MC**: Not necessarily. No, if it was permitted, it would be grandfathered. That old system

would get grandfathered with that code. It was the first that were un-permitted or prior to permitting. I wouldn't say this exactly but 90% of those are probably a septic tank to a dry well... It causes so much hydraulic conductivity in that one volume of sewage, water contamination can be problematic if you've got shallow water tables. ...If it was pre-permit, more than likely it's not a very environmentally friendly system and should probably meet conforming standards. ...I see maybe a 5-year time frame to adjust to the permitting process but if it is built after permits were required it should have a permit. But the way it's written now we have to grandfather-in that one. **AH**: I think we should get that fixed. **CB**: You talked about the liens that exist already. I remember five or six years ago a man has a lien against his property. He wrote us a letter, talked about how he would never end up paying it, or improving his system either. The property was next to a stream. **MC**: I think we're talking about the same project. **CB**: I asked (*the Environmental Health Director*) "How'd you ever deal with that?" In essence it's like—he's a really old person and you can't live forever, and sooner or later someone will have to take the property and do something with it. I'm not so sure it's the greatest approach to dealing with it. Maybe that's what you end up with. You struggle through it.

1:00:52 - (*Back to the charter discussion.*) **MW**: Is there anything about the chairman forming committees? **CB**: Sometimes the board makes a decision to form a committee. **AH**: So I believe we need a personnel committee. We only meet once a month. An ad hoc committee can meet on a day-to-day basis. **LJ**: Normally the BOH does not interfere with day-to-day operations of the organization and that's where the administrative team came in. **CB**: I move to form a personnel committee made up of two to three members. **MW**: The purpose is to look at the restructuring of the organizational chart and put some definition of administrator. **AH**: Personnel committees do a lot more than that... (e.g.) do a salary survey. **CB**: It deals with anything having to do with personnel and commits recommendations to the board. There's the ability to do work outside the board meetings. There's never enough time to come up with options. *The motion to form a personnel committee is approved. CB and AH regret both, as commissioners, not being allowed to serve on a committee, though it has nothing to do with their other duties.* **AH**: I would like to find out from, say, the Attorney General, we're actually working under the BOH. We don't actually constitute a quorum. **CB**: I'd like to hear what they have to say. Committees can invite staff to help advise them. *LJ reminds them to be there the next morning for their half-day retreat.*

1:08:37 - Meeting adjourned.