Board of Okanogan County Commissioners
Tuesday, September 24th, 2024, 1:30 p.m.

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Present:

Andy Hover (AH), BOCC District 2
Chris Branch (CB), BOCC District 1 *(via Zoom)*
Jon Neil (JN), BOCC District 3
Laney Johns (LJ), Clerk of the Board
Stacey McClellanLuis Rodriguez (LR), MJ Neal Architects
Dave McClay (DM), Okanogan Behavioral Health
Shelley Keitzman (SK), HR Director, Risk Pool
Colin Baker (CBk), CGI *(media company)*
Time stamps refer to the time on the wall clock. An AV Capture archive of the meeting on this date is available at:
https://okanogancounty.org/departments/boards/live_streaming_of_meetings.php

***Summary of Important Discussions**:*

- *In Behavioral Health update: - psychiatric prescriber sought - funds needed to extend crisis team's hours (opioid settlement money?) - Commissioner Hover presses OBHC director on protocol for mental health incidents in jail - conversations needed between law enforcement, Behavioral Health - regional facility needed*
- *HR/Risk Pool still looking for vision insurance plans*
- *Executive session - ongoing potential litigation*
- *Media company progressing on county Video Tour update*
- *Motions approved for revised fairgrounds fee schedule, Chewuck Canal piping, Winthrop sewer lift station, 12-hour shifts at "juvy", $4.2M quote for sheriff's/coroner's building*
- *Commissioners continue mental health discussion*

1:33 - Behavioral Health *(OBHC)* Update: *The recording starts in the middle of a sentence; DM and his collegue are talking about two recent resignations, Dennis Rabidou and Rhonda Colbert, and the retirement of Peg Calloway. This represents an opportunity to– DM Doesn't finish the sentence.* DM: We've created a chief operating position, hired Josie Bent *(sp?)* for that position. ...It was a pretty exhaustive process... Josie Bent will be starting November 15th. The board approved another pay increase across the board. Since July 2021 we've pushed over a million out for staff salaries. I know there's a rumor out there that we're hoarding money, that's definitely not the case. We're pushing it out to staff members. ...That ties in with the reduction in our voluntary non-turnover rate. When I got to OBHC in December 2020 the turnover rate was about 30%. Now it's at 11%. That ties in with compensation, but the culture of the organization

has shifted. We have at this point three open positions in the whole organization. One is a big one– psychiatric prescriber, which we've been actively looking for, and we have two Master's level therapists, one on the child side, one on the adult side, we are actively recruiting those. In the meantime we're doing some tele-prescribing. There are some people staff members know who were from here and may want to move back... We currently have five designated DCRs *(designated crisis responder)* so that, packed with the mobile crisis team, so that model, and I think that's where a lot of the *(inaudible)* stuff happens in this community, we're funded Monday through Friday for a mobile crisis team. We're going to try to get funding so we can respond ...during the off hours. We're obligated to people safe and they respond in pairs so off hours they have to respond to a safe, secure *(visit?)* which is considered an emergency room, but we would like to expand that. We need to have discussions with *(opioid settlement administrator)* Carolon about that. Carolon's been a pretty good partner with us. If we can get that expanded until at least 11:00 or midnight I think that will make a difference in the community. The next step is being able to hire those positions... Any questions?

11:39 - AH: You are the county contractor for some moneys, not a lot, that we pay to you guys. Our jail system, we wind up with people that probably should not be in there. ...Is there any ideas or thoughts on how we could better assist those people or our jail in trying to keep those people from doing harm to themselves within the jail system?

DM: You mean leave the people in jail but train jail staff to–

AH: No, like if a jail staff has somebody's who's been brought in, book, and all of a sudden is acting out of the normal, they're not trained to do psychiatric work on people. So how do they get in touch with OBHC? Is there a process now in place, and is it working?

DM: I know it is working. They do call crisis, and we do respond. If they're on suicide watch, and being assessed, we're always going to those calls.

AH: ...If you're called, the DCR could do an ITA *(Involuntary Treatment Act)* to get those people out to help?

DM: Not exactly. They could respond to the jail and say it reaches a higher level, that person would need to be medically cleared at the hospital so that person would need to be, I don't know if released is the right word, but they would be taken to the ER and then ITA-ed.

AH : Any way we could improve that? If the hospitals are having a hard time... What does it take to help that situation? Make it flow better?

DM: I don't know if you could do this, I've inquired about this in past places where I've been, but if the jail has medical personnel that could medically clear somebody, you might be able to, that might be a possibility but I'm not sure if there's some sort of legal issue there, there might be an option how to do that so they don't have to go to the emergency room. *AH says it's a good suggestion.* We've brought that up but it's expensive to have medical staff at the jail.

AH: We're going to have to have them, and we're already putting that in place through budgets. That's a real good suggestion; we'll bring it up with the sheriff and corrections.

DM: I don't know if there's a chain of custody issue with that. ...It would be worth checking into.

CB: You received the Connections report?

DM: The SIM's *(Sequence Intercept Model, details how people with mental and substance use disorders encounter and move through the justice system)* mapping?

CB: That was intended to address those kinds of questions. We were having this discussion about a treatment evalution center a long time ago, right? And for quite obvious reasons, like when someone is ITA-ed from here, where do they send them? That's where some of the misunderstandings about which prosecutor's officer processed the ITA. These are things that have come up. ...It brought up the idea of "we need to map this system". We don't know exactly what happens in each phase, where they're going through this system, ...So I am one that really wants to utilize what we were actually able to glean out of these conversations. You hosted it, right? We had several groups that came in, hospital ER folks, who shared their stories of what happens, and their ideas of what the shortfalls are. As a whole, *(the participants)* really wanted to use this system of mapping, identifying these kinds of things, even in the jail. They in fact participated in this. I'm just going back over that. And now there is a desire to work with Connections *(this may be a treatment program on the west side)* further and to address those issues in the system. That's what I'm hoping to do to address your questions, Commissioner Hover, to have recovery navigators that go to the jail, that help with those things. There are a lot people involved, available to address those things. *AH asks if the SIM report was the one they paid for. CB had sent the preliminary report out. AH needs to talk it out with somebody, needs help understanding the mapping.*

DM: What I took out of that report is there's a need for collaboration, to link the services. There's all kinds of *(good intentions)* but you're creating complexity to the system. Then when the system doesn't talk, there's duplicative things, or fake animosity where there shouldn't be–

AH: You cannot create those connections in a vaccuum. If I'm a 19 year-old corrections officer ...going by the jail cell and someone's going through an episode, I'm in survival mode... It's the ease with which you know what to do in a crisis that's important. *If they know the steps to do, it can help if someone's going to hang themself.*

1:51 - DM: In today's world everything's litigious, right? Everybody sues everybody... There's a lot in that. It's sitting down at the table and saying "What's the OBHC's protocol in handling that?" and how we make these things work. ...I don't think the solutions are always just money. I look at it from the homeless perspective. From Seattle to San Diego there's been millions spent on homelessness. If it was just about money it would be solved by now. It's money, it's a different approach. One size doesn't fit all. ...It becomes "How do we all work together... instead of working against each other?

AH: ...Prior to Ronald Reagan we had assylums. Long-term institutions. We don't have those anymore but there's still the necessity when people without family, without connections, cannot take care of themselves. We impose that upon our communities because there's no place for that person go anymore. That's the hard part for me, when you have a lot of community members saying, "Look at the people in the park doing their thing. What are you as commissioner going to do about that?" I can't say they get taken

somewhere for a period of time. ...Does their interaction with community members become something so undesirable that it needs to be moved somewhere else?

DM: I tried to say that the best way I could.

JN: Basically they have to become a threat to themselves or others.

DM: ...It's been awhile now, but we were going to unwind the state facilities and we were going to build the facilities local, keep people in the areas they came from. ...In theory that's a good idea. The problem then becomes what happens if we don't have the money to build a facility? We're not big enough to support that so we don't really have an option so when they come out, and come into the county of origin, they do make people uncomfortable. And most of the services we offer are voluntary. We can't force them to take medication. Our hands are tied, unless they go down the crisis route, then there's a process. So there was no pre-planning. Where I came from, Columbia Wellness, we built a 16-bed sub-acute/acute withdrawal management-crisis support unit. They didn't provide any operating funds. They provided the facility. ...We probably actively lost over a million dollars a year but it was a mission for the organization. It has since righted itself a little bit but it took a long time for the MCOs *(managed care organizations)* to start paying for that... So I applaud the effort of trying to do that regional diversional center. That probably makes more sense than trying to do that in Okanogan County. We couldn't keep the beds. *At the forementioned facility there was equipment, staffing 24-7, but they still couldn't make it go even in a county twice the size of Okanogan.* I don't think you should stop trying. We should... We ran a step-down house. Typically when they're released from a state instution we see them at 5 o'clock on Friday when there's no services in the community and they go to wherever they got in trouble. ...We would put people in that house and it ended up being long term. How do you kick someone out that's functioning, ...doing well, but our *(inaudible)* not going to have any transitional housing and we're not going to fund it any more. ...Some other non-profits have talked about some housing options, permanent supported housing. I think it's a good idea.

JN: I would think the hardest part is returning them to their community. Their group of friends is probably what put them in the situation they are *(in)*.

DM: They lose their medicaid when they're in a lock-down facility. Same thing when they get out of jail. You're severly limited as to what you can or can't do so to have somebody that can get you re-connected, it's kind of a big deal.

JN: I've got family members who have had that situation. Once they come back into their same community, it's very short-lived. They finally moved him away and he did good for awhile.

DM: The hard part about running those kinds of programs is to not have somebody become completely reliant on that. Build in some level of "yes we're going to get you on your feet but we also want you to be independent. You can always come back... It's hard to get people to where they're not reliant on the organization. *AH thanks them, leaves the room. DM and his collegue leave. JN brings up the 37 chapters of the SIM mapping.*

CB: You keep on this one subject which is this ITA business but there's a whole lot else going on. That hand-off, so you don't belong in jail. Where am I going to take you?

JN: Where do I belong? That can be a challenge...

CB: ...It's just a vast number of situations. *SK takes a seat.*

2:03 - SK: Esther and I have been working really hard on the Okanogan County personnel manual and it should be ready for approval by the end of this monty. *(Also)* I had told you I would look at stand-alone vision coverage *(vision not covered by county's public employee plan)*. I've received some initial quotes, anywhere from $5.52 to $9.89 per employee per month. I'm going to get some more information. *She says the options leave them with Brewster as a provider but one may have Costco so she'll try to track that down.* Esther and I will be attending the risk pool conference in Skamania from October 23rd to 25th. I'm going to be on vacation the rest of this week but I'll be available by phone and email.

2:09 -*They go into a 25-minute executive session with SK and Chief Civil Deputy Esther Milner for potential ongoing litigation.*

3:21 - *The recording starts mid-sentence. They are listening via Zoom to Colin Baker from CGI talk about the update of Okanogan Video Tour (website video).*
CBk: –and Three Rivers Hospital in Brewster. Also something to demonstrate the health services of the Confederated Tribe. I'll send you a quick list of what we're looking for and then I'll *(update?)* the document you're working on. Do you want us to correct what we have at the moment? *(Yes)*

JN: I should be able to get you North Valley *(Hospital)* by tonight.

CBk: ...If I see your footage come overnight in I'll put that in as well. The other parts we'll get to them but I think we're making great progress. *He says good-bye.*

CB *(looking at his computer)*: We've got a fire at Gamble Sands.

JN: Doesn't look very close. *He consults his phone.* Looks like it's past Bridgeport. *They proceed to the consent agenda which they approve with the exception of item 3, the sole source purchase of 241 snow plow blades for $117,990. JN mentions another fire, a level 1. Gamble Sands is level 2.*

3:26 - *LJ passes the commissioners a list of motions. They move to approve Res. 126-2024, the revised Okanogan County Fairgrounds fee schedule–language has been changed to define long-term rental terms.*

AH: At the Watershed Council, The Chewuck Canal Company asked us to sign a letter of support for piping the Chewuck Canal. I don't necessarily like piping ditches but it's going to get reliable water to customers. In the past they were giving certificates to move tons of water through the canal. They didn't know how much it was taking *(inaudible). LJ shows him the Fairgrounds document.* We were in discussion *(about the fee schedule language)*. *Motion approved. AH comes back to water discussion.* The whole Willow Water– I wasn't too keen on it. You shouldn't be able to sell water that technically wasn't yours to begin with because you had to get water from an open ditch. That happened in a couple of instances. This one is not. Everything is going back in a trust...

JN: That irritates me.

CB: That's fine with me, and I'm not irritated. *AH moves to approve Res. 134-2024, a budget amendment in current expense, the Board of Equalization needing $400 for board member costs. It comes from contingency reserve. Motion carried. They approve Res. 135-2024 concerning fairgrounds rental and winter storage contracts. AH brings up a contract with the town of Winthrop;*

LJ: It got missed. Winthrop had asked the infrastructure committee if they could change from a construction use to a planning use of the *(infrastructure)* funds, and there was a few comments that went around. The committee was not all in favor of that. This is for the original structure use.

3:41 - AH: I move to approve the interlocal contract... for the town's sewer lift station project in the amount of $100,000 for construction purposes. *This is approved.* The juvenile *(facility)* went to 12-hour shifts and everybody signed off on it. I move to approve a memorandum of agreement between Okanogan County Juvenile Unit and Teamsters Local 760. ...The corrections has *(12-hour shifts)* too. *Motion approved*. I move to approve ARPA request #8 from the city of Okanogan for professional engineering services in the amount of $17,788. *Motion approved. $15,500 approved for indigent defense services. Approval of Request #13 for (ARPA fund) reimbursement of ad com expenses, $42,576. AH movesto approve the notice of intent to award the construction of the sheriff's equipment and coroner's storage building to Halme Construction Inc. for $4.2M. Motion approved.*

3:46 - *AH mentions an "Intercept report"; it seems to relate to the group Connections (impossible to find on internet); CB talks about cooperation with Chelan County's Commissioners Overbay and Straub who visited a drug treatment structure in King Co.* AH: How do we take this known issue and fix it? Someone's brought into jail, they don't figure out they have an issue, then something really bad happens. Who do they call?

CB: *(If)* Something bad's happening, the jail personnel and the sheriff's department still has the responsibility to –

AH: They can't–

JN: It's a matter of keeping everybody safe.

AH: But after that, do they belong in jail?

CB: We can all agree that they probably don't belong in jail if they're losing their mind. ...The next thing is the DCR determines that they're going to harm themselves or someone else and they do ITA. If you can get a DCR in the jail... Then where do they go? There's a whole bunch of these solutions listed here *(in the SIM mapping?), suggesstions, and just identifying the need. It's a warm hand-off. Someone gets taken somewhere.*

AH: Let's facilitate the people that are doing the work. It's easy for us to sit up here and say "this needs to happen" but what number to dial when someone *(in the jail)* is going nutso?

CB: That is determined in the jail by the jail management. There's where the conversations come in. It's "Ok, we're in this situation. How can you help us do this? That's the conversion that has to take place. It's not "You're not helping us." It has to take

place way before that. *(I talked about)* agreements that are made between whoever does that work, whether it's Behavioral Health Organization or not, but there's an agreement with law enforcement and protocols to do that. Do we have that? I don't know.

AH: That's why the communication broke down in the first place.

CB: What I recall, I had the luxury of hearing them talk about it in the emergency room, they were talking about the different circumstances when they have the person, or the others I followed up on where the DCR or whever goes to the place where the person's acting up and goes, "Oh, it's this person." "You can't go eat off of other people's plates at a restaurant." It's not an ITA situation.

AH: I'm not saying everybody needs to get ITA. I'm just saying if certain things are happening and there's protocols... Just make sure we follow that.

CB: Honestly, whether or not we have the contract for that work it doesn't matter. It's all part of the *(inaudible).*

CB: But read more of that if you can. It's got this thing called The Patient's Journey and a Safe Place to Go".

AH: I read that part.

3:51 - *Meeting adjourned.*