



MEETING OF THE PUBLIC HEALTH ADVISORY BOARD

June 6, 2024
7:00 a.m. to 8:30 a.m.

Hybrid Meeting

In person: Administrative Conference Room, 509 Girard Street, Bellingham, WA 98225

Public Zoom Link:

<https://us06web.zoom.us/j/84408045776?pwd=Y0PYQuaoAI375GK4DJa2eAC1kjs.FW3jsnBo9ETyow27>

Join by phone: 1 253 215 8782, Webinar ID: 844 0804 5776, Passcode: 98225

(members and presenters: please use Zoom link in your meeting invitation)

A G E N D A

Meeting Topics			Presenter
1.	Call to order. Acknowledgments. Roll call of PHAB Members. Approve minutes from May meeting. (Pages 2-14)	7:00 - 7:05	Sterling Chick
2.	County Council Resolution on expanding shelter capacity and creating a shelter subcommittee (also includes optional questions on the severe weather shelter After Action Report in the packet) (Pages 15-46)	7:05 – 7:35	Barry Buchanan (invited) Jon Scanlon Kaylee Galloway (invited)
3.	All Hands Summit and PHAB involvement (Page 47)	7:35 – 7:50	Emily O'Connor
4.	Sub-group report outs, discussions re: opportunities (Page 48)	7:50 - 8:10	Sterling Chick/All
5.	Public Comment	8:10 - 8:15	Sterling Chick
6.	Health Director/Health Officer Update	8:15 - 8:25	Erika Lautenbach/ Greg Thompson
7.	Final Comments/Next Steps/Adjourn	8:25 - 8:30	Sterling Chick
<p>The public is invited to email written comments on agenda items or other topics of interest to the Public Health Advisory Board at PHAB@co.whatcom.wa.us. Please put "PHAB Public Comment" in the subject line. Written comments received at least 48 hours before the meeting will be distributed to board members prior to the meeting. Oral comments from the public will be limited to topics on the agenda.</p> <p>Per RCW 42.17A.555 the use of public facilities to support or oppose candidates or ballot issues is prohibited. Members of the public and the legislative body are not allowed to speak in support of, or in opposition to, a ballot measure or individual candidacy during an open public meeting. Please refrain from raising campaign issues when addressing the Board.</p>			
Adjourn			

Community members who require special assistance to participate in a committee meeting are asked to contact the meeting facilitator at least 4 business days in advance.



WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING MINUTES

MAY 2, 2024

- Present:** Sterling Chick (Chair), Julie Terry, Kelli Carroll, Madison Emry, Jon Scanlon, Chris Kobdish, Emily O'Connor, Ashley Thomasson, Greg Thompson, Shu-Ling Zhao, Leah Wainman, Christine Espina, Guy Occhiogrosso, Robyn Phillips-Madson
- Absent:** Teri Bryant, Jeffery Hart, Joni Hensley, Adrienne Renz, Edna Revey, Vesla Tonnessen, Michael Massanari

Topic	Discussion/Outcome
Call to Order	Sterling Chick presented a land acknowledgment. Roll call of Public Health Advisory Board (PHAB) members.
Approve Minutes	Minutes from the March 7, 2024 meeting were approved by unanimous consent with the following correction: <ul style="list-style-type: none"> • Statistic shared by Greg Thompson during discussion of fentanyl emergency was that there is a 40-fold (not 40 percent) increase in death rate within the first 2 weeks of being released from prison.
Fentanyl Emergency – County Council Resolution and Executive Order Update	<p>Deputy Executive Kayla Schott-Bresler addressed concerns about the scale of the executive order. She indicated we already have resources to implement some of the actions listed in the order, but we will need to find additional resources for others. She also invited feedback from PHAB and other groups on where they'd like to see more or less investment of existing resources.</p> <p>Whatcom County Health and Community Services (HCS) Director Erika Lautenbach acknowledged that not all 47 items on the executive order can be accomplished at once. She detailed some of the continuing and upcoming work, as well as medium/long-term work. For continuing work, she noted evidence-based prevention in Whatcom County schools and litter clean up in public spaces, particularly sensitive areas like the creek behind the HCS building on Girard Street. She also mentioned the institution of an internal readiness group, which will focus on the executive order and involve extensive coordination between the city, the county, tribal governments and other partners. Coming soon will be a multi-jurisdiction/multi-media substance use disorder and overdose prevention education campaign. There is already a contract in place and the campaign will be rolled out before June 30.</p> <p>Leah Wainman mentioned that the city is moving its tiny village, which is currently located by the Sportsplex. She expressed concerns that the new location is less safe/clean and asked if the people transitioning will receive support. Erika indicated that the county is not involved in this process, but does provide funding for the city to use however needed.</p> <p>Erika also announced that HCS will be purchasing additional lock bags for personal safe storage of prescriptive opioids and will be working with pharmacies and primary care providers to distribute those. In addition, they will be installing a Naloxone vending machine outside the HCS building on Girard Street to expand community wide access. This will be moved to the Way Station when it opens in September. The machine will be funded by a grant from the state and will also be outfitted with other personal health items like</p>

condoms and respiratory virus supplies. Erika also mentioned that HCS has access to another \$40,000 in an ARPA (American Rescue Plan Act) allocation for Naloxone and hopes to deploy more of it into the community.

Christine Espina asked if there had been discussion about including fentanyl test strips in the vending machine and Erika indicated that the communicable disease team is looking to increase purchasing of these, as our current supply would not keep up with demand. However, she said fentanyl test strips are currently available through the Syringe Services Program (SSP).

Erika said HCS will also be ramping up education around the proper disposal of unused medication and indicated that there is currently a request for proposal (RFP) out to create an online community resource website or expand the existing one. This will provide service and treatment options for those who use fentanyl. In addition, the educational campaign will promote protections of the Good Samaritan Overdose Law.

Erika also emphasized the need to develop additional emergency shelter options by next winter and indicated HCS is working on that, along with the After Action Report (AAR) for last winter. As well, they are looking to increase transportation services for the jail hospital, as there has been high demand for that. She also said that a new grant from the state will allow HCS to add one additional team member to the LEAD (Law Enforcement Assisted Diversion) program. And, HCS will be partnering with Lummi Nation to support their secure stabilization and withdrawal management recovery center.

By the end of the month, Erika said HCS will submit an operational plan to the County Council and Executive to outline how they will implement all of this. She said it will require significant staff and resources, including partners outside of the department. She emphasized the need to sequence and staff it appropriately in order to have good outcomes. She also mentioned the importance of having success metrics in place.

Leah asked for clarification as to whether all of this information is intended to update PHAB or if action is being requested. Erika responded that it is just an update, but indicated that she thinks there will be opportunities for PHAB to engage. She said the Opioid Task Force and Multi-Agency Coordination (MAC) Group are the primary ones working on the plan, but wanted PHAB to be aware of the priorities. Leah asked if any members of those groups were present and could share. Chris Kobdich responded, saying education is important and grants/funding are critical as we don't have enough resources. She indicated workforce development is the biggest component for success. She also said it is difficult to staff non-profits as wages are not competitive, so it's hard to stay ahead of the work.

Erika then shared some long-term goals, including increasing recovery housing and implementing strategies to reduce the number of people experiencing unsheltered homelessness. She said the executive order includes more than we can address by the end of this year. She also emphasized the need to think more holistically about the drivers of substance abuse disorder and how we can tackle both the prevention work and the community factors that impact it.

Councilmember Jon Scanlon shared that he's been focusing on the revenue part of it. He invited feedback from PHAB regarding anything they think can help from the state or federal government. He said he would like to put together a letter from the County Council and Executive with some specific requests, as we can't do this alone and will need state and federal funding.

Shu-Ling Zhao noted that there are a lot of actions needed to allow the work to move forward efficiently and asked how PHAB can meet its public charge to review certain things without being a barrier to the process. She asked if they should expect to review some of the budget recommendations, performance metrics, etc. Erika responded that it would be helpful for the Communications subgroup to be involved in the public education campaign review to make sure materials will make sense to the community. She said they will also

	<p>send the operational plan to PHAB once complete. She invited PHAB members to share their feedback on this, particularly if they find that anything is missing. In addition, she would like their feedback on metrics.</p> <p>Erika also said HCS will likely form a work group around what the therapeutic campus at Division Street will look like, including the 23-hour crisis facility, and would like PHAB to be represented in that group. She concluded by saying there will be a range of asks for PHAB, from reviewing to actively participating in the creation of plans.</p> <p>Kayla noted that with the fast timeline, it is unlikely PHAB will have a formal opportunity to review the operational plan before HCS submits it to the Executive. However, she said if PHAB feels there needs to be a phase of review, there's a possibility they could build that into the timeline after HCS submits the plan to the Executive. Since it is a long-term plan, she said it will be continuously revised and PHAB policy input is always welcome, especially in regard to what might be missing.</p> <p>Greg Thompson noted that Ashley Thomasson asked what the timeline for approval was, once the plan is submitted on May 31. Kayla said she expects the timeline for approval to be very quick since the Executive's Office will be working closely with HCS throughout the month and continuously looking at the plan as it develops. But, she said they can build in more process time if necessary.</p> <p>Councilmember Scanlon indicated that information is helpful, but he doesn't want to slow anything down. He said he could add an agenda item to the next Health Board meeting or Public Works and Health Committee meeting if an informational update is needed. He also mentioned he spoke with Congressman Larson last week, who indicated he is working on 3 or 4 pieces of legislation regarding fentanyl. Jon expressed that this would be a great time to communicate with Congressman Larson's office regarding barriers like workforce issues, so they can work those into the legislation from the start.</p> <p>Sterling pointed out that methamphetamine contamination and xylazine are also things we need to think about.</p>
<p>Health Director/Health Officer Update</p>	<p>Erika announced that there are 2 joint Health Board/PHAB meetings this year that have significant scheduling conflicts. The June 25 meeting conflicts with the All Hands Whatcom Opioid Summit. Erika will work with Councilmember Buchanan and the clerk of the Council to try and find an alternative date. Emily O'Connor agreed it would be great if PHAB and Council members were able to attend the All Hands event. Erika said there is also a conflict with the October 1 meeting because the Local Board of Health (BOH) training is the same week in Leavenworth. She indicated those 2 calendar appointments might change in the coming weeks.</p> <p>Erika also addressed the recent news articles regarding a sexual harassment lawsuit involving a former employee of Whatcom County. She indicated that the HCS management team will be meeting with Executive Sidhu to talk about the incident and make sure that we have the right pathways in place so staff know how and where to report misconduct.</p> <p>Leah thanked Erika for brining this up and said it would be great to have continued conversation around this issue throughout the year, not just when an incident occurs. She suggested providing further training opportunities.</p> <p>Greg announced that he will be resigning from his position as Co-Health Officer for HCS at the end of June to pursue a unique job opportunity overseas. He expressed his gratitude for getting to work with HCS, PHAB and the community as a whole. He indicated that Dr. Amy Harley will continue in her role as Co-Health Officer and will be working to secure additional support in order to continue the work that he has been doing.</p>

	<p>In addition, Dr. Thompson shared a graph from the Whatcom Overdose Prevention website regarding overdose related deaths in Whatcom County. He concluded that, so far, 2024 is looking better than 2023, with fewer overdose related deaths. The data that was shared is available at:</p> <p>https://whatcomoverdoseprevention.org/data/</p> <p>Sterling asked if this improvement could be related to Naloxone becoming widely available and Dr. Thompson agreed that was a possibility. Dr. Thompson also clarified that people are accessing healthcare just as much for overdose, but we are seeing fewer deaths.</p> <p>Julie Terry agreed that Naloxone is very likely making a difference since responses to overdoses remain high, but deaths are dropping. She noted that Naloxone has often already been administered by the time EMS arrives. Erika mentioned that there has been a lot of messaging about not using substances alone so that Naloxone can be administered by someone else if necessary.</p>
<p>Discuss PHAB Subgroup Next Steps</p>	<p>Sterling shared that part of the reason for doing subgroups is that we don't have enough meetings of PHAB as a whole to accomplish all the work. He indicated that some of the subgroups have already met.</p> <p>Christine confirmed that the Board/Commission Assessment Implementation subgroup met a few weeks ago and discussed how to coordinate with the other subgroups to learn more about the hub and spoke model. She acknowledged the capacity issue and expressed the need to solidify what each of the spokes are doing and how to best communicate between the groups. Sterling mentioned the possibility of combined meetings between some of the subgroups and suggested setting aside some time at the next PHAB meeting to present some of what they've done so far.</p> <p>Sterling also indicated that the Communications subgroup has not yet met and the Equity subgroup has a meeting scheduled later this month. Shu clarified that the Equity group will be meeting the first week of June. She also suggested taking some time at the next PHAB meeting to think about the work plan for 2025. She proposed coming up with a strategic plan as an advisory group. Emily agreed it would be helpful to have a good chunk of time together to talk about how we are operationalizing the new RCW requirements for PHAB.</p> <p>Leah mentioned that PHAB has historically had a day-long retreat. She said she would love to hear from members of the other groups about the work they're doing and get regular updates. Sterling mentioned the idea of a dashboard where members could go to get that information without having to use up too much time during meetings to share updates. Leah clarified that she'd like to hear more topic-specific updates directly from the community members who are working on them.</p> <p>Sterling also announced that they have formed another ad hoc subgroup involving a data platform that HCS is putting together called Whatcom Community Health Insights (WCHI). He asked Amy Hockenberry, Health Information & Assessment (HIA) Supervisor, to share about WCHI, but she was unavailable to comment. Sterling said the ad hoc subgroup is going to look at the data platform and encouraged PHAB members to send feedback to Amy.</p> <p>Councilmember Scanlon addressed some of the questions previously brought up regarding subgroups and quorums and the Open Public Meetings Act (OPMA). He is putting together a questionnaire for advisory groups regarding experience with OPMA because other counties and cities apply it in different ways to advisory groups. He will be sending that out and then using the feedback to develop whatever is needed.</p> <p>Councilmember Scanlon also indicated he has gotten a lot of questions around OPMA and how it works. He suggested bringing in one of the County's lawyers to a future PHAB meeting to answer some of these questions. He also mentioned that the Child and Well Being Task Force has used subgroups very effectively</p>

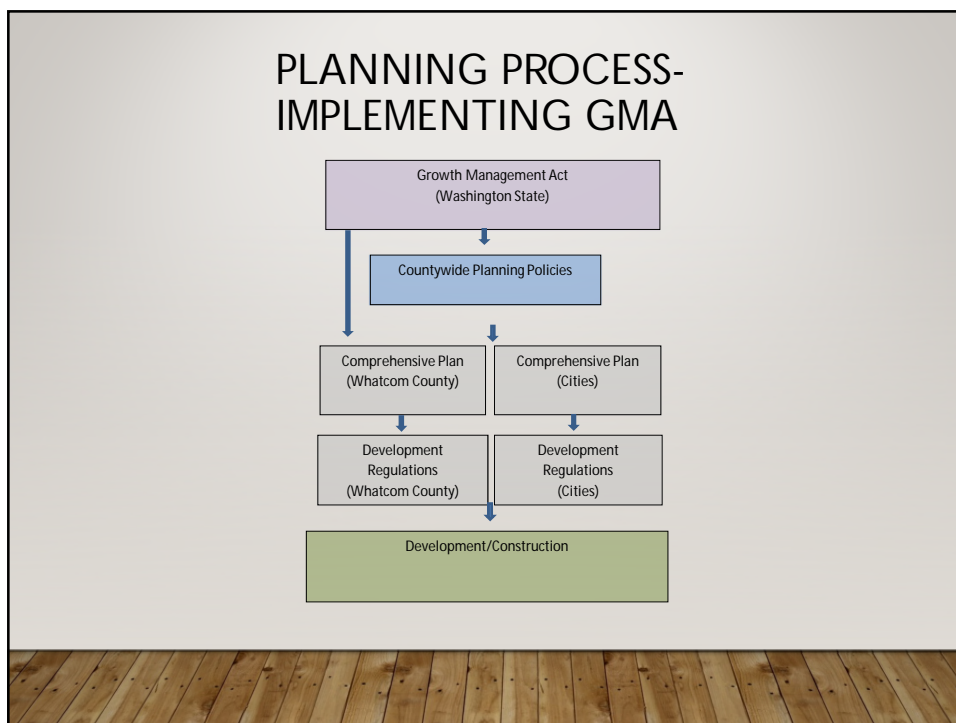

	<p>and would be a good model to follow. He said our lawyers have indicated that as long as it is not a quorum of the overall group, subgroups can meet. Sterling explained that subgroups act as a funnel to get things to the larger group so everything eventually ends up in the quorum, but subgroups make things go faster.</p> <p>Christine reiterated the value of a PHAB retreat. Sterling supported this idea and proposed putting together a survey to figure out when a good time might be. Erika indicated that HCS staff can work on this.</p>
2025 Whatcom County Comprehensive Plan Update	<p>Matt Aamott with Planning & Development Services presented an update on the 2025 Whatcom County Comprehensive Plan. Slides are appended to these minutes.</p> <p>Sterling mentioned that Erika suggested having some volunteers from PHAB come up with a set of expectations and priorities on health-related issues for the Comprehensive Plan.</p>
Public Comment	<p>The following people spoke:</p> <ul style="list-style-type: none"> • Natalie Chavez • Misty Flowers
Final Comments/Next Steps	<p>Sterling closed with three reminders:</p> <ol style="list-style-type: none"> 1. If PHAB members want to give feedback on WCHI, email Amy Hockenberry. 2. If PHAB members want to be part of the ad hoc subgroup or give feedback on the Comprehensive Plan, email Erika Lautenbach. 3. We will work on putting together a PHAB retreat
Adjourn	<p>The meeting adjourned at 8:31 AM.</p>
Next Meeting	<p>The next PHAB meeting is currently scheduled for June 6, 2024 at 7 AM</p>

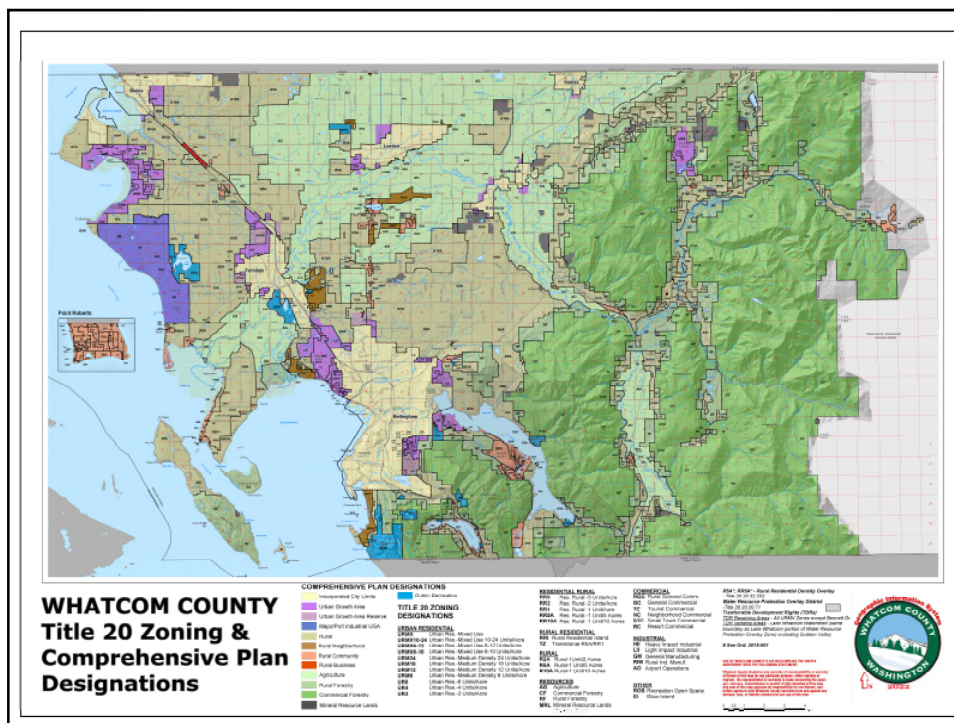
**WHATCOM COUNTY
COMPREHENSIVE PLAN
2025 UPDATE**

PLANNING & DEVELOPMENT
SERVICES

PRESENTATION TO THE
PUBLIC HEALTH ADVISORY
BOARD

MAY 2, 2024

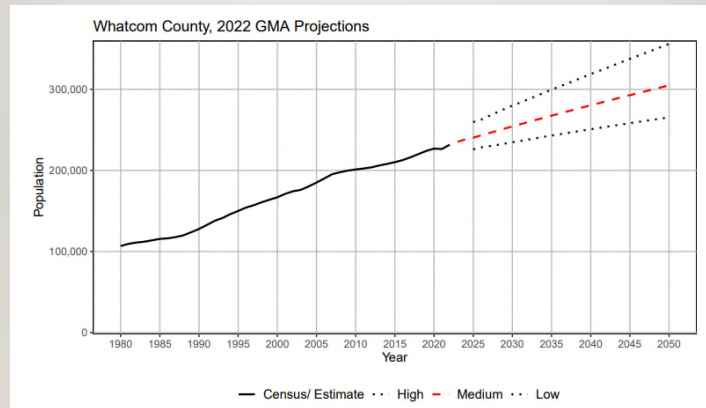




COMP PLAN CHAPTERS

- Introduction (includes population and employment projections)
- Land Use
- Housing
- Capital Facilities
- Utilities
- Transportation
- Economics
- Resource Lands
- Recreation
- Environment
- NEW Climate Change and Resiliency (required by a 2023 GMA amendment)

POPULATION PROJECTIONS



CURRENT COMP PLAN DISTRIBUTION OF POPULATION GROWTH

- 74.4% in the seven city UGAs;
- 9.5% in the two non-city UGAs (Birch Bay and Columbia Valley); and
- 16.1% outside of UGAs (in rural and resource lands).

COMP PLAN UPDATE PROCESS

Plan Adoption Process

- Public participation
- Advisory Committee review
- Environmental Impact Statement
- Planning Commission review
- County Council adoption

Plan Updates

- Docket of annual amendments
- Periodic Update every 10 years (2025, 2035, etc)

SCOPE OF WORK FOR CONSULTANT SERVICES

1. Population and housing projections
2. Employment projections
3. Land capacity analysis
4. SEPA environmental analysis
5. Housing element revisions
6. Tribal cultural resources and participation
7. Climate Change
8. 40-Year planning strategy
9. **Whatcom County Council priorities (Resolution 2022-036)**
10. Mineral Resource Lands assessment
11. Whatcom County 20-Year Capital Facilities Plan update
12. Subarea plans
13. The Columbia Valley UGA – Planned Light Impact Industrial area
14. Open space within and between UGAs
15. Limited areas of more intensive rural development
16. Essential public facilities
17. Public participation plan

COUNTY COUNCIL RESOLUTION

RESOLUTION NO. 2022-036

ESTABLISHING PRIORITIES FOR WHATCOM COUNTY'S 2025 COMPREHENSIVE PLAN UPDATE

WHEREAS, the Washington State Growth Management Act (GMA) requires Whatcom County to develop a Comprehensive Plan for managing population growth and development, which was adopted in May of 1997; and

WHEREAS, the GMA requires Whatcom County to review urban growth areas (UGAs) under RCW 36.70A.130(3) to be able to accommodate population and employment growth projected for the 20-year planning period; and

WHEREAS, the GMA requires Whatcom County to periodically review and revise its Comprehensive Plan and development regulations under RCW 36.70A.130(1); and

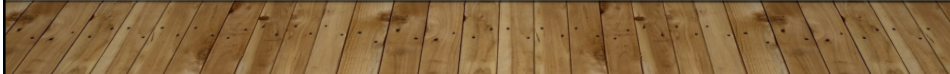
WHEREAS, on August 9, 2016, Whatcom County adopted Ordinance 2016-034 updating the Comprehensive Plan; and

WHEREAS, Whatcom County should conduct an evaluation of the current Comprehensive Plan outlining progress made towards achieving goals and policies, and identify remaining areas of opportunity for improvement; and

WHEREAS, the GMA requires Whatcom County to review, and if needed, revise its Comprehensive Plan and development regulations on or before June 30, 2025, and every ten years thereafter; and

WHEREAS, the current Comprehensive Plan contains chapters on many intersectional issues impacted by climate change, equity, and economic security including Land Use, Housing, Capital Facilities, Utilities, Transportation, Economics, Resource Lands, Recreation, and Environment; and

[Resolutions | Whatcom County WA - Official Website](#)



COUNTY COUNCIL PRIORITIES RESOLUTION 2022-036

1. Equity, Environmental Justice, and Economic Security
2. Climate Change (County Resolution and Climate Action Plan)
3. Habitats for Fish and Wildlife
4. Economic Security and Affordable Housing
5. Agriculture, Food System, and Food Security
6. Forests, Timber Economy, and Healthy Ecosystems
7. Natural Hazards Mitigation and Emergency Response
8. Urban Growth Areas / Growth Patterns
9. Wetland Mitigation
10. Impact fees (may be addressed separately)



HOUSE BILL 1220

Housing and Emergency Shelters

Requires planning for

- Moderate, low, very low, and extremely low-income households
- Emergency housing, emergency shelters, and permanent supportive housing

RCW 36.70A.070(2)(a)

HAPT

State Housing for All Planning Tool (HAPT)

In response to HB 1220, the State Department of Commerce developed the HAPT

- Local jurisdictions enter an overall Countywide population projection for 2045
- The HAPT tool calculates each jurisdictions share of low, moderate, and higher income housing and emergency housing/shelters
- Local jurisdictions can modify the allocations to various urban growth areas and rural areas, but must accommodate the overall needed housing in each income category

HOUSE BILL 1181

Climate Change

Requires a new climate change and resiliency chapter in the Comp Plan

- Greenhouse gas emissions (GHG) reduction sub-element
- Resiliency sub-element

RCW 36.70A.070(9)

HOUSE BILL 1181

GHG Reduction Sub-element

- Reductions in overall GHG emissions generated by transportation and land use within the jurisdiction
- Reductions in per capita vehicle miles traveled within the jurisdiction
- Prioritize reductions that benefit overburdened communities in order to maximize the co-benefits of reduced air pollution and environmental justice

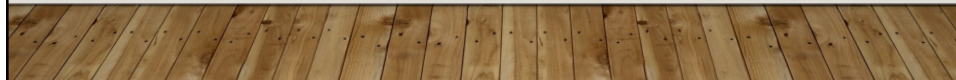
RCW 36.70A.070(9)(d)

HOUSE BILL 1181

Resiliency sub-element

- Protect and enhance natural areas to foster resiliency to climate impacts
- Protect, and enhance community resiliency to climate change impacts, including social, economic, and built environment factors, that support adaptation
- Address natural hazards created or aggravated by climate change, including sea level rise, landslides, flooding, drought, heat, smoke, wildfire

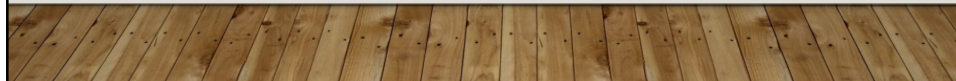
RCW 36.70A.070(9)(e)



QUESTIONS?

Whatcom County Comprehensive Plan

Adopted August 9, 2016
Whatcom County Planning and Development Services
Updated November 2022





**PUBLIC HEALTH ADVISORY BOARD
Discussion Form**

June 6, 2024

AGENDA ITEM #2: *Council resolution on shelter capacity*
PRESENTERS: *Jon Scanlon, PHAB Member*

BOARD ACTION: Action Item Discussion FYI - Only

Over the last five years, the landscape of shelters has changed. Prior to COVID, a number of faith communities provided space in their buildings to shelter people, especially in inclement or winter weather. As a result of both fear of COVID exposure and the much higher impact of current illicit drugs, these shelters have closed.

In recent years, Whatcom County Health and Community Services (WCHCS) has released a Request for Proposals (RFP) to identify organizations interested in receiving funds to run shelter services. During the 2021-2022 season, WCHCS operated a severe weather shelter at Civic Field as a result of a lack of response from providers. Road2Home operated the severe weather shelter during the 2022-2023 but indicated it would no longer provide that service and instead contracted for winter shelter (time-based versus weather-based) during the 2023-2024 season. Ferndale Community Services provided severe weather shelter in Ferndale and WCHCS provided severe weather shelter in Bellingham this past winter season. For more information on the history, definitions, operations, and funding, please refer to the attached After Action Report (AAR). Sheltering, both winter and severe weather, have provided to be a challenging request for the community and a labor-intensive and expensive endeavor for the County.

On June 4, the Whatcom County Council discussed and considered a resolution (attached) requesting the County Executive prepare a proposal for the expansion of year-round shelter capacity and establish a homelessness and shelter subcommittee of the Whatcom Housing Advisory Committee. They also received a briefing from staff on the AAR. Per RCW 70.46.140, the PHAB must 'evaluate the impact of proposed public health policies and programs, and assure identified health needs and concerns are being met' and as such, the County Council requested a discussion in PHAB prior to taking action.

EQUITY CONSIDERATIONS

(include data or information about how topic impacts or could impact equity, including racial equity)



Unsheltered residents disproportionately suffer poor health outcomes and shorter life expectancy. Addressing services and care for this population is consistent with equity, population health framework, and WCHCS goals.

BOARD ROLE / ACTION REQUESTED

Discuss resolution and provide feedback. Ask follow up questions re: the AAR.

ATTACHMENT(S)

Resolution
After Action Report on severe weather shelter

RESOLUTION NO. _____

**REQUESTING THE COUNTY EXECUTIVE PREPARE A PROPOSAL FOR THE EXPANSION OF
YEAR-ROUND SHELTER CAPACITY AND ESTABLISH A HOMELESSNESS AND SHELTER
SUBCOMMITTEE OF THE WHATCOM COUNTY HOUSING ADVISORY COMMITTEE**

WHEREAS, there are many factors leading to housing instability and the most frequent hardship is lack of affordable and available housing; and

WHEREAS, Local Plans to End Homelessness are required by Washington State legislation for counties receiving state funding at a minimum of once every five years, with briefer updates annually; and

WHEREAS, the Whatcom County Health Department submitted the 2019 Strategic Plan to End Homelessness in Whatcom County with the input of community stakeholders including those with lived experiences; and

WHEREAS, the Strategic Plan was created in alignment with Federal and Washington State plans to prevent and end homelessness; and

WHEREAS, the Strategic Plan outlined seven key strategies:

1. A Centralized Point of Entry
2. Rapid Re-Housing
3. Permanent Supportive Housing
4. Increase the Supply of Affordable Housing
5. Homelessness Prevention and Diversion
6. Interim Housing
7. Economic Security; and

WHEREAS, the Homeless Strategies Workgroup (HSW) was established by Resolution 2017-055, and re-convened as per [Resolution 2019-034](#) to identify opportunities for shelters to meet the needs of Whatcom County's homeless community; and

WHEREAS, on May 4, 2021, the HSW presented to the Whatcom County Council a completed needs assessment that included a shelter inventory, identified needs and gaps, recommendations, and an accomplishments list (see [AB2021-268](#)); and

WHEREAS, overarching goals from the HSW recommendations are to:

1. clarify the extent of local government support,
2. prioritize most vulnerable populations,
3. consider strategies and actions appropriate for local governments to support,
4. build upon current resources where possible, and
5. invest in long-term permanent solutions over temporary crisis solutions when resources are inadequate to do both; and

1 **WHEREAS**, on May 4, 2021, the Whatcom County Council approved [Resolution 2021-018](#)
2 concluding the work of the HSW and transferring responsibilities to the Whatcom County Housing
3 Advisory Committee; and
4

5 **WHEREAS**, the [Whatcom County Coalition to End Homelessness \(WCCEH\)](#) is a consortium
6 of public and private agencies and non-profits that collaborate to create a system of housing and
7 services, with the ultimate goal of moving homeless families and individuals to permanent housing
8 and self-sufficiency; and
9

10 **WHEREAS**, the WCCEH's 2023 Annual Report provides a deeper understanding of Whatcom
11 County residents experiencing homelessness with information from the annual Point-in-Time
12 survey and public-school students and their families; and
13

14 **WHEREAS**, the Point-in-Time count surveys people experiencing homelessness on a single
15 day each year, and is a voluntary survey that may not fully represent the true extent of
16 homelessness in Whatcom County ; and
17

18 **WHEREAS**, the 2023 Point-In-Time survey, conducted January 26, 2023, counted 1,059
19 individuals from 850 different households experiencing homelessness in Whatcom County; and
20

21 **WHEREAS**, according to the Point-in-Time count, between 2022 and 2023, there was a
22 27% increase in persons experiencing homelessness and 33% increase in households experiencing
23 homelessness; and
24

25 **WHEREAS**, according to the Point-In-Time count, the numbers of both homeless individuals
26 and households counted in 2023 are the highest reported since counting began in 2008; and
27

28 **WHEREAS**, according to the Point-In-Time count, of the 1,059 persons counted in the 2023
29 Point-In-Time survey, 711 slept in shelters or transitional housing facilities and 348 were
30 unsheltered; and
31

32 **WHEREAS**, between the 2022 and 2023 Point-in-Time counts there was a 9% increase
33 sheltered individuals counted and an 8% increase in the number of sheltered households; and
34

35 **WHEREAS**, between the 2022 and 2023 Point-in-Time counts there was a 91% increase in
36 unsheltered individuals counted and an 110% increase of unsheltered households; and
37

38 **WHEREAS**, as noted in WCCEH's 2023 Annual Report, outreach professionals concur that
39 the likely reason for the increase in unsheltered individuals is that homelessness is increasing, and
40 available shelters are near or at capacity, or do not offer the services in a way that will meet the
41 individuals' needs; and
42

43 **WHEREAS**, the WCCEH's 2023 Annual Report suggests that homelessness
44 disproportionately effects people of color, people with disabilities, and veterans; and
45

46 **WHEREAS**, the WCCEH's 2023 Annual Report also states that people sleeping in interim
47 housing facilities (transitional housing or emergency shelters) have better access to opportunities
48 that can lead to long-term health improvement and housing stability when compared to households
49 that are unsheltered; and
50
51

1 **WHEREAS**, the WCCEH’s 2023 Annual Report identifies resources in shelters include
2 hygiene facilities, healthy food and clean drinking water, connections to medical care, and often a
3 place to safely store their belongings; and
4

5 **WHEREAS**, the 2024 Point-in-Time count was completed on January 26, 2024, and results
6 are expected to be released in June 2024 in the 2024 Whatcom County Annual Report on
7 Homelessness; and
8

9 **WHEREAS**, in 2023 the Big Lift was drafted by a coalition of concerned community leaders
10 advocating for cooperation between the community and local governments to address the
11 homelessness crisis and recognizing the value of tiny home villages as an effective shelter model;
12 and
13

14 **WHEREAS**, on August 8, 2023, the Whatcom County Council approved [Resolution 2023-](#)
15 [020](#) declaring affordable housing and homelessness a public health crisis; and
16

17 **WHEREAS**, Resolution 2023-020 also requests that the Executive and county staff from all
18 relevant departments take a more holistic, system-wide approach to addressing homelessness and
19 housing affordability and availability at all income levels, and bring forward ideas for how the
20 County can take more proactive, effective, and decisive action; and
21

22 **WHEREAS**, Resolution 2023-020 also requests that Whatcom County increase its
23 coordination, collaboration, and advocacy at the local, state, and federal levels to prioritize
24 addressing the housing affordability and homelessness crisis; and
25

26 **WHEREAS**, Resolution 2023-020 also requests that the Housing Advisory Committee of
27 Whatcom County and/or county staff provide a progress report to Council before the end of 2023
28 on the status of the HSW recommendations; and
29

30 **WHEREAS**, on October 24, 2023, the Whatcom County Council approved [Resolution 2023-](#)
31 [043](#) supporting the use of Economic Development Investment (EDI) funds for affordable housing;
32 and
33

34 **WHEREAS**, Whatcom County often partners with the City of Bellingham and other local
35 jurisdictions and agencies to fund and support homeless shelters; and
36

37 **WHEREAS**, on October 24, 2023, Whatcom County and the City of Bellingham entered into
38 an interlocal agreement to jointly fund Road2Home, a nonprofit serving community members
39 experiencing homelessness, to operate a winter shelter located at 1355 Civic Field Way in
40 Bellingham, from December 1, 2023 through February 29, 2024; and
41

42 **WHEREAS**, Whatcom County agreed to pay half of the costs of the Road2Home shelter, not
43 to exceed \$250,000, with funds provided by the American Rescue Plan Act; and
44

45 **WHEREAS**, the City of Bellingham entered into a financial assistant agreement with
46 Road2Home for \$500,000 (of which \$306,000 are federal funds) to operate the winter shelter at
47 Civic Field Way (see [Contract C2301393](#)); and
48
49
50
51
52

1 **WHEREAS**, the winter shelter operated every day from 7:00 pm to 8:00 am and provided
2 space for up to 45 guests, with the possibility for additional capacity during severe weather; and
3

4 **WHEREAS**, in summer 2023 Whatcom County staff published a request for proposals
5 seeking a qualified provider to run a temperature dependent severe weather shelter for the 2023-
6 24 winter season; and
7

8 **WHEREAS**, Ferndale Community Services was the only respondent interested in operating a
9 temperature dependent shelter and entered into a contract with Whatcom County to operate a
10 severe weather shelter for the 2023-24 winter season with funding from the American Rescue Plan
11 Act; and
12

13 **WHEREAS**, Road2Home and YWCA responded to provide nightly winter shelter and entered
14 into a contract with Whatcom County to operate nightly with funding from the American Rescue
15 Plan Act; and

16 **WHEREAS**, no other applications were received and Whatcom County was unable to
17 identify a willing and available partner to provide a severe weather shelter service within
18 Bellingham city limits; and
19

20 **WHEREAS**, Whatcom County Health and Community Services staff were tasked to plan and
21 operate a severe weather shelter over the 2023-2024 winter season funded by Whatcom County;
22 and
23

24 **WHEREAS**, Whatcom County Health and Community Services staff:

- 25 • Located, acquired, and equipped a location to operate a shelter from November 1, 2023
- 26 through March 14, 2024,
- 27 • Recruited and trained on-call volunteers and temporary paid staff to support operations,
- 28 and
- 29 • Operated overnight (5pm to 8am) when forecasted conditions met previously
- 30 established Severe Weather Shelters Guiding Assumptions and sufficient staffing was
- 31 available; and
32

33 **WHEREAS**, as of February 20, 2024, the county-run severe weather shelter, located at 810
34 N. State Street in Bellingham, was open for a total of 20 nights and provided shelter for 947
35 guests, averaging 47 people per night; and
36

37 **WHEREAS**, the final after-action report for Whatcom County Health and Community
38 Services' severe weather shelter will be published later this year; and
39

40 **WHEREAS**, Whatcom County now has experience operating a shelter; and
41

42 **WHEREAS**, on April 8, 2024, Bellingham City Council approved the purchase of a property
43 at 3300 Northwest Avenue to be used as the new location for a tiny home village to replace two
44 existing villages; and
45

46 **WHEREAS**, The North Haven tiny home village will be operated by HomesNOW! and could
47 be ready for guests by late 2024 pending Temporary Shelter Permit approval; and
48

49 **WHEREAS**, Lighthouse Mission Ministries operates Base Camp, a low barrier 24-hour
50 emergency shelter that provides a safe place for up to 200 adults to stay; and
51
52

1 **WHEREAS**, Base Camp has struggled to meet current demand; and
2

3 **WHEREAS**, Lighthouse Mission Ministries will replace the current 200-bed Base Camp
4 shelter with a new 300-bed shelter later this year at 910 W. Holly Street with the potential for an
5 additional 100 beds during extreme weather; and
6

7 **WHEREAS**, Whatcom County also provides funding to support shelters with Domestic
8 Violence and Sexual Assault Services of Whatcom County, Northwest Youth Services PAD Program,
9 Motel Program for families with children, YWCA, and Sun House; and
10

11 **WHEREAS**, the hard work of dedicated staff from these shelters and others have prevented
12 hundreds of people from having no other option than to sleep outside; and
13

14 **WHEREAS**, the County and community partners have increased shelter beds over the last
15 few years, but still the demand continues to outpace the supply and the need to expand year-
16 round shelter capacity continues to exist; and
17

18 **WHEREAS**, the Whatcom County Council acts as the Whatcom County Health Board to
19 enact local rules and regulations as are necessary to preserve, promote, and improve public health
20 and make recommendations to the Whatcom County Executive on matters affecting public health in
21 our community.
22

23 **THEREFORE, BE IT RESOLVED** that the Whatcom County Council supports the expansion
24 of year-round shelter capacity in our community, including through operating a county-managed
25 year-round shelter; and
26

27 **BE IT FURTHER RESOLVED** that the Whatcom County Council requests the County
28 Executive prepare a proposal to expand capacity for year-round shelters through a variety of
29 methods, including but not limited to, county-managed shelter options, with budget impact
30 analysis that includes costs, staff time, funding sources, and other necessary considerations; and
31

32 **BE IT FURTHER RESOLVED** that the Whatcom County Council requests the Executive
33 explore options to coordinate, collaborate, and cost share increasing shelter capacity with the City
34 of Bellingham, other local, state, federal, and tribal jurisdictions, and community partners; and
35

36 **BE IT FURTHER RESOLVED** that the shelter options and budget impacts be provided to
37 the Whatcom County Council for review and consideration by September 10, 2024, as to ensure
38 adequate time to include funding in the 2025-26 biennial budget; and
39

40 **BE IT FURTHER RESOLVED** that the Whatcom County Council declares a goal to achieve
41 and maintain functional zero homelessness within ten years; and
42
43

1 **BE IT FINALLY RESOLVED** that the Whatcom County Council respectfully requests that
2 the County Executive create a "Homelessness and Shelter Subcommittee" of the Whatcom County
3 Housing Advisory Committee with the following specifications:

- 4 • the subcommittee shall include Housing Advisory Committee member and nonmember
5 participation including those with lived experiences
- 6 • the scope of the subcommittee shall include the following tasks:
 - 7 1. Review and evaluate the implementation of the Homeless Strategies Workgroup
8 recommendations and action steps.
 - 9 2. Review and provide feedback on the after-action report for Whatcom County's severe
10 weather shelter.
 - 11 3. Evaluate the temperature threshold required for opening the severe weather shelter.
 - 12 4. Review and provide feedback on proposals to expand capacity for year-round shelters
13 including:
 - 14 o different types of shelters including congregate, tiny homes, urban camping zones,
15 and safe parking
 - 16 o strategies to support building nonprofit provider capacity
 - 17 o proposal for a county operated year-round shelter, identifying federal, state, and
18 local funding sources and outlining staffing needs and possible locations (lands
19 currently owned by county or those available for purchase)
 - 20 5. Provide recommendations to the Comprehensive Plan specifically addressing homelessness
21 and shelter capacity.
 - 22 6. Review and provide input and direction on updates to the county's Plan to End
23 Homelessness.

24
25
26 **APPROVED** this _____ day of _____, 2024.

27
28
29 ATTEST:

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

30
31
32 _____
33 Dana Brown-Davis, Clerk of the Council

Barry Buchanan, Council Chair

34
35
36 APPROVED AS TO FORM:

37
38
39 George Roche (by email 5/28/2024/ch)
40 Civil Deputy Prosecutor
41
42
43



Winter 2023-24 Severe Weather Shelter After Action Report

Whatcom County Health and Community Services

May 23, 2024

ADMINISTRATIVE HANDLING INSTRUCTIONS

The title of this document is: **Winter 2023-24 Severe Weather Shelter After Action Report.**

The information in this is the final version (1.0)

Points of Contact:

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EXECUTIVE SUMMARY

Context and Purpose of this Report

Since 2018 the number of individuals experiencing homelessness in Whatcom County has steadily increased, while simultaneously the organizations that have previously provided additional overnight sheltering during winter months have been increasingly unable to provide the service. As a result, Whatcom County Health and Community Services (WCHCS) has become more involved in the delivery of severe weather sheltering for our unhoused community members, primarily through contractual funding as well as providing limited logistical support and coordinating messaging. The department operated Bellingham's severe weather shelter for the 2023-24 winter season, which is a function outside the scope and expertise of WCHCS. Given the lack of locations or existing staff with experience running a shelter, staff started from scratch; they worked with community partners and other County departments to locate a suitable facility, developed operational plans, recruited and trained staff and volunteers, and provided direct oversight of shelter operations.

This report is an after-action review (AAR) of WCHCS' direct operation of a criteria-based, low barrier severe weather shelter (SWS) during winter 2023-2024. The purpose of this report is to help improve the County's response to sheltering during severe winter weather in the future. The time period covered in this report is February 2023 through March 2024.

Incident Overview

In the Spring of 2023 the contracted operator of the 2022-23 SWS shared with WCHCS that they were not interested in operating a criteria-based SWS in Bellingham the following winter. In July WCHCS published a Request for Proposal [RFP #23-57](#) seeking qualified shelter operators for the coming winter. Road2Home (R2H), YWCA, and Ferndale Community Services (FCS) all responded to the RFP, and as a result WCHCS:

- Contributed \$250,000 through an interlocal agreement with COB in support of R2H's seasonal nightly winter shelter located at Civic Field.
- Committed \$385,000 in support of seasonal motel-based sheltering program operated by the YWCA for unhoused women and children.
- Dedicated up to \$75,450 to FCS to operate a criteria-based SWS for up to 18 individuals per night in Ferndale.

Additionally, a seasonal motel-based project for women with children operated by Domestic Violence and Sexual Assault Services (DVSAS) utilized \$26,058 of funding from the County to add capacity for vulnerable survivor-families. These four additional projects increased the cost of winter shelter provision by a total of \$597,872 beyond the direct expenditures for the SWS that WCHCS operated at 810 N. State Street, as well as other year-round shelter costs supported by the County.

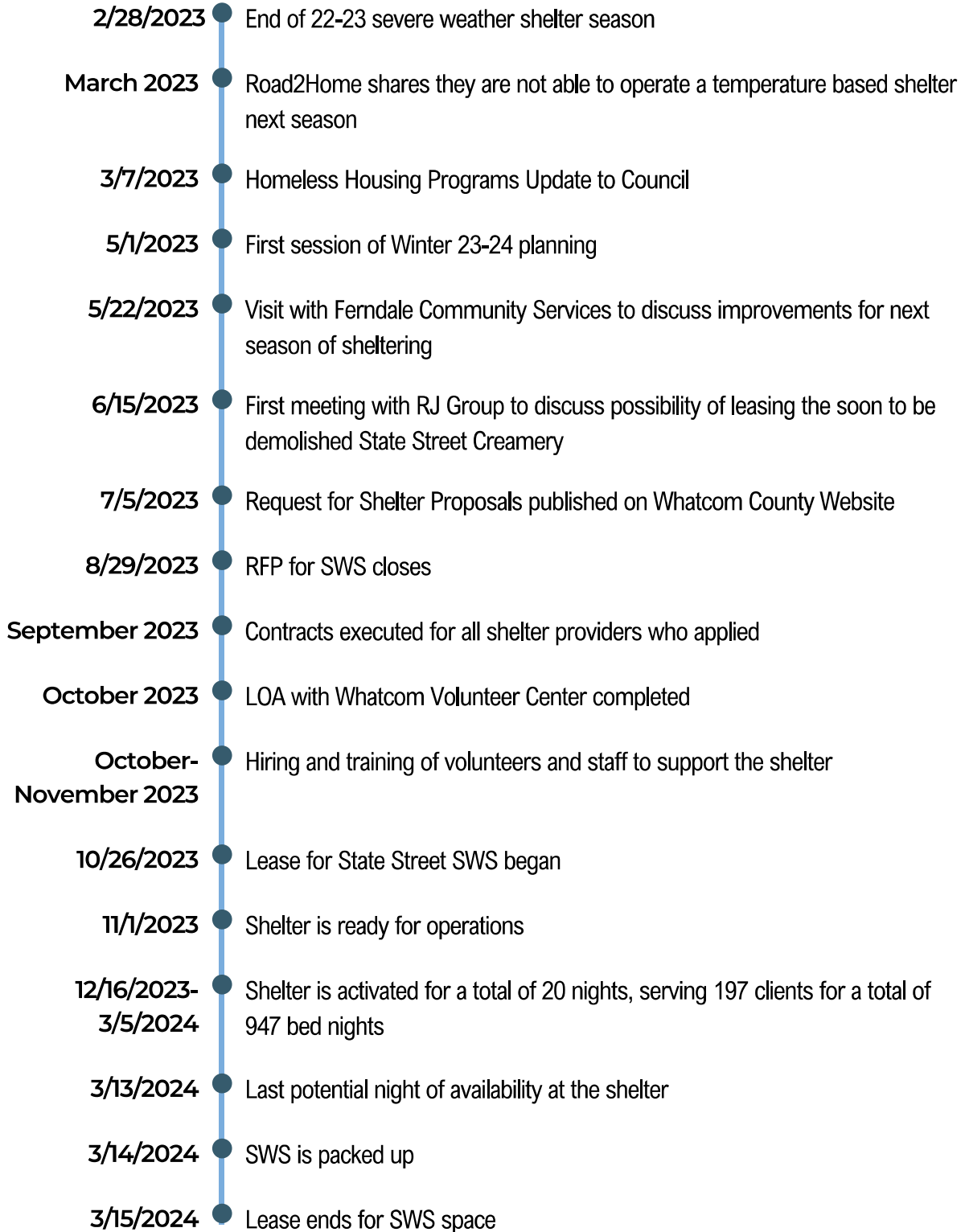
With no organizations expressing interest in operating a criteria-based SWS within the Bellingham city limits, WCHCS staff began working to operate a shelter using internal staff resources. This meant finding a location as well as recruiting for temporary staff and volunteers, and developing plans to operationalize a SWS. In June, 2023 WCHCS staff located a potential SWS site and talked with the property owner about possibility of a lease for the winter. This was a long process as many parties were involved.

Planning for the operations of the SWS were guided by the following five objectives:

1. When weather forecast criteria are met, operationalize a facility to serve as a SWS from 11/01/23 through 02/29/24
2. Recruit, train, and schedule staff to safely operate the SWS when activation criteria are met.
3. Activate the SWS based on established temperature and weather-based criteria.
4. Communicate SWS operational status to partner agencies and the public at least 48 hours before activation.
5. Ensure safety and wellbeing of staff, volunteers, and guests.

Staff began assessing daily weather forecasts November 1st with plans to operate the SWS as needed based on the previously established [SWS Guiding Assumptions](#). Over the next four months, staff, volunteers, and community partners worked collaboratively to safely shelter guests during the coldest nights of the year, including a nine-day stretch in January that saw record low temperatures.

2023-2024 SWS Timeline



ANALYSIS OF OBJECTIVES

The following table includes the SWS project objectives, and performance ratings for each objective as observed during the incident and determined by the evaluation team.

Following this page are sections detailing strengths and areas for improvement for each of the five objectives listed. Strengths are identified throughout this section with numbers (1, 2, 3, etc.) and areas for improvement are indicated with letters (A, B, C, etc.).

Summary of Objectives

Objective #	Objectives	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1	Operationalize a facility to serve as a SWS from 11/01/23 through 02/29/24.			M	
2	Recruit, train, and schedule staff to safely operate the SWS when activation criteria are met.			M	
3	Activate the SWS based on established temperature and weather-based criteria.			M	
4	Communicate SWS operational status to partner agencies and public at least 48 hours before activation.		S		
5	Ensure safety and wellbeing of staff, volunteers, and guests.		S		

Performed without Challenges (P): The targets and critical tasks associated with the objective were completed and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for staff and volunteers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the objective were completed and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for staff and volunteers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the objective were completed but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for staff and volunteers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the objective were not performed.

Operationalize a facility to serve as a SWS

The site of the 2022-23 SWS at Civic Field was unavailable for the 2023-24 season, as it had already been designated to operate nightly from December 1, 2023 through February 29, 2024 as a forty-five-person shelter operated by R2H. WCHCS staff worked with Facilities Department staff and community partners to locate potential sites for a SWS within the downtown Bellingham core.

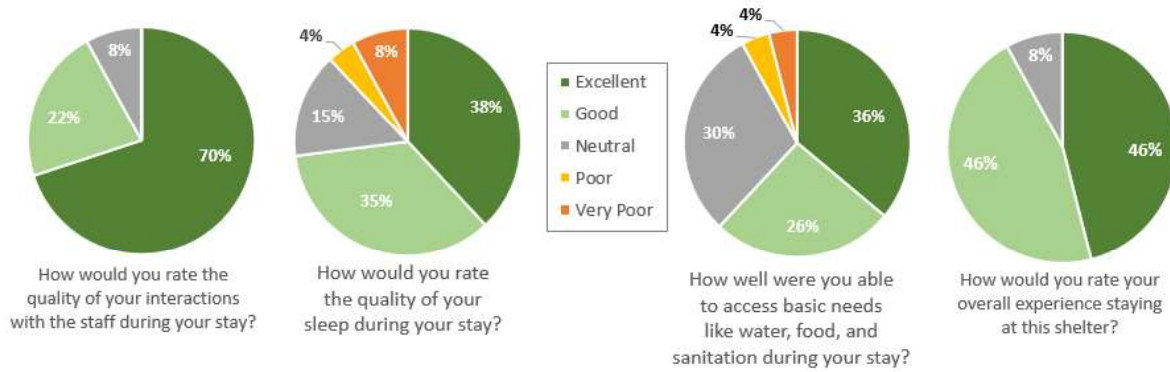
In July WCHCS staff began negotiating with the property owner of a potential site at 810 N. State Street in an unoccupied building slated to be demolished in the Spring of 2024. Staff worked with the property owner, as well as Facilities, Legal, and Finance departments to execute a lease as quickly as possible to be ready to open when criteria were met on or after November 1st.

The SWS operated a total of twenty (20) nights between November 1, 2023 and March 15, 2024. WCHCS was able to extend the term of service two additional weeks to better meet the needs of the community following the closure of the Road2Home shelter on 2/28/24 and continued cold temperatures. A total of 197 unique clients utilized the SWS one or more nights, and the total bed nights utilized over all activations was 947, for an average of 47 guests per night activated.

Despite an overall warmer than normal (El Niño) winter, Whatcom County experienced record-setting daytime and overnight low temperatures in mid-January. The SWS activated for nine consecutive nights between January 10th – 18th. In addition, the SWS remained open continually during daytime hours (24-hour operations) five days due to below freezing daytime high temperatures and a lack of locations for individuals to seek shelter during the day.

Strengths:

1. Despite limited space within a facility that was not designed for continuous, daytime operations, staff and volunteers were able to successfully surge and accommodate up to sixty individuals continuously around the clock for multiple days during the worst weather of the season over a nine day stretch in January.
2. Response Systems Division (RSD) staff were able to make prolonged connections with regular clientele during SWS operations, resulting in referrals to services such as detox, facilitating medication refills, providing wound care to those with limited access to medical services, and facilitating transportation to medical and social service appointments during morning hours.
3. Surveyed guests (n=27) reported overall positive experiences at the SWS, with interactions with staff and volunteers receiving the highest ratings. Guests also appreciated the SWS being located on a Whatcom Transit Authority (WTA) bus route.



Areas for Improvement:

- A. The leased location wasn't approved until late August, leaving approximately two months from entering negotiations with the property owner to fully executing the lease and having all required building code modifications completed prior to having the facility ready to operate by November 1st.

With multiple departments involved in the contracting of this space, (Facilities, WCHCS, Finance, and Legal), it was challenging to align the contract and council deadlines to make sure we would be operational by the time temperature thresholds were met. Between determining in August that the building also required modifications to meet overnight shelter codes, and due to restrictions on County Facilities modifying leased buildings, the necessary modifications needed to be completed by the property owner and built into the lease, creating additional challenges in both completing the work and executing the lease.

The short timeframe for operationalizing the SWS also created challenges in establishing contracts with vendors for services such as laundry, security, waste removal, and porta potties who could best meet the SWS needs. This resulted in utilizing pre-existing contracts with vendors who could meet some but not all needs of the SWS, leading to operational challenges; such as only being able to have the porta potties pumped one day a week.

- B. Purchasing consumables such as food for guests and other supplies (janitorial, first aid, shelter supplies, etc.) often required WCHCS staff to purchase consumables at local retailers and deliver the supplies themselves to the SWS in County or personal vehicles. This was a time-consuming process for staff, as well as purchasing goods at retail prices versus potentially lower costs available through a contracted or bulk supplier that could have also included delivery of goods directly to the SWS site.
- C. The lack of an adequate kitchen area with refrigeration meant that food purchased for guests needed to be shelf-stable. As a result, most items were high in sodium, sugar, and/or preservatives. Both staff and guests surveyed appreciated the variety of food options, however also requested the addition of more nutritious and fresh options (such as fruit) in the future. Recognizing that unhoused individuals are more likely to have difficult to manage or unaddressed medical conditions such as diabetes or a heart condition, foods to support good health as well as satiety are an important component in creating a welcoming and safe location. Good nutrition also limits the number of people with medical conditions needing healthcare follow up as a result of consuming unhealthy food.
- D. The SWS site only had one indoor single-occupant restroom. With an average overnight census of over fifty individuals when including guests, volunteers, and staff, the sole indoor restroom was insufficient. Staff pre-planned for the lack of indoor restrooms by having porta potties and a

portable handwashing station located within the fenced area directly behind the SWS. Nevertheless, the building’s plumbing was still unable to handle the volume of use incurred, and as a result there were multiple nights the indoor restroom was unable to be utilized, which was especially challenging for the one to three individuals per night in wheelchairs.

Additionally, on more than one occasion the contractor was unable to empty the waste within the porta potties due to the cold temperatures and being unable to pump the frozen contents, resulting in staff having to bring in additional porta potties in January.

- E. The lack of showers and laundry facilities was also noted repeatedly by guests and staff alike, and was especially challenging during the nine-consecutive nights the SWS operated in mid-January, including five days of continuous 24/7 operations. Staff had to continually monitor the usage of the sole indoor restroom, as often guest would attempt to use the sinks for shaving, hair washing, and other personal grooming needs, which would create a back-up of individuals seeking to use the restroom and cause tensions to rise between guests.
- F. Having a facility dedicated only to SWS operations was better than previous locations in past years that needed to be utilized for other purposes during the day (locker rooms, meeting rooms). However, with few if any daytime options for guests to stay warm and dry, it also created increased frustration among both guests and community partners that the space was not routinely utilized for sheltering during the daytime as well.
- G. Despite efforts to maximize the utilization of space within the building, there was only an average of 36ft² – including cot space – for each guest. As a result, there was very limited storage space for personal belongings. SWS guests, RSD staff, and other advocates for the unhoused all shared that SWS utilization rates were likely artificially low as many unhoused individuals are reluctant to use the SWS if they cannot bring all their belongings with them, as the risk of having their possessions stolen from their normal encampment while staying at the SWS would be too high.
- H. Community members, organizations, and businesses sought to donate items such as food, new and used clothing, books, games, and other items to the SWS. While many donations were able to be used, others were not, which created additional challenges for staff due to the already limited on site storage space. Future SWS plans should incorporate processes to pre-approve donations before accepting items at the SWS to ensure items received will be utilized.
- I. The SWS hours of operation (5:00pm opening and 8:00am closing) were established based on previous winters and hours of other shelters within the community. Many guests however were reluctant to leave by 8:00am, as observed weather data from the National Weather Service confirms the outdoor temperature is typically still at or near the overnight low at that hour during the winter months, typically not reaching the forecasted high until early afternoon, as seen in the sample 24-hour temperature readings below.

Typical Observed Hourly Temperature Pattern



Recruit, train, and schedule staff to safely operate the SWS

Creating a safe, inclusive, and welcoming shelter environment necessitates staff and volunteers understand the lived experiences of guests and receive training in areas such as providing trauma-informed care, recognizing and responding to behavioral and substance use disorders, de-escalation techniques, and first aid/CPR/naloxone. Numerous housing advocacy programs also recommend prioritizing diversity, equity, and inclusion in recruitment efforts to ensure staff reflect the population served, and services are culturally responsive, as well as including medical and behavioral health care providers within the staffing mix in order to effectively address the complex needs of those being served. WCHCS took the following steps when recruiting paid and volunteer positions to staff the SWS:

- Started recruiting volunteers with assistance from the Opportunity Council to fill shifts from 5:00pm – 9:00pm or 6:00am – 9:00am to support opening and closing shifts.
- Assigned existing WCHCS staff to oversee selecting, training, and scheduling of staff and volunteers for the SWS season. Additional staff, such as the communications team and clerical team, also reprioritized existing workloads to support communication and logistical support needs of the SWS.
- Began recruiting temporary, on call/as needed paid staff to work overnight shifts from either 4:30pm – 1:00am or 12:30am – 9:00am.
- Offered interested WCHCS full time employees (FTEs) the opportunity to complete the SWS trainings and potentially sign up for shifts on an as-needed/if available basis in the event not enough temporary staff and volunteers were available.

All staff and volunteers were required to complete both of the following trainings:

- On-line Respond Whatcom Behavioral Health Training (self-paced, approximately 3-4 hours)
- Hybrid De-escalation Training (online, self-paced, approximately 3-4 hours and 4 hours in-person facilitated group training)

Additionally, all paid staff (temporary and FTEs) were also required to be first aid/CPR and naloxone trained. All trainings were free of charge to staff and volunteers. In all cases, trainings were taught by either WCHCS or EMS staff.

In total fifty-six individuals (23 volunteers, 11 temporary staff, and 22 FTEs) worked one or more shifts during the twenty nights and five days the SWS was open. Approximately two dozen WCHCS and other County staff worked hundreds of additional hours, including nights, weekends, and holidays, supporting the selection, onboarding, training, logistical, communication, and operational needs of the SWS throughout the season as well.

Strengths:

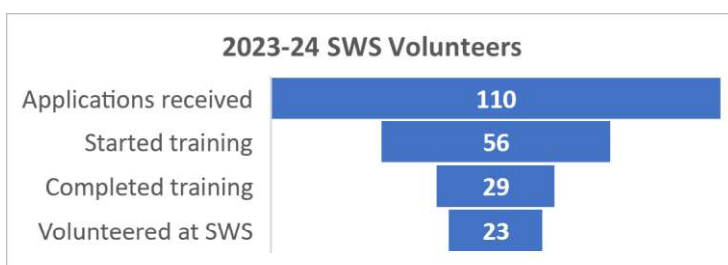
4. Response Systems Division (RSD) staff were instrumental in facilitating both the online behavioral health training and the hybrid de-escalation training that all staff and volunteers took prior to being scheduled for SWS shifts. Additionally, the Emergency Medical Services (EMS) Division facilitated first aid/CPR/Naloxone training. Both staff and volunteer participants in the AAR process noted that the training was highly valuable and helped them be better prepared to handle situations as they arose.
5. While not part of the original plan, RSD staff filled 25% of all SWS overnight shifts, and staff worked to ensure every shift had a minimum of one RSD staff member to handle behavioral health issues.

As the season progressed, additional RSD staff also started their normal daytime shifts at the SWS to support guests leaving the SWS in the mornings.

Areas for Improvement:

- J. The lack of dedicated full-time WCHCS staffing to operationalize and manage the SWS project required multiple FTEs to be partially reassigned or adjust their workloads to support the project, leading to delays to their regular programmatic work being completed.
- K. While the recruitment and background screenings of interested SWS volunteers by Opportunity Council lessened the initial administrative burden on WCHCS staff, many volunteers did not fully understand when the SWS would activate or the complexity of the primary population of guests being served at the SWS prior to their orientation and training or working actual shifts. As a result, there was attrition at each step of the onboarding and training process.

Of the 110 individuals who applied to volunteer, only 23 would eventually work one or more shifts at the SWS. Additionally, 61% of volunteer shifts were worked by just five individuals, with the remaining eighteen volunteers working between one (n=9) or two to five (n=9) shifts.



- L. Hiring temporary on call/as needed staff proved to be more challenging than anticipated. The job announcement was posted for weeks, and despite having over 6,300 views, only 29 completed applications were received. Fourteen individuals initially accepted job offers, however only eleven actually completed training and worked shifts. In addition to trying to recruit individuals to work overnight shifts on an as needed basis with only 48-hour notice during inclement weather, WCHCS was also competing with R2H which was simultaneously recruiting overnight staff for their nightly shelter and were offering both a higher wage and regularly scheduled hours. Furthermore, of the eleven temporary staff that were hired, most either already had other fulltime work – which limited their availability – or were actively seeking fulltime work, resulting in reduced availability as the SWS season progressed once they gained regular employment elsewhere.
- M. Recruiting existing FTEs to work overnight as needed at the SWS was both beneficial and challenging. While some staff may already have some or all of the trainings and skill sets required, as well as already work with many of the individuals who utilized the SWS, all FTEs already have full workloads. Therefore, all hours spent working at or in support of the SWS either were in addition to regular hours worked – which often meant overtime costs were incurred – or regular work duties were delayed.
- N. The irregular activation pattern of the SWS combined with volunteers and staff being “on call, as available” made it difficult to build schedules for each night of activation, especially for the 12:30am to 9:00am shift, which both temporary staff who had other jobs or school during the daytime, and FTEs noted was an especially challenging shift to work and then still maintain their regular work/school schedule later that same day.

There are also six federal holidays – including Thanksgiving and Christmas – that fall between the beginning of November and end of February each year, during which a majority of individuals make holiday plans with family and friends, that often include travelling out of the area. Non-public holidays also created unexpected impacts on scheduling, as staffing for the 4:30pm – 1:00am shift on February 14th (Valentine’s Day) proved to be one of the most challenging shifts to staff, taking multiple requests over a 24-hour period to reach the minimum staffing level.

Similar to the Valentine's day example noted above, many activations required second and third email and text message requests for staff to fill shifts in order to ensure minimum safe staffing levels. Many FTEs noted that while picking up a SWS shift "now and then" above their regular duties was somewhat manageable, by the end of the season they were experiencing burnout from trying to balance normal work/life activities and SWS shifts. During AAR listening sessions multiple FTEs also shared feeling an increased obligation to pick up shifts in these instances to ensure the SWS would open. RSD leadership and staff especially noted the emotional burden and feelings of "if we don't step up, then the SWS won't open."

When asked in the AAR surveys to identify all barriers that prevented them from working one or more shifts at the SWS during the course of the season, the most common reasons cited were:

- Work conflict – 54%
- Plans with family/friends – 32%
- Too short of notice – 24%
- Holiday plans – 16%

All of the above noted challenges also led to being unable to open the SWS on three nights in early March after staff attempted to extend the operational season beyond the original February 29th date for ending operations due to continued cold weather at the end of February and into March.

- O. As a result of all staff and volunteers being "on call/as available", there was a lack of continuity of team members from shift to shift, even on consecutive nights. This resulted in both increased needs for just-in-time shift orientations and trainings, as well as decreased opportunities to build sustainable connections with guests over multiple nights. The lack of consistent shift leads and behavioral health specialist scheduled also increased the potential for staff and volunteers to give guests differing instructions or interpretations of SWS rules and policies. This in turn resulted in increased confusion and frustration among staff, volunteers, and guests.

Activate the SWS based on established temperature and weather-based criteria.

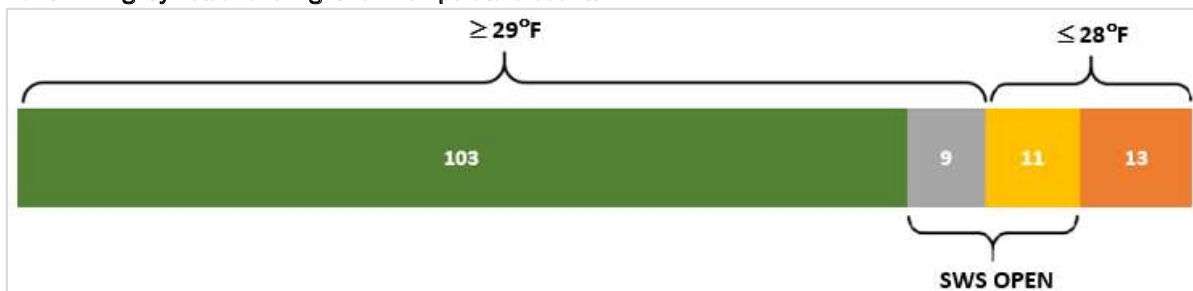
Operating a SWS based upon forecasted weather conditions necessitates decisions to activate (open) be made with sufficient advanced notice to allow time to schedule staff and volunteers, confirm services with contracted agencies (such as security), inform partner agencies such as homeless outreach groups and first responders, and notify the public and potential guests of which night(s) the SWS will be open. Based upon lessons learned from previous winters, the goal for this winter was to announce activations no less than 48 hours in advance.

Following the 2022-23 winter shelter season during which Road2Home (R2H) was contracted to operate the SWS, R2H staff shared that activating based upon forecasted temperatures and weather conditions is extremely challenging for a number of reasons, including:

- **Forecasted temperatures fluctuate and are not a guarantee of actual (observed) overnight temperatures.** The variances between forecast and actual temperature results in (a) sometimes activating when the actual temperature does not reach the threshold, and (b) failing to activate when the forecasted temperature is above threshold, however the observed temperature is below threshold.

WCHCS staff experienced the same challenge, as the SWS was opened a total of twenty nights based upon forecasted temperatures $\leq 28^{\circ}\text{F}$; however, nine of those twenty nights (45%) the actual low temperature was above 28F. Conversely, there were thirteen nights in which the forecasted temperature was above 28F and the SWS did not open, however the actual temperature was $\leq 28^{\circ}\text{F}$.

2023-24 Nightly Actual Overnight Low Temperature Counts:



- **Both volunteers and paid staff prefer advanced notice of scheduled SWS shifts.** The vast majority of individuals surveyed and interviewed stated a preference for being able to plan when they will work/volunteer at a shelter more than 24-48 hours in advance in order to plan for other daily activities such as work, school, and social events.
- **Inconsistent operational schedules create uncertainty and confusion for guests.** who may not be willing to pack up their current encampment location and move all their belongings to another location without certainty that the SWS is open and has space available, resulting in underutilization of resources when operational. During winter 2023-24 there were five instances in which the SWS was open for two or more consecutive nights, and in all five instances there were more guests the second night, with an average increase of 24% over the first night.

Strengths:

6. Staff noticed the difference between forecasted and actual temperatures in late November, and after analyzing additional factors, were able to adjust for observed phenomena to improve accuracy and reduce the frequency of “missing the call” to activate. As a result, the number “missed” activations (nights where the forecast was above 28 °F and the SWS did not open, and then the observed temperature was $\leq 28^{\circ}\text{F}$) decreased from nine occurrences in in November to only one additional occurrence the remainder of the season.

Areas for Improvement:

- P. Since the establishment of the [Severe Weather Shelters Guiding Assumptions](#) in 2019, numerous stakeholders have noted that 28 °F is well below the average activation temperature of between 32° and 35°F predominantly utilized in other western Washington communities.
- Q. Precipitation also plays a factor in both deciding to activate the SWS, and more importantly, in the lived experiences of those outdoors without shelter overnight. Winter shelters by their very nature are intended to prevent unnecessary morbidity and mortality from hypothermia; which is impacted by not only temperature, but wind chill, and whether or not an individual is dry or wet. Numerous stakeholders have remarked how “rainy and windy at 34°F is much worse than clear and dry at 28°F.”
- R. The $\leq 28^{\circ}\text{F}$ threshold temperature also results in a shorter shelter operating season, as temperatures of $\leq 28^{\circ}\text{F}$ are less likely than a higher threshold during the transitional weeks between fall/winter and winter/spring. Guests, volunteers, staff, and other stakeholders have repeatedly advocated for a longer winter shelter season, and this winter the Ferndale Community Services (FCS) winter SWS operated until March 31st. FCS also shared during the AAR process that being the only winter shelter available after early March resulted in exceeding their limited capacity (18) on nights they were open in March, and having to turn individuals away.
- S. The nightly winter low barrier shelter operated by R2H reached or exceeded capacity (45 people) 87% of the nights they operated this winter, and reported guests would begin lining up outside in hopes of acquiring a space for the night as many as 3-4 hours prior to opening. In January R2H began tracking the number of guests turned away nightly, and on average 25 to 30 guests were turned away on nights the SWS was closed, compared with an average of 8 on nights the SWS was open. This likely represents an undercounting of individuals seeking overnight sheltering, as SWS guests shared anecdotally that word spread quickly among the unsheltered population as to when the line queuing at the nightly shelter had reached capacity.

Communicate SWS operational status to partner agencies and public at least 48 hours before activation.

Unlike the year-round overnight shelter at Basecamp, operated by Lighthouse Mission Ministries, and the nightly winter shelter operated at Civic Field by R2H, the SWS operated only when forecasted criteria were met. As a result, it was not always clear to the general public and potential guests which night(s) the SWS would be open. As a result, ensuring timely and broadly shared updates on the SWS operating status continues to be a very important and challenging task each winter.

Strengths:

7. The majority of staff, partner agencies, and stakeholders felt they received timely notification of when the SWS would be open, and that communication between the SWS and other shelters both prior to and during activations was more coordinated than in previous years.
8. The [Winter Shelter for Individuals and Families Experiencing Homelessness webpage](#) and the Winter Shelter Phone Hotline managed by WCHCS provided centralized online and telephonic locations where community members and SWS guests could access comprehensive information on the current operational hours and status of all overnight shelters in Bellingham and Ferndale.

Areas for Improvement:

- T. Having one agency (WCHCS) maintain the centralized webpage and shelter status hotline was beneficial for the end users, however it also created additional workload for WCHCS staff who needed to coordinate and update information on shelters managed by third-party operators. Additionally, there were numerous occasions when time-sensitive SWS communications work needed to be completed outside normal staff hours. The added workload both during and outside of normal work hours impacted the WCHCS communication team's ability to address other day to day communications needs in a timely fashion without staff working overtime.
- U. The Winter Shelter Phone Hotline phone number (360-788-7983), which has been utilized each winter for years in the community, is owned by the Opportunity Council, and this is the first year WCHCS staff managed the hotline messaging. When staff took over the hotline 11/03/23 the previous winter's messaging was still active, which may have led to confusion among end users early in the season. An added challenge of using the opportunity council's phone number was that while staff could update the message in real-time, they lacked the ability to view user analytics to determine how much the hotline is utilized.

Ensure safety and wellbeing of staff, volunteers, and guests.

Staff endeavored to balance operating a low barrier, inclusive, and trauma-informed SWS where unhoused individuals could stay warm and dry overnight with the need to ensure the safety and wellbeing of everyone involved. To ensure volunteers and staff were prepared to manage the needs of guests in a communal environment, in addition to trainings previously noted in objective 1, the SWS was also equipped with multiple first aid kits, an automatic external defibrillator (AED), and all staff and volunteers were furnished naloxone (Narcan) to carry in their vests worn while on duty.

The SWS maintained a single primary point of entry at the front of the building, with a secondary egress that lead to the fenced area behind the building where the porta potties were located, and also served as a smoking area. WCHCS also contracted for onsite security during activations, and security would patrol both the interior and exterior of the SWS throughout their shifts.

Strengths:

9. Guests and staff both shared that the ample availability of food was beneficial not only in helping individuals feel sated and being able to therefore sleep better, but also allowed all guests to not view available food as a scarce resource while at the SWS, which also reduced overall tensions within the shelter.
10. Many days when the RSD nurse practitioner or CDE nurses were working, they would provide wound care and other medical assessments and referrals to guests in need of evaluation and treatment.
11. Staff and volunteers were able to de-escalate the vast majority of incidents with guests, and in total only two individuals were restricted from using the shelter due to repeated inability to comply with SWS rules intended to keep guests and staff safe.
12. Substance use proved to be an ongoing challenge, and staff worked diligently to establish rapport with guests and constantly monitored for signs of potential overdose. Twice individuals required medical intervention (naloxone) over the twenty nights and five days the SWS was open, and both individuals were responsive by the time fire and emergency medical service (EMS) responders arrived to support the individuals.

Areas for Improvement:

- V. Due to the leased SWS location being unstaffed between activations, as well as not being in close proximity to other WCHCS buildings, the site was difficult to routinely monitor. As a result, there were multiple occasions during which tent encampments would pop up on the SWS property, leading to complaints from neighbors. When available, RSD staff would contact individuals in the encampments and attempt to connect them to services or encourage them to relocate, however occasionally individuals refused to leave and BPD had to be called to assist with their removal.

Due to the lack of accessible water or restrooms when the SWS was closed, in addition to trash left behind, human excreta and other potential biohazards also had to be cleaned up by staff when encampments around the SWS were cleared.

- W. Operating at or above planned capacity most nights and having only one indoor restroom, which as previously noted was inoperable many nights due to plumbing issues, created increased tension among guests who preferred the indoor option to the porta potties outside. As a result, a staff member was routinely stationed outside the indoor restroom to manage usage and prevent escalations when guests would express displeasure with one another regarding time spent in the

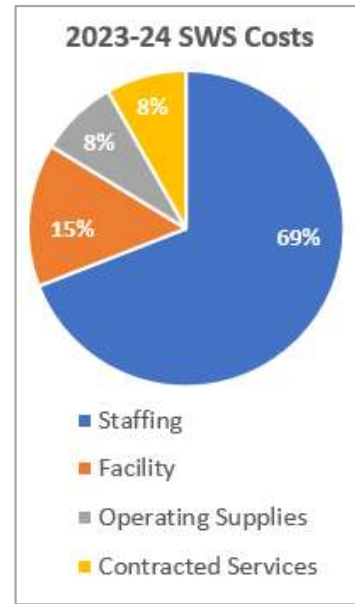
restroom. This created both a health and safety concern; not only was the staff person required to be outside for hours on nights so cold that the shelter was activated, but that they were isolated both visually and within earshot of the other staff and volunteers. Staff expressed safety concerns and occasionally asked for backup staffing when there were more than 10 or even 15 people outside waiting for bathrooms, smoking or preparing to or using illicit drugs.

- X. One of the most complex challenges in operating a no-barrier SWS is the use of alcohol and/or illicit substances by guests with a substance use disorders (SUD). Many of the guests utilizing the SWS had previously been barred from other community shelter locations due to drug or alcohol usage. SWS staff attempted whenever possible to connect guest with a SUD to recovery and treatment services. Staff also monitored both the indoor and outdoor common areas and immediately addressed any instances of open alcohol or substance use by guests. With no practical way to monitor the inside of the restroom and porta potties staff were continually stationed outside and would check on guests (knock on doors and get verbal response) who were in a porta potty for more than a few minutes.

SWS PROJECT EXPENSES

The cost for the SWS project was \$403,598 which is broken down into four primary categories:

- i. **Facilities** – encompasses site lease, initial modifications to meet occupancy codes, ongoing maintenance and repairs, and utilities.
- ii. **Operating Supplies** – includes durable supplies such as cots, sleeping bags, pillows, blankets, shelving units, medical supplies (including first aid kits and AED), as well as consumables including water, food, and janitorial supplies.
- iii. **Contracted Services** – consist of waste removal, porta potties rental and pumping, laundry, and onsite security contracts.
- iv. **Staffing** – comprises temporary and FTE time spent directly providing services at the SWS when activated, as well as additional WCHCS staff time spent operationalizing, managing the daily needs, and demobilizing the SWS project between October 1, 2023 and March 15, 2024.



Staffing costs represent the majority of the SWS expenses, with the following factors contributing to the overall labor costs:

- The physical layout of the site, combined with the aforementioned lack of adequate indoor restrooms, and concerns related to substance use necessitated increased minimum staffing to ensure the safety of staff, volunteers, and guests.
- Utilizing temperature-based criteria to determine which night(s) the SWS will operate requires increased WCHCS staff time to monitor forecasts on an ongoing basis and make daily operational decisions, as well as communicating with employees and volunteers to coordinate staffing when the facility is scheduled to open. This model also requires added staff time supporting communications to the public and other stakeholders to make sure partners and especially guests are aware of which nights the SWS is open.
- WCHCS staff providing logistical support to the SWS resulted in hundreds of FTE staff hours spent acquiring and delivering operating supplies to the SWS, as well as transporting items such as laundry (sleeping bags and pillows) to and from contracted providers.
- It was very challenging to recruit sufficient temporary part-time, on call as needed staff who would be asked to work overnight shifts during inclement weather with potentially as little as 48-hours notice. As a result, 49% of all overnight shifts were worked by existing WCHCS FTEs. Their time is accounted for because the number of hours worked is required to accurately provide the true cost of operating a facility, or contracting for such a service.

RECOMMENDATIONS

Providing safe, warm, and dry sheltering during the coldest months of the year will continue to be one of the many priorities in caring for our unhoused community members as long as homelessness persists within Whatcom county. Based upon the numerous observations noted within this AAR, the following recommendations are offered to improve the capacity, level of service, and cost effectiveness of winter sheltering in future winters:

R1 – Prioritize additional nightly sheltering capacity during the coldest months instead of sporadic, criteria-based severe weather sheltering.

- a. Both the nightly shelter operated at Civic Field by R2H and the SWS operated by WCHCS had planned capacity of 45 guests per night apiece. However, because the Civic Field shelter was open a total of 89 nights compared to only 20 for the SWS, the nightly model was significantly more cost effective than the criteria-based model on a cost per guest served per night comparison (\$125 versus \$426).
- b. Operating a nightly shelter every night in the winter also allows for greater efficiencies in staffing by being able to offer regular and recurring hours to both staff and volunteers resulting in needing a smaller overall team and greater staff cohesion through an increased frequency of working together.
- c. Regular nightly operations also eliminate the need to continually update communications to guests and partner agencies, as the shelter is operational regardless of temperature and precipitation.

R2 – Expand both length of winter sheltering “season” and hours of operation.

- a. Historical weather data confirms that overnight low temperatures in the month of March continue to average in the mid to low thirties, with occasional nights below freezing. Additionally, March is typically one of the wetter months in terms of rain. Extending the season through the end of March would provide unhoused individuals additional protection from the threat of hypothermia.
- b. Allowing overnight guests to stay at the shelter until later in the morning (for example, 10 or 11am) helps ensure other publicly accessible daytime locations are likely to be open.
- c. Include planning for 24/7 operations in the event of below freezing daytime temperatures, as well as holidays when other daytime sheltering options may not be available.

R3 – Utilize a dedicated, single purpose location with sufficient capacity, necessary amenities, and within proximity to other community services.

Based on census numbers observed at both the Civic Field and SWS locations this winter, an ideal single location would be able to host 90 to 100 guests per night, with potential to surge by an additional 20-30%. The facility would also include:

- a. Suitable kitchen space for preparing and serving food to guests
- b. Shower and laundry facilities for guests
- c. Adequate on-site storage for both shelter operating supplies and guest belongings.
- d. Dedicated, private onsite space(s) for meeting with medical providers, behavioral health specialists, and other allied service providers
- e. Planning to address SUD through harm reduction

R4 – Identify a contracted provider OR establish dedicated WCHCS positions to operate and manage a nightly winter shelter as described above in R1 - R3.

- a. Ideally a request for proposal (RFP) will identify a partner agency with a location and resources willing to enter into a contract to operate a nightly shelter in the coming winter.
- b. The nightly winter shelter location will have increased capacity to accommodate 90-100 guests, as outlined in R3.
- c. The last two years however, the RFP process has not been as successful as desired; therefore, WCHCS should also engage in contingency planning to potentially operate a nightly winter shelter directly in the event the RFP process is unsuccessful.
- d. Should WCHCS directly operate a shelter again next winter, the department should also consider establishing programmatic positions to accomplish this work within the Response Systems Division (RSD), which has ongoing relationships with the population served, as well as expertise and ability to train volunteers and temporary staff on behavioral health and de-escalation skills required for safely addressing the complex needs of shelter guests.

In addition to the recommendations above, there are a number of policy decisions the Whatcom County Council will need to make as the county pursues additional options and capacity for sheltering the unhoused. Specifically, given limited resources and funding sources with sheltering as an allowable expense, how will the county prioritize funding for sheltering over the existing contracts for services from those funding sources? Also, given limited funding, how will the county select a number and location of facilities, size/capacity of facilities, operational model (year-round, winter only, or weather-dependent) and what rules and barriers to entry the facility(s) will have.

We recognize that Council will request a process for stakeholder engagement, but ultimately the questions above are policy decisions that weigh budget, risk/liability, and priorities for limited government funds, and must be deliberated and decided by the Council.

APPENDIX A: SCOPE AND METHODOLOGY

This AAR includes information collected via surveys conducted in February and March of 2024. Five groups (guests, volunteers, temporary staff, FTEs, and partner agencies) were asked to provide both quantitatively ratings of their experiences and observations, as well as optional qualitative feedback on areas including the facility, equipment, and supplies; training and scheduling; and communications.

In addition to the surveys, the AAR team also facilitated multiple hot washes (debriefs) in which participants were asked the following four overarching questions related to the plans and operation of the SWS:

- What worked?
- What didn't?
- What could be done differently next time?
- Anything else you think the AAR should address?

The tables below include organizations that contributed to the AAR process and participation metrics. Feedback collected was then compiled and used to inform the noted strengths and areas for improvement within the applicable objective(s). WCHCS subject matter experts then reviewed and validated the observations and recommendations noted within the AAR.

Data Collection Metrics

Hot Washes	Hot Washes Participants	Survey Groups	Survey Responses
12	73	5	89

Participating Organizations

County / Local
Whatcom County City of Bellingham
Private Sector / Non-Governmental Organizations
Compass Health Ferndale Community Services Opportunity Council Road2Home Whatcom Homeless Service Center Whatcom Transit Authority

APPENDIX B: ACRONYM LIST

AAR	After-Action Review
AED	Automatic External Defibrillator
BPD	Bellingham Police Department
COB	City of Bellingham
CPR	Cardio Pulmonary Resuscitation
DVSAS	Domestic Violence and Sexual Assault Services
EMS	Emergency Medical Services
FCS	Ferndale Community Services
FTE	Full Time Employee
NOAA	National Oceanic and Atmospheric Administration
NWS	National Weather Service
R2H	Road2Home
RFP	Request for Proposal
RSD	Response Systems Division
SUD	Substance Use Disorder
SWS	Severe Weather Shelter
WCHCS	Whatcom County Health and Community Services

APPENDIX C: SWS GUIDING ASSUMPTIONS

WHATCOM COUNTY
Health Department



Erika Lautenbach, MPH, Director
Amy Harley, MD, MPH, Co-Health Officer
Greg Thompson, MD, MPH, Co-Health Officer

SEVERE WEATHER SHELTERS

Guiding Assumptions:

1. The Health Department Director will determine when severe cold weather conditions pose life-threatening circumstances and severe weather shelter(s) should open. The guidelines below will be used in the decision-making process.
2. The temperature threshold of 28°F forecasted as the overnight low will activate the opening of a severe weather shelter. Precipitation of 2" forecasted or on the ground if freezing temperature (32°) threshold is reached is also an activation factor.
3. Temperature ranges collected at the Bellingham Airport from the National Oceanic and Atmospheric Administration (NOAA) will be the only source utilized for determining whether the weather threshold is met.
4. Wind Chill used as a factor for weather threshold is extremely variable due to gusts, nine micro-climates in the county, and challenges with forecasting sustained winds. Wind Chill will be considered and the negotiated contract(s) will define the parameters of when wind conditions may activate shelter opening.
5. Contracted organizations will have final say on whom they serve, within the guidelines of the contract. More vulnerable populations will be prioritized. Capacity constraints of contracted organizations may also limit the number of days a severe weather shelter can be offered.
6. Unique requests (i.e., pets, couples, meals) will be considered, but may not be accommodated due to insufficient contracted organization capacity.
7. Twenty-four hours advance notice, when possible, will be provided to the contracted organization(s) when requesting the opening of a severe weather shelter.
8. Severe Weather shelter(s) will be deactivated when thresholds for forecasted severe weather are no longer met.
9. Nothing prohibits organizations from opening their own shelters during severe weather, but public resources will not be offered without a prearranged contract.

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**PUBLIC HEALTH ADVISORY BOARD
Discussion Form**

June 6, 2024

AGENDA ITEM #3: *All Hands Opioid Summit and PHAB involvement*
PRESENTERS: *Emily O'Connor, PHAB Vice-Chair*

BOARD ACTION: Action Item Discussion FYI - Only

On June 25 and 26, the second annual All Hands Whatcom Opioid Summit will be held at Bellingham High School. In addition to PHAB members being encouraged to attend the summit, the purpose of this discussion is to determine if there could be a more formal role PHAB could play on one or both days.

EQUITY CONSIDERATIONS

(include data or information about how topic impacts or could impact equity, including racial equity)

The All Hands Opioid Summit is an opportunity to connect organizations, institutions, government, business, and individuals with the goal of addressing opioid use and overdoses. This year's summit is focused on young people/Next Gen as a priority population for opioid prevention.

BOARD ROLE / ACTION REQUESTED

Discuss PHAB role.

ATTACHMENT(S)

None, but please briefly review: [Summit 2024 — Chuckanut Health Foundation](#)



**PUBLIC HEALTH ADVISORY BOARD
Discussion Form**

June 6, 2024

AGENDA ITEM #4: *Sub-group follow up*
PRESENTERS: *Sterling Chick, PHAB Chair*

BOARD ACTION: Action Item Discussion FYI - Only

The PHAB discussed and decided to adopt a sub-group model so additional work/progress could occur outside regular meetings. The purpose of this discussion is to share out, by sub group how meetings are going and what each is prioritizing.

EQUITY CONSIDERATIONS

(include data or information about how topic impacts or could impact equity, including racial equity)

Sub-groups allow the PHAB to more quickly and nimbly achieve its goals and state/legal purpose, which include advancing equity, developing an equity framework, and providing more opportunity to receive community feedback.

BOARD ROLE / ACTION REQUESTED

Discuss any needed sub group adjustments.

ATTACHMENT(S)

None