



WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING MINUTES

MARCH 7, 2024

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

Topic	Discussion/Outcome
Call to order	Sterling Chick presented a land acknowledgement. Roll call of Public Health Advisory Board (PHAB) members.
Approve Minutes	Minutes from the meeting held on January 11, 2024 were approved. Ayes: 17, Nays: 0, Abstain: 0 (17 members were present during minutes approval).
Fentanyl Declaration of Emergency Status	<p>Councilmember Barry Buchanan gave an update on what the County Council is doing regarding the Fentanyl crisis in Whatcom County. The Council is working on a series of three resolutions to free up funding, provide community awareness and declare a state of emergency. Council has been working closely with Lummi Councilmember and National Congress of American Indians Secretary Nick Lewis on this three-pronged strategy. The first resolution asked the Governor for a state declaration of emergency, the second resolution asked the President and our Congressional Delegation for a federal declaration of emergency and the third resolution, currently being drafted, will ask the County Executive to declare a state of emergency. Councilmember Buchanan presented a current draft of the resolution (appended to these minutes) and requested feedback from PHAB members.</p> <p>PHAB Chairman Sterling Chick invited comments from PHAB members.</p> <p>Joni Hensley asked to clarify definition of "action" and confirmed PHAB will not take any action on this item. An action would be taking a vote on motion.</p> <p>Guy Occhiogrosso expressed concerns about the impact the Fentanyl crisis is having on the business community and encouraged conversation among elected officials. He pointed out that the business community funds a lot of operations and the community risks losing funding over the issue.</p> <p>Councilmember Buchanan highlighted the disproportionate impact the Fentanyl crisis has on youth.</p> <p>Shu-Ling Zhao shared a statistic indicating that individuals leaving the carceral system are 45% more likely to overdose from Fentanyl. She suggested the resolution address the need for reintegration systems that support individuals leaving the carceral system.</p> <p>Greg Thompson, Whatcom County Health and Community Services Health Officer, shared a statistic indicating that there is a 40% increase in death rate within the first 2 weeks of being released from prison, compared to the general population. He emphasized the importance of treatment within the jail system and support during the transitional period upon release. He stated there are things that can be done to improve the way medications are</p>



	<p>delivered, using long acting medications to provide longer protection than just once a day type dosing, such as 30-day injectable medications.</p> <p>Teri Bryant pointed out that people returning from treatment are also very vulnerable to overdose because they don't know how much they should be using. She also emphasized that this crisis effects our entire community. She shared that 50% of her outreach team's contacts are related to Opioid Use Disorder.</p> <p>Emily O'Connor voiced her concern that the resolution leans into criminal and judicial responses to the crisis without having adequate supports in place to help people through the process. She inquired if statements could be less specific in what they're prescribing and more dedicated to resourcing entities for ground-level response.</p> <p>Councilmember Buchanan responded that they are trying to balance the harm reduction component with the criminal legal component, but have not had time to include all of the harm reduction part into the resolution yet. He indicated they will be working in coordination with the Executive's Office, which is going to have a companion executive order that will be a lot more specific and direct resources. The final resolution will have direct action steps on both the harm reduction side and criminal legal side.</p> <p>Emily asked where the resolution goes from here and Councilmember Buchanan stated there was a motion to hold until the Health Board/PHAB meeting on March 26, during which the final vote will happen.</p> <p>Councilmember Jon Scanlon encouraged PHAB members to forward their feedback to Erika Lautenbach, Whatcom County Health and Community Services (WCHCS) Director by March 14 so that she can forward to Councilmembers Buchanan and Scanlon prior to the Health Board meeting and vote.</p> <p>Joni inquired if Opioid Task Force will weigh in on the resolution and Councilmember Buchanan indicated he will be meeting with the Multi-Agency Coordination (MAC) Group. Erika also invited him to contact Joe Fuller, a Prevention Specialist with the Opioid Task Force.</p>
<p>Homeless/Housing Coordination Group Update</p>	<p>Ann Beck, Community Health and Human Services (CHHS) Manager, shared that the department is working on a new 10-year plan. She also announced that they will be closing down the Severe Weather Shelter next week. In addition to the 10-year plan, CHHS is working on creating a homelessness workgroup. She asked Councilmember Scanlon what the Council is thinking regarding this topic and he indicated that he and Councilmembers Buchanan and Galloway started a task force group, which initially focused on shelter, but will expand more broadly into housing.</p> <p>Ann outlined the purpose of the proposed workgroup, indicating that they want to bring forward a series of recommendations that will help reduce the number of unsheltered homeless people in the community. She presented a draft (appended to these minutes), created by Housing Supervisor Chris D'Onofrio, of what a homelessness workgroup might look like and said that it is based on the Prevention, Intervention, Treatment and After Care (PITA) model. She then invited feedback from PHAB members.</p> <p>Emily urged caution in setting up a structure before defining what the desired outcome is. She emphasized the importance of identifying what resources will be available to this group before calling people together. She also reminded those present that many groups have already undertaken similar efforts and pointed out that it can be frustrating to start over when so much has already been done.</p> <p>Teri highlighted the changes that have occurred since the last homeless strategies workgroup and expressed that a new workgroup could be helpful, but needs to be really focused on unsheltered homelessness. She suggested removing the word "housing" from the name of the group because that is a much bigger issue than just unsheltered homelessness. She also indicated she would like to part of the workgroup if possible.</p> <p>Joni suggested that the current Housing Advisory Committee could vet some of the proposals and then bring them to PHAB rather than starting another group.</p> <p>Kelli asked why the stated goal is to "reduce" and not "end" or "eliminate" unsheltered homelessness. Ann responded that the goal is to get to "functional zero" because we can never eliminate all the causes that contribute to unsheltered homelessness. This would mean that beds are always available. Kelli also asked what</p>

	<p>the “inputs” would be as the document only shows “outputs.” Chris clarifies that the inputs would be the work and research that would go into coming up with recommendations and the outputs would be those recommendations, not the solutions themselves being put into practice. Kelli encouraged using strong metrics and reporting.</p> <p>Erika clarified the difference between this proposed group and the one Council members are envisioning. She said this group is about having a better understanding of who is actually unsheltered and what are their specific needs. She highlighted the continuum of housing needs and stated the goal of the group would be to investigate those different situations and make recommendations. It would be a tactical group that could identify the needs, outline the cost of possible solutions, and bring forward the data so that it can be presented to decision-makers.</p> <p>Sterling shared that Fentanyl and methamphetamine have infiltrated a lot of our public housing, making it very difficult to maintain.</p> <p>Guy emphasized the importance of the 10-year comp plan and reminded those present that for the last 40 years, we have not planned for growth. He stressed the need to add housing so that the current unsheltered population has a place to go after we have provided other wraparound services.</p> <p>Ashley cautioned against making assumptions that organizations have the capacity to say yes to this group’s proposals. She emphasized the need for more providers and more opportunities for new organizations to partner in this work. Ann responded that the goal of the group would be to identify what we need more specifically, including new providers, how much funding, how many shelters, etc.</p> <p>Councilmember Scanlon invited PHAB members to email him any additional feedback. He reminded them that we have to get things together early in order to present them to legislature in the next session. He said the Washington State Association of Counties is already asking what we want on their agenda for next year. If a group can get together some recommendations, we can get that to our legislators this summer and fall.</p>
<p>Discuss PHAB meeting structure and subgroup options</p>	<p>Sterling gave an update on subgroups. About half the PHAB members have indicated a preference for subgroups. Members aren’t required to join a subgroup, but there are some tasks that need to be accomplished.</p> <p>Recap of subgroups:</p> <ul style="list-style-type: none"> • Equity – Framework for making decisions. 3 members so far. • Nominations – Need agreement with County Council on how members are replaced. 1 member so far. • Communications – PHAB website needs improvement. 2 members so far. • Code Changes – 2 members so far. • Operationalizing the Model– Need a plan for how the hub and spoke model will work. • Board/Commission Assessment Implementation – Implement recommendations in the Board and Commission Assessment. 2 members so far. <p>Joni shared a handout (appended to these minutes) showing how the hub and spoke model works with the population health framework. She also asked for clarification on how much independence advisory groups have and how PHAB members can communicate without violating the Open Public Meeting Act (OPMA).</p> <p>Councilmember Scanlon said that Royce Buckingham, the lawyer who advises the County Council, has indicated that an advisory board has more options than a decision-making board. He also said we want to make sure our subgroups are functional. He will check with Royce on quorum rules in this situation.</p> <p>Erika asked those PHAB members who haven’t yet responded to sign up for a subgroup within the next week or so. Staff members assigned to each subgroup will then reach out to PHAB members to set up times to meet and start their work before the May Health Board meeting.</p>
<p>Public Comment</p>	<p>The following people spoke:</p> <ul style="list-style-type: none"> • Natalie Chavez • Misty Flowers

	<ul style="list-style-type: none"> • Heather (last name not stated)
Health Director/Health Officer Update	<p>Erika shared several updates. She introduced Sabrina Houck, the new Financial Services Manager for the department. She shared that WCHCS is producing their first annual report for the community, which will have information about financials, programs, services, and what's coming for the year. The plan is to update this each year. She indicated that she will also be visiting all of the City Councils this month in person to present the annual report. Regarding new legislature, Erika said the Washington State Association of Local Public Health Officials (WSALPHO) had 3 bills that have all moved through. One would allow locals to do child fatality reviews with multi-organization partners so we can better understand and prevent child fatalities. Another would allow medical assistants to provide syphilis treatment, especially in the field, as cases of syphilis have increased statewide. The third bill amended some of the language around vaccines and would allow the new RSV vaccine for infants as well as adults. In regards to capital, WCHCS has asked legislature for another 2.35 million dollars, in addition to the 9 million dollars requested in the 2023 legislative session, to build a 23-hour crisis facility. It will be years before it is started, but is going to have a really big impact on the community. She also shared that the Lummi Nation received 12 million dollars for a secure detox facility, which they have been working on for years with the legislature.</p>
Final Comments/Next Steps	<p>Sterling thanked PHAB members for coming to the meeting and reiterated the need to get the subgroups up and going so they can make the hub and spoke model really work.</p>
Adjourn	8:23 AM
Next Meeting	<p>There will be a joint Health Board/PHAB meeting on March 26, 2024 at 10 AM. The next regular PHAB meeting is scheduled for May 2, 2024 at 7 AM.</p>

RESOLUTION NO. _____

**IDENTIFYING WHATCOM COUNTY APPROACHES
TO THE FENTANYL EMERGENCY**

WHEREAS, according to WhatcomOverdosePrevention.org, overdose deaths in Whatcom County in 2023 (132 to date) exceed deaths in the prior year and have markedly increased every year since 2018; and

WHEREAS, the United States is facing the worst drug crisis in its history, and the resulting tragedies are decimating families and contributing to extraordinary levels of despair in our communities; and

WHEREAS, there exists a substantial likelihood of risk to persons and property unless further efforts are taken to reduce the threat from fentanyl; and

WHEREAS, the U.S. Department of Drug Enforcement (DEA) identifies fentanyl as a potent synthetic opioid drug approximately 100 times more potent than morphine and 50 times more potent than heroin; and

WHEREAS, Seven out of ten DEA tested pills with fentanyl are potentially deadly making it likely that 'one pill can kill,' and in 2023, the DEA seized over 360 million deadly doses of fentanyl; and

WHEREAS, our community's approach to the fentanyl use and fentanyl-related crimes must be different than our approach to other illegal drug use in our community; and

WHEREAS, the use of Fentanyl continues spreading throughout our community, and new and immediate avenues to enhance capabilities, coordination, and collaboration across local, state, tribal, and federal agencies are needed to promote public health and safety; and

WHEREAS, in June 2023, healthcare workers, tribal leaders, educators, community members and law enforcement gathered for a 2-day workshop, All Hands Whatcom: Opioid Summit, as a call to listening, healing, and action for the Whatcom community in response to the devastating consequences of fentanyl, meth, and opioids; and

1 **WHEREAS**, in June 2023, a coalition of government agencies, community-based
2 organizations, healthcare providers, and others from across Whatcom County formed a Multi-
3 Agency Coordination (MAC) Group in response to the local opioid and overdose crisis; and
4

5 **WHEREAS**, according to the Federal Emergency Management Agency (FEMA), a
6 Multiagency coordination system (MAC) is used for extraordinarily large, complex incidents
7 occurring in the city or county involving numerous agencies and/or jurisdictions; and
8

9 **WHEREAS**, the mission of the MAC Group is to coordinate the ongoing community-wide
10 response efforts to the opioid crisis, identify and prioritize additional short-term objectives and
11 strategies to reduce drug-related deaths, and mitigate the impacts on property and public safety
12 in Whatcom County; and
13

14 **WHEREAS**, the Whatcom County MAC group aligns with the Washington State Opioid and
15 Overdose Response (SOOR) plan, which includes five priority goals

- 16 1. Prevent opioid misuse,
- 17 2. Identify and treat substance use disorder,
- 18 3. Ensure and improve the health and wellness of individuals that use drugs,
- 19 4. Use data to detect opioid misuse/abuse, monitor illness, injury and death, and
20 evaluate interventions,
- 21 5. Support individuals in recovery; and
22

23 **WHEREAS**, on September 22, 2023, the Lummi Indian Business Council approved
24 Resolution 2023-145, declaring a state of emergency in response to the fentanyl crisis; and
25

26 **WHEREAS**, Resolution 2023-145 provides the Lummi Indian Business Council with new
27 and immediate avenues to enhance capabilities, coordination, and collaboration across tribal,
28 local, state, and federal agencies and bring together state agencies, local law enforcement, and
29 internal and external partners to pursue and achieve solutions that promote public health and
30 safety on the Lummi Reservation; and
31

32 **WHEREAS**, on October 24, 2023, the Whatcom County Council approved Resolution 2023-
33 041 supporting the Lummi Indian Business Council's (LIBC) state of emergency declaration in
34 response to the fentanyl crisis; and
35

36 **WHEREAS**, on December 12, 2023, Whatcom County Councilmembers Buchanan and
37 Elenbaas sent a letter requesting that President Biden declare a national emergency on the opioid
38 epidemic and open additional resources and authorities to address the crisis; and
39

40 **WHEREAS**, the Whatcom County Council understands coordination between all agencies
41 in our county as well as state and federal supports is needed to fight the fentanyl crisis; and

1 **WHEREAS**, declarations of emergency at the federal, state, and county levels can open up
2 additional resources, funding, and assistance to address the fentanyl emergency; and

3
4 **WHEREAS**, Chapter 36.27 RCW establishes the Whatcom County Prosecuting Attorney as
5 the independent legal advisor of the legislative authority, prosecutor of all criminal and civil
6 actions, including felony charges, among other duties; and

7
8 **WHEREAS**, Chapter 9.94A RCW establishes accountable standard ranges for sentencing in
9 the criminal justice system, and the Prosecuting Attorney makes sentencing recommendations;
10 and

11
12 **WHEREAS**, Whatcom County Council Resolution 2024-002 respectfully requests that the
13 Governor of the State of Washington declare a national emergency to address the fentanyl crisis;
14 and

15
16 **WHEREAS**, Whatcom County Council Resolution 2024-003 respectfully requests that the
17 President of the United States declare a national emergency to address the fentanyl crisis.

18
19 **NOW THEREFORE BE IT RESOLVED** that the Whatcom County Council acknowledges
20 there is a countywide fentanyl crisis impacting people, businesses, and properties in our
21 communities; and

22
23 **NOW THEREFORE BE IT FINALLY RESOLVED** that the Whatcom County Council
24 recommends the following approaches to the fentanyl crisis:

- 25
26 1. Request official declarations of emergency.
- 27 a. Request that both state and federal emergency declarations be made to expand
28 efforts and open up additional resources and tools to protect the lives, public
29 health, and safety of our community members
 - 30 b. Request that the Whatcom County Executive in coordination with the County
31 Sheriff, declare a countywide emergency for fentanyl in accordance with the
32 Comprehensive Emergency Management Plan (CEMP) allowing the following:
 - 33 i. Entering into contracts and incurring obligations necessary to combat
34 such emergency situations to protect the health and safety of persons;
35 and
 - 36 ii. Providing appropriate emergency assistance to victims, and
 - 37 iii. Other actions deemed appropriate by the Health Officer and Director of
38 Emergency Management or their designees.
- 39
40 2. Enhance legal methods to address fentanyl-related crimes.
- 41 a. Encourage using the full force of the law to address major crimes and offenses
42 related to fentanyl;
 - 43 b. Request that the judicial branch and courts impose the strictest sentences
44 available for fentanyl related crimes;
 - 45 c. Request that the judicial branch and courts offer treatment and recovery
46 options in lieu of lengthy sentences when appropriate and effective to persuade
47 people to choose treatment over punishment;

- 1 d. Request that the Whatcom County Prosecutor utilize their power and discretion
2 to prioritize the prosecution of fentanyl-related crimes and seek strict
3 sentences;
4 e. Advocate at the state and federal levels to increase sentencing for fentanyl-
5 related crimes above and beyond levels for other drug crimes.
6
7 3. Provide staffing and financial resources to local efforts.
8 a. Prioritize county staff and financial resources to address the fentanyl crisis; and
9 b. Explore options to expand navigator programs to increase efforts on overdose
10 prevention; and
11 c. Provide full support to the MAC group working on the fentanyl crisis.
12

13 **APPROVED** this ____ day of _____, 2024.
14
15

16
17
18 ATTEST:

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

19
20
21
22 _____
Dana Brown-Davis, Clerk of the Council

Barry Buchanan, Council Chair

23
24
25 APPROVED AS TO FORM:

26
27 /s/ Royce Buckingham/by email 1/9/2023/ch
28 Civil Deputy Prosecutor

Proposal for Reconfiguration of Hub and Spoke Model:

RCW 70.46.140 Community health advisory boards: 3 (a) The board's composition shall include: (a) Members with expertise in and experience with: (i) **Health care access and quality**; (ii) **Physical environment**, including built and natural environments; (iii) **Social and economic sectors, including housing, basic needs, education, and employment**; (iv) **Business and philanthropy**; (v) **Communities that experience health inequities**; (vi) **Government**; and (vii) **Tribal communities and tribal government**; (b) **Consumers of public health services**; (c) **Community members with lived experience in any of the areas listed in (a) of this subsection**; and (d) **Community stakeholders, including nonprofit organizations**, the business community, and those regulated by public health.

Consider the Population Health Framework: (* are those identified above; italics are those programs identified in current model)

1. Social & Economic*

- a. Education
- b. **Housing Security**
 - i. *Housing Advisory Board*
- c. **Community Safety & Violence**
 - i. *Domestic Violence Commission*
- d. **Income and Poverty**
 - i. *Children and Family Well-being taskforce (pay disparities, childcare, etc)*
 - ii. *Healthy Whatcom (housing, childcare, family support)*
- e. **Social Support**
 - i. *Developmental disabilities*
 - ii. *Veterans Advisory Board*
- f. Employment
 - i. *Business & Commerce Committee**

2. Physical Environment*

- a. Build Environment
 - i. Solid Waste Advisory Board
- b. Air & Water Quality
- c. Transportation

3. Health Behaviors*

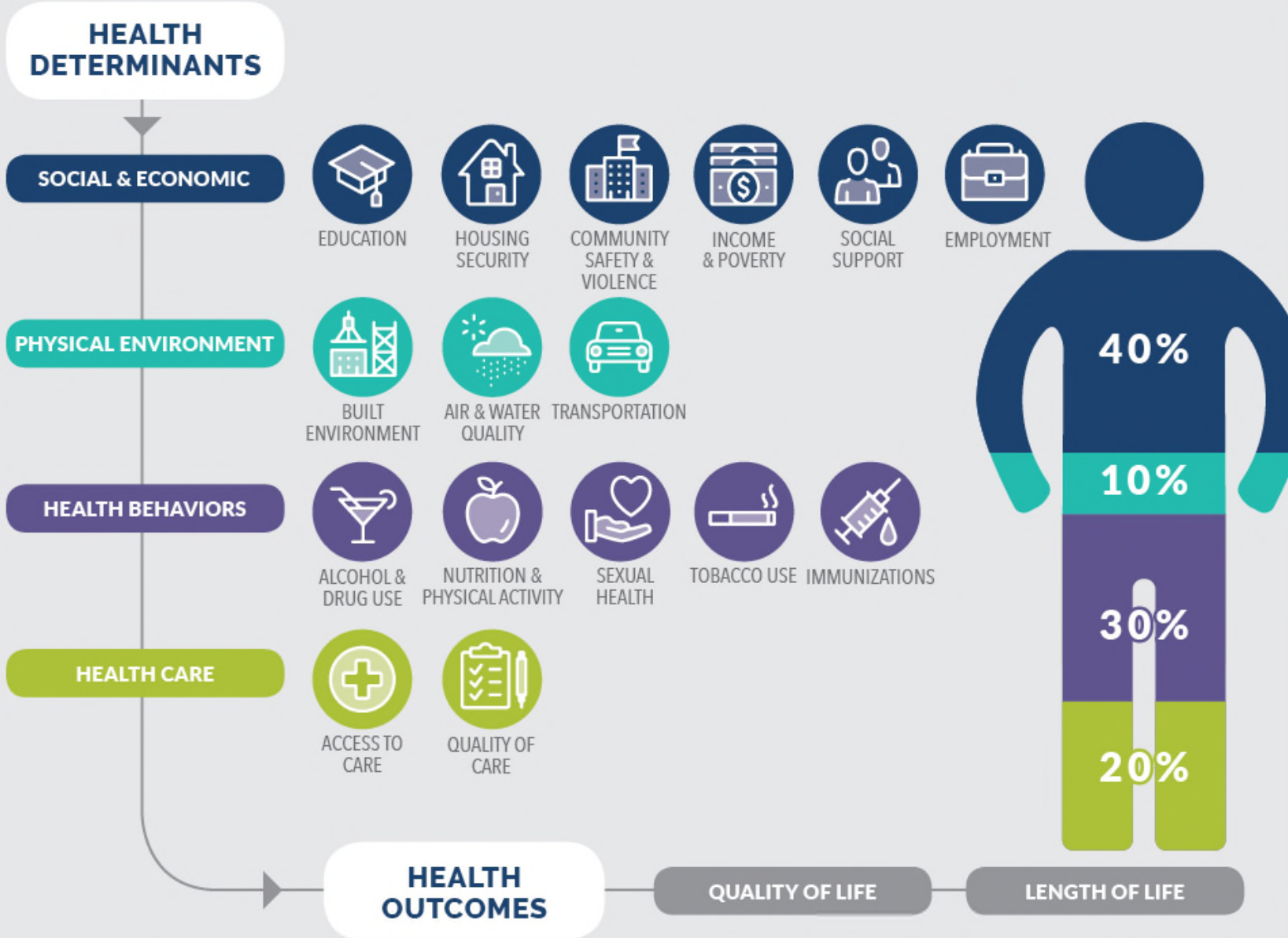
- a. **Alcohol and Drug Use**
 - i. **Opioid Taskforce***
- b. Nutrition & Physical Activity
 - i. Food System Committee
- c. Sexual Health
- d. Tobacco Use
- e. Immunizations

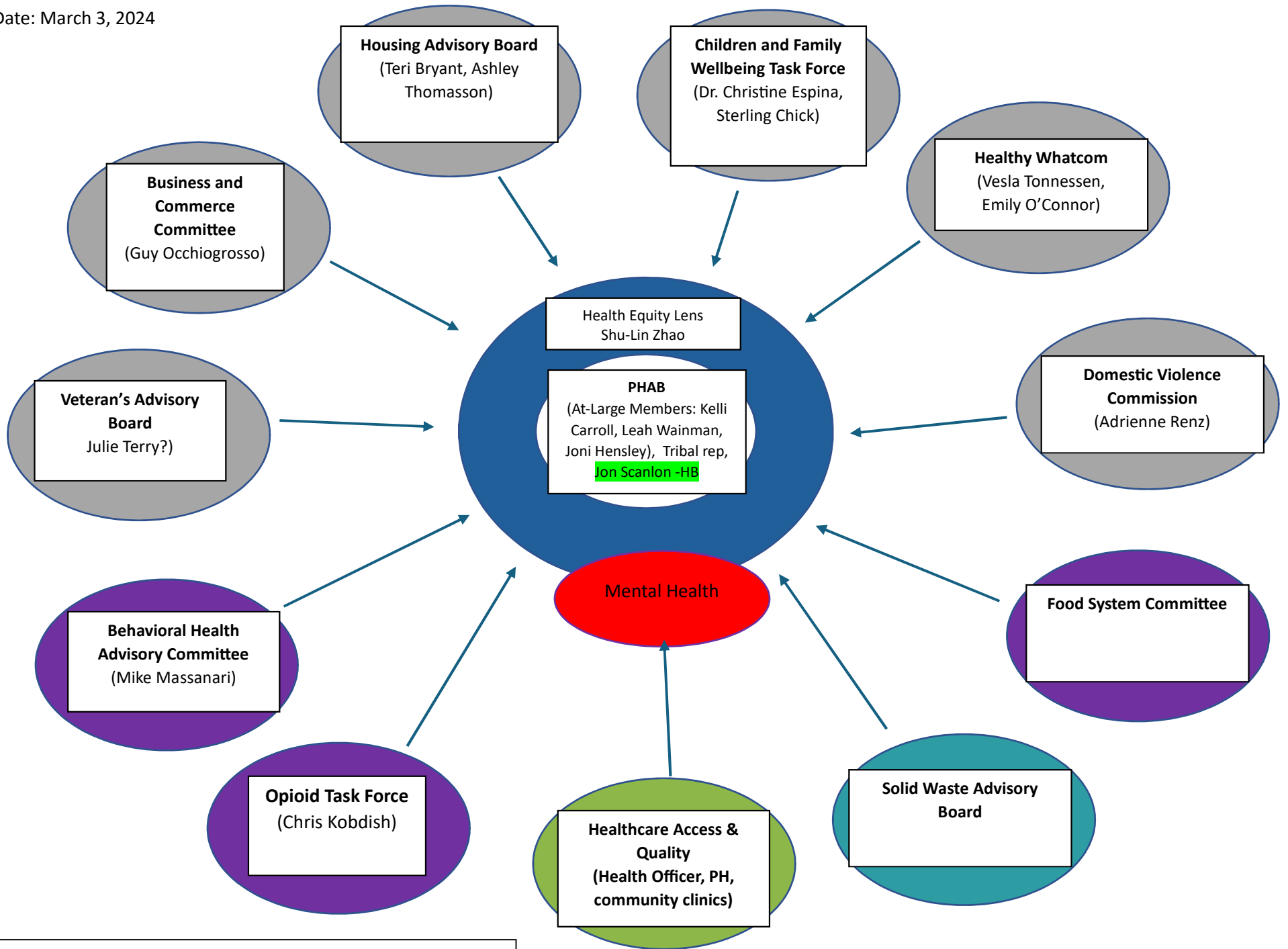
4. Health Care*

- a. Access to Care
- b. Quality of Care

Racial Equity, Government, Tribes should be considered At-Large Members and consumers of these services and those with lived experience should all have representation on various committees and boards.

Population Health Framework: What Goes Into Health?





This schematic is based on and color-coded to demonstrate the Population Health Framework and the determinants of a Healthy community.