



COVID-19

community health impact assessment

WHATCOM COUNTY

JULY 2021

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acknowledgements

Core Team

- Elizabeth Boyle, Elizabeth Boyle Consulting
- Amy Fuller, WCHD
- Mardi Solomon, Crossroads Consulting
- Katie Stanford, WCHD
- Dean Wight, WCHD

With assistance from:

- Jennifer Gay, WCHD
- Jennifer Moon, WCHD
- Melissa Morin, WCHD
- Jennifer Noveck, Port of Bellingham
- Holly O'Neil, Crossroads Consulting
- TJ VanderYacht, WCHD Intern

Feedback Group

- Dr. Steve Bennett, Western Washington University and Public Health Advisory Board
- Anne Deacon, WCHD
- Amy Hockenberry, WCHD
- Erika Lautenbach, WCHD
- Dr. Astrid Newell, WCHD
- Amy Rydel, WCHD
- Judy Ziels, WCHD

Reviewers

- Ann Beck, WCHD
- Deirdra Brummer, Opportunity Council, SEAS
- Sterling Chick, Catholic Community Services and Public Health Advisory Board
- Kristi Dominguez, Bellingham Public Schools
- Wilanne Ollila-Perry, Opportunity Council
- Chris D'Onofrio, WCHD
- Joe Fuller, WCHD
- Dr. Amy Harley, PeaceHealth Medical Group - Pediatrics, and Public Health Advisory Board
- Meredith Hayes, Whatcom Child Care Coalition
- Vesla Tonnessen, Whatcom Early Learning Alliance
- Lara Welker, Lara Welker Consulting
- Kait Whiteside, Max Higbee Center
- Allison Williams, WCHD



executive summary

Assessment Scope and Process

Summary of Systemic Impacts of COVID-19

Summary of Current & Projected Long-term Impacts

executive summary

The COVID-19 pandemic has disrupted our community in myriad ways and exacerbated long-standing health inequities. As a public health crisis, it has tested our public health and health care system as never before. It put strain on our economy, our education and child care systems, and the social fabric of our community. The Whatcom County Health Department (WCHD), along with the Public Health Advisory Board, initiated this assessment to better understand exactly how this pandemic affected our community's health and well-being. WCHD's last Community Health Assessment was conducted in 2018, and this COVID-19 Community Health Impact Assessment serves as a timely update. It looks beyond the direct disease impacts of COVID-19 and focuses on five foundational community health priorities, identifying a mixture of positive and negative health effects due to the pandemic.

assessment scope and process

The pandemic occurred within a broader context of social, economic, political, and environmental turmoil. Climate change, political polarization, violence, growing income inequality, and impacts of racial inequity and injustice all shaped the experience of and response to the pandemic. These broader determinants of health are outside the scope of this assessment and yet inevitably affected the local experience.

To strike a balance in the breadth of the assessment's scope, the focus was intentionally limited to the priority areas identified through the county's community health improvement process. There is community-wide recognition of the importance of these issues and ample quantitative and qualitative data illustrating their significant role as key determinants of community health.

The priority areas examined in this assessment are:

- **Kindergarten readiness** (an indicator of child and family well-being).
- **Child care** (an indicator of employment and economic opportunity).
- **Housing security** (ability to retain safe and stable housing as a health determinant).
- **Homelessness** (crisis intervention for unhoused individuals and families as a health determinant).
- **Behavioral health** (a health outcome).

This assessment is a compilation of quantitative data that were drawn from secondary sources, and qualitative data that were collected both from the work of others and by the COVID-19 Community Health Impact Assessment Core Team. Additional information was compiled on the following topics to inform pandemic recovery:

- **Strategic plans and recommendations** from coalitions, task forces, and community groups that are already in place, or currently being developed.
- **Examples from other cities, counties, and states** about how they are planning for COVID-19 recovery.
- **New funding streams** becoming available for COVID-19 recovery.

A team of WCHD staff, plus a group of community experts, reviewed and provided feedback on the report. Their comments and perspectives were integrated into the final product.

How do child care, education, and housing relate to public health?



Health is determined by more than just medical care received or the individual choices each person makes. Health is also determined by social and economic factors like income, employment, education, and housing. When taken together, these social and economic drivers of health account for 40% of what makes a community healthy. ([Learn more about how WCHD measures community health.](#))

summary of systemic impacts of COVID-19

The following summary presents the major themes that emerged from this analysis of COVID-19 impacts. **These are systemic issues that cut across all five of the community health priorities that were studied.**

Negative Impacts at the System Level:

- The pandemic put significant stress on the systems that we already knew were broken, further exposing and increasing health disparities, and heightening awareness of racial inequities and injustices for many in our community.
- The closures of schools and consequent strain on child care programs had a direct impact on families' employment, income, housing and food security, and our county's economic health.
- Many people delayed seeking health care at the height of the pandemic, exacerbating behavioral and physical health conditions, and deferring identification and treatment of developmental delays for young children.
- The shift from in-person to remote school, work, and services of all types, magnified existing inequities in internet access.
- Workforce shortages are a major issue, straining the capacity of organizations to respond to increased needs for support.
- The cascading pandemic impacts across the areas in this assessment have manifested for some in behavioral health issues such as anxiety, depression, and substance use.

Positive Impacts at the System Level:

- The pandemic created momentum behind linking community change-related activities to removing racial inequities.
- There has been increasing collaboration across many service systems.
- Natural social supports have been an essential complement to professional services for helping people through the pandemic.
- Many people working in positions that allowed the flexibility to work from home have come to appreciate the flexibility and autonomy this provides, especially parents/caregivers. Employers have seen benefits to family-friendly scheduling as well.
- Schools and early care and education programs have demonstrated the essential role they play in access to services for children and families, as well as in supporting parental employment.
- Organizations utilized opportunities to try new ways of delivering services and value to their communities. Some of these practices will be permanently adopted.
- Virtual meetings and telehealth increased access to services and opportunities for community engagement.
- Federal and state funding to date has been essential for mounting an effective response to COVID-19 and the community has put those funds to good use.

There are many agencies, coalitions, task forces, and community groups that have been working on these persistent systemic challenges and they have identified research-based interventions known to make a difference. They have documented their work in strategic plans and recommendations for how to strengthen community health. Compiling these existing resources has been a significant part of this COVID-19 Community Health Impact Assessment.

Some of the interventions recommended by local groups include:



- **Prioritizing capacity building, service delivery, and community health initiatives in those communities hit hardest by the pandemic**, particularly among Black, Indigenous, and people of color, people with disabilities and their families, and those living in poverty.
- **Expanding permanently affordable housing availability**, including permanent supportive housing developments.
- **Building an early care and education system with the capacity to support the diverse needs of families, as well as employers.**
- **Expanding timely access to behavioral health services for all age groups.**
- **Supporting workforce development** across all priority areas, including staffing levels, competitive wages and benefits, and adequate training, to increase capacity and resilience and reduce turnover.
- **Addressing the technological divide that exists among communities.** Closing this divide is a systemic fix that has clear economic, educational, and health benefits.




The COVID-19 pandemic has been enormously challenging and our community has rallied to meet the challenge. The many agencies, businesses, organizations, and community groups who have worked together to respond to this crisis should be commended. But there is still much to do as the pandemic continues simultaneously with recovery from its effects. Our community must be vigilant and responsive, allocate resources wisely, and cultivate compassion, inclusion, and ingenuity in order to come out of this crisis stronger and healthier in the years ahead.

summary of current and projected long-term impacts by priority area

This COVID-19 Community Health Impact Assessment presents current and projected impacts of the pandemic, focusing on the five priority areas included in this assessment: kindergarten readiness, child care, housing security, homelessness, and behavioral health.

Some of the impacts have increased health inequities and hardship (referred to as “negative impacts” and symbolized with ↓), and others are positive innovations that should be maintained indefinitely (referred to as “positive impacts” and symbolized with +). These impacts are summarized in the following chart.

PRIORITY AREA	CURRENT IMPACTS	PROJECTED LONG-TERM IMPACTS
 <p>KINDERGARTEN READINESS</p>	<ul style="list-style-type: none"> ↓ Growing social, racial, and economic disparities, which negatively affect school readiness. ↓ Less access to early care and education (ECE) programs. ↓ Delays evaluating and addressing children’s special health care needs, especially for low-income and immigrant families. ↓ Staffing shortages in early intervention services. + Adaptations by schools and ECE programs to ensure access to services. 	<ul style="list-style-type: none"> ↓ Widening gap in longer-term educational outcomes between children with and without resources. ↓ Larger cohorts entering schools with greater need for educational support services. ↓ Not enough early learning and early intervention staff to meet need. + Innovations in education resulting from adaptations put in place during the pandemic.
 <p>CHILD CARE</p>	<ul style="list-style-type: none"> ↓ Child care and school closures impact families’ finances, behavioral health, housing, and food security. ↓ Financial hardship for child care operators. ↓ Gap between child care need and availability; inadequate staffing. + Collaborative and creative efforts to address child care shortage. + Benefits of flexible work schedules. 	<ul style="list-style-type: none"> ↓ Parents need wage increases, expanded child care capacity, and/or child care subsidies. ↓ Widening gap between needed and available spots. + Working from home changes child care needs. + Creative, new child care models. + Federal funding and policies address child care shortage.

PRIORITY AREA	CURRENT IMPACTS	PROJECTED LONG-TERM IMPACTS
 HOUSING SECURITY	<ul style="list-style-type: none"> ↓ Worsening lack of affordable housing for rent or purchase. ↓ Large debts from unpaid rent/mortgages and other bills. ↓ Insufficient workforce in housing support programs. ↓ Increased costs and length of time to develop additional housing. + Eviction moratoriums and rental assistance kept people housed. + Increased awareness and momentum to address housing issues. 	<ul style="list-style-type: none"> ↓ Worsening trends in housing affordability and availability. ↓ Unpaid debts may result in evictions/homelessness. ↓ Increasing gap between need for housing services and housing support system capacity. ↓ Ongoing delays and increased costs for housing projects.
 HOMELESSNESS	<ul style="list-style-type: none"> ↓ Tenuous living arrangements with family/friends ended; surge in homeless families with children temporarily housed in motels. ↓ Housing assistance programs stagnate, limiting access to services. ↓ Reduced homeless services to ensure COVID-19 safety. ↓ Need for more housing support staff. + Increased urgency, funding, and action to address and prevent homelessness. 	<ul style="list-style-type: none"> ↓ Temporary funding and housing support programs may end; homelessness may increase. ↓ Continuing low inventory of affordable and transitional housing options. + Resumption of homeless outreach services.
 BEHAVIORAL HEALTH	<ul style="list-style-type: none"> ↓ Increased incidence of behavioral health (BH) issues for all age groups. ↓ Increased demand for BH care and ongoing shortage of providers; limited services and long wait lists. ↓ Persistent inequities in access to community based BH care + Telehealth helped bridge access to BH services; need equitable access to broadband service. + Community collaborations and natural supports help meet needs. + Many teens feel hopeful; some benefit from remote schooling. 	<ul style="list-style-type: none"> ↓ Long-term residual BH issues after the pandemic. ↓ Inadequate BH care capacity until the workforce issues are addressed. + Schools, churches, and other community organizations resume social support role.



introduction

Assessment Scope and Process
Limitations of this Assessment

introduction

The COVID-19 pandemic has shaken and disrupted our community in myriad ways. As a public health crisis, it has tested our public health and health care system as never before. Economically, it has had disparate effects, crippling some businesses and industries while leaving others largely unscathed or even busier. The lives of many have been upended, while others have emerged mostly intact. The pandemic has made the long-standing health inequities in our community impossible to ignore. Yet it also offers an opportunity to take stock, develop strategies to address inequities, determine priorities for directing funding, and strengthen our community's resilience.

The Whatcom County Health Department (WCHD), along with the Public Health Advisory Board, initiated this study of the effects of the pandemic to better understand the weaknesses and strengths in our public health and social support systems. WCHD's last Community Health Assessment was conducted in 2018, and this COVID-19 Community Health Impact Assessment serves to provide an updated understanding of how the COVID-19 pandemic affected the community's health. Going beyond the direct disease impacts of COVID-19, it focuses on five community health indicators that were prioritized through the community health improvement process, identifying a mixture of positive and negative pandemic health effects.


assessment scope and process

The pandemic occurred within a broader context of social, economic, political, and environmental turmoil. Climate change, political polarization, violence, growing income inequality, and impacts of racial inequity and injustice all shaped the experience of and response to the pandemic. These broader determinants of health are outside the scope of this assessment and yet inevitably affected the local experience.

To place the emphasis on the ways in which COVID-19 has affected health and well-being, the scope of this assessment was intentionally focused on the priority areas identified through the community health improvement process.¹ There is community-wide recognition of the importance of these issues, and ample data illustrating their significant role as key determinants of community health.²

The priority areas examined in this assessment are¹:

- **Kindergarten readiness** (an indicator of child and family well-being).
- **Child care** (an indicator of employment and economic opportunity).
- **Housing security** (ability to retain safe and stable housing as a health determinant).
- **Homelessness** (crisis intervention for unhoused individuals and families as a health determinant).
- **Behavioral health** (a health outcome).



The pandemic occurred within a broader context of social, economic, political, and environmental turmoil.

While the 2018 Whatcom Community Health Assessment was weighted towards quantitative data, this assessment relies heavily on qualitative data. Quantitative data were drawn from secondary sources. Based on the nature of reliable, valid data collection, many important sources of quantitative data are not yet available for 2020 and 2021. Therefore, we have drawn from interviews and listening sessions with subject matter experts to help tell the story of COVID-19 impacts. (See Appendix A: Methods for a more thorough description.) The primary source of qualitative data was 25 interviews with key informants collected by Western Washington University (WWU) sociology students. (See Appendix B: Key Informants by Organization).

¹ Note: The Focus Phase of the Community Health Assessment conducted in 2018-19 prioritized three key areas for community action: Housing and Homelessness; Economic Opportunity with child care as the key indicator; and Youth Mental Health. The fourth priority was Education and School Readiness and this indicator of child and family well-being has subsequently been included in the community health improvement process and is included in this assessment. Additionally, housing security and homelessness are analyzed separately. Furthermore, this assessment expands upon youth mental health to look at all age groups' behavioral health (i.e., how behaviors impact someone's health, including mental health).

This assessment applied a Forces of Change analysis on the compiled data. This type of analytical process creates a comprehensive picture of the “forces” acting on a community’s health determinants. The analysis involved identifying threats and opportunities to mitigate those impacts. In addition, information was gathered on the following topics and these resources are presented in appendices:

- **Strategic plans and recommendations** from local coalitions, task forces, and community groups that are already in place, or currently being developed. (See Appendix C: Plans and Recommendations from Coalitions, Task Forces, and Community Groups.)
- **Examples from other cities, counties, and states** about how they are planning for COVID-19 recovery. (See Appendix D: A Sampling of Resources to Inspire Recovery Planning.)
- **New funding streams** becoming available for COVID-19 recovery (e.g., American Rescue Plan Act funds). (See Appendix E: Initial Survey of Funding Streams to Address COVID-19 Impacts.)

A team of Whatcom County Health Department (WCHD) staff, plus a group of community experts, reviewed and provided feedback on the report. Their comments and perspectives were integrated into the final product.

limitations of this assessment

- The pandemic has not ended, and circumstances will continue to evolve. This report provides a snapshot of conditions at the time of its research and publication.
- The scope of this assessment is limited to the community health improvement priorities that focus on children and families. Other important impacts have not been addressed, including impacts on older adults, food insecurity, and family violence.
- The short timeframe in which this assessment was completed, and the fact that it was done in the summer when many people were seeking much-needed time away, made for challenges in getting as much feedback on the content as was desired. Important perspectives and information are missing. Ideally these gaps will be filled over time through community engagement and discussion of this document and future assessment reports.



current impacts & projections

Kindergarten Readiness
Child Care
Housing Security
Homelessness
Behavioral Health

kindergarten readiness

as an indicator of child and family well-being



Disparities in kindergarten readiness existed before the pandemic - and deepened during its course.

Access to early care and education programs, which provide healthy opportunities for children to learn and develop, was significantly reduced over the past year. Early care and education (ECE) programs, which include preschools, child care centers, and more informal home-based child care, are seen as key contributors to kindergarten readiness.ⁱⁱ Families have faced greater difficulty finding and affording child care, as well as barriers in accessing necessary screenings and intervention services.

Why this matters for health: For young children to experience well-being, they need to live within families and communities that have the conditions in which safe, stable, and nurturing relationships can flourish. Having a family's basic needs met, having robust social connections, and having access to high-quality early learning experiences are critical to making that happen. What's more, they help set children on a path to lifelong well-being. Kindergarten readiness is an important indicator of community progress toward the kind of conditions that promote child and family well-being, as well as a revealing gauge of inequities.

This section will focus on how COVID-19 has impacted many factors that influence kindergarten readiness. *The following section on Child Care will focus more specifically on how pandemic impacts on ECE programs affected the financial stability of families with young children.*

*When children don't have access to early learning opportunities, the results are devastating. **Early learning lays the foundation for later success**; when children start school unprepared, they stand in stark contrast to their peers for years. Because high-quality child care and early learning are associated with higher costs, damaging racial and economic disparities develop before children even begin school.³*

summary of impacts

CURRENT IMPACTS	PROJECTED LONG-TERM IMPACTS
<ul style="list-style-type: none">↓ Growing social, racial, and economic disparities, which negatively affect school readiness.↓ Less access to early care and education (ECE) programs.↓ Delays evaluating and addressing children's special health care needs, especially for low-income and immigrant families.↓ Staffing shortages in early intervention services.+ Adaptations by schools and ECE programs to ensure access to services.	<ul style="list-style-type: none">↓ Widening gap in longer-term educational outcomes between children with and without resources.↓ Larger cohorts entering schools with greater need for educational support services.↓ Not enough early learning and early intervention staff to meet need.+ Innovations in education resulting from adaptations put in place during the pandemic.

ⁱⁱ The Washington Office of the Superintendent of Public Instruction has outlined a transition process to ensure a successful start to K-12 education called the [Washington Kindergarten Inventory of Developing Skills \(WaKIDS\)](#). WaKIDS assesses incoming kindergartners' readiness in six domains: social emotional, physical, language, cognitive, literacy and math. Kindergarten readiness is based on readiness in all six domains.

negative impacts

Disparities in kindergarten readiness existed before the pandemic and persist.

- In 2016, Washington State set a benchmark that by 2020, 90% of all incoming kindergarteners would be considered “kindergarten ready,” based on a standard assessment in six domains. As of today, none of the analyzed Whatcom County school districts has met this benchmark.⁵
- When the data are broken down by ethnicity, gender, English language ability, income, and homelessness, the disparities in kindergarten readiness are apparent. These disparities existed before academic instruction and whole-child support were disrupted during the pandemic and are persistent.



*I don't think COVID-19 changes the fundamental problems themselves. I think **COVID-19 has amplified some of the understanding about the problem and deepened some of the problems**... It has furthered the wealth and income gaps, which of course disproportionately impacts people and communities of color, and we're seeing those things expanded, but they aren't new problems.⁴*

Important note: OSPI does not have plans to share the 2020/21 school year kindergarten readiness data because the counts are low and/or significantly different from past years. Data collection methods were different because of remote school instruction.

Kindergarten readiness scores for **Hispanic, American Indian/Alaskan Native and Black students** are consistently lower than other students in Whatcom County.

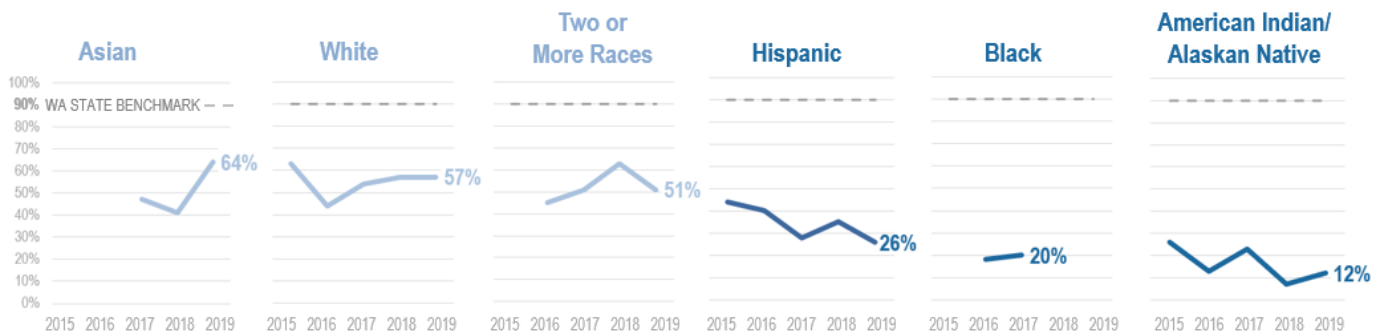


Figure 1: Kindergarten readiness by race/ethnicity. ⁶

The pandemic increased disparities, which impacted kindergarten readiness.

- Some children thrived at home with ample parental attention and learning opportunities, computer access, reliable internet, and an environment conducive to learning. Others struggled without these assets and the usual supports from ECE programs and schools.
- Children of all ages who are low-income and/or Black, Indigenous, and other people of color, missed more formal education than other students.
 - Some working parents left younger children in the care of older siblings, which interfered with participation in formal education.
 - Once in-person education resumed, there was an increased incidence of COVID-19 in schools with more Latinx and Native American students. When contact tracing indicated a child was a close contact, they were sent home for 14 days, resulting in more missed school. These children are more likely to have experienced learning losses which may impact future school performance.

Nooksack Valley High School counselors did a study at the mid-point of the school year that showed that some **students who normally did very well were losing credit and getting F's**. They determined it was mostly girls who were needed to provide child care for their families. ⁷

Whatcom County students from low income households are half as likely to demonstrate school readiness as their **Non-Low Income peers**.

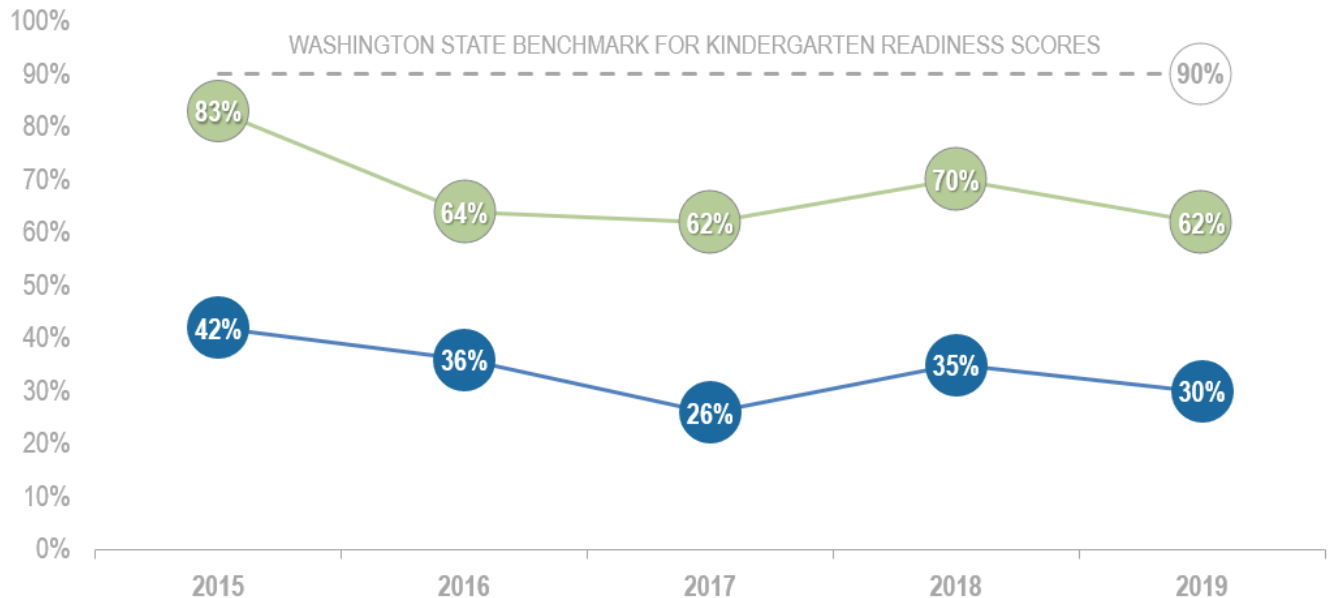


Figure 2: Kindergarten readiness by income.⁸

COVID-19 limited children's access to early care and education programs.

- Temporary and permanent closures of child care centers reduced care options for families. Recent data from the Opportunity Council's child care and early learning programs revealed⁹:
 - During the pandemic, 80% of child care programs had to close at least temporarily. As of June 2021, 23% (26 sites) remained closed. These losses are especially significant as Whatcom County was already a "child care desert" prior to COVID-19.
 - 67% of Whatcom County child care center operators are worried that they are at risk of closing, and 47% of family child care providers feel at risk of closing.

*Taken together, the closure of centers, the rise in the use of home-based care, and the worsening financial status of most families with young children, means that parents' ability to find and afford care that meets their needs will only get worse.*¹⁰

- The Early Support for Infants and Toddlers program could not run their home-based program during the pandemic, so they provided services online, coaching parents how to work with their children.
- Classroom-based Head Start/Early Childhood Education and Assistance Programs were online full-time or hybrid until January. This is a challenging way to interact effectively with very young children.

Low-income families and immigrant families experienced barriers to the types of preventive care that promote kindergarten readiness.

- Recent focus groups conducted by the Whatcom County Health Department with English and Spanish-speaking parents, community connectors, and health care providers identified barriers to preventive health services for young children (including well-child visits, vaccinations, and pediatric dental exams). Barriers include: lack of knowledge about what services exist and how to access services, lack of transportation, lack of access to child care, low literacy rates, and high rates of historical trauma.¹¹
- Support with system navigation is a common need, especially for immigrants who are new to the country and may not speak English.¹²

Generally speaking, low-income families face many more barriers to care than middle and high-income families, and barriers that are shared between these two demographics are amplified in low-income families. Furthermore, immigrant families, most of whom belong to the low-income group, face a number of additional barriers to preventive care.¹³

Families deferred health care and early intervention services because of COVID-19, reducing opportunities to identify and address developmental delays that impact kindergarten readiness.

- In the early months of the pandemic, people were deterred from accessing non-essential health care visits. Parents often did not take children 0-3 years old to well-child check-ups where developmental delays may have been identified, and families, educators, and physicians were less likely to make referrals to evaluation and early intervention services for children with known or suspected special health care needs due to COVID-19 exposure concerns. The result was that immediate developmental delays were not identified and addressed, and there is now a greater likelihood of future impacts on kindergarten readiness and learning.
 - 2020 saw a 17% decrease in referrals to Single Entry Access to Services (SEAS), compared with 2019. SEAS offers families and medical providers a central point for resources and referral to services for children with known or suspected special health care needs.¹⁴

During the pandemic, **the number of referrals** for Whatcom County children with suspected special health care needs decreased by 17%.

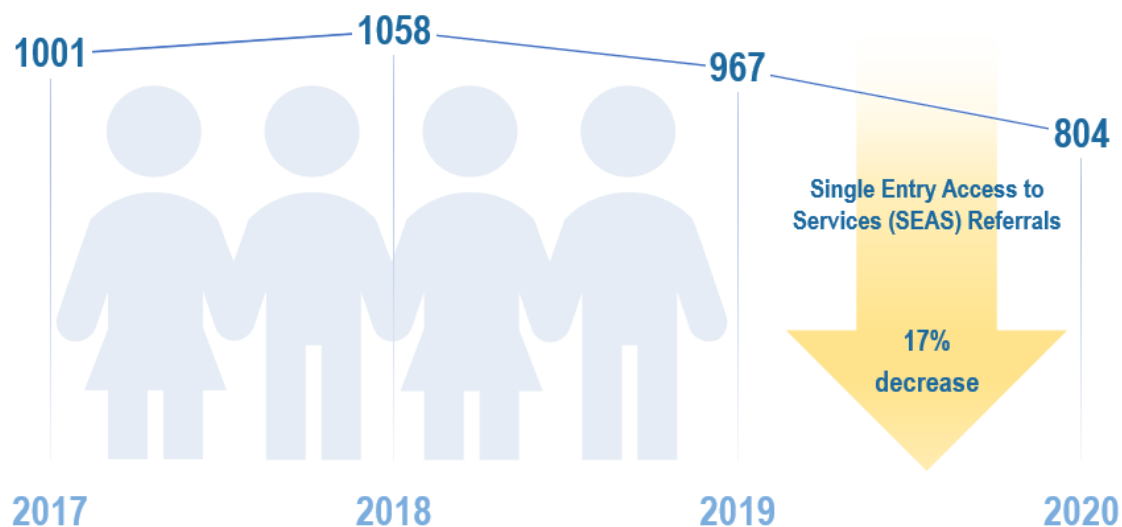


Figure 3: SEAS Referrals Data, 2017-2020.¹⁵

- RAPID-EC, a nationwide survey conducted on a weekly basis since the beginning of the pandemic, noted significant inequities for families with children who have special health care needs. These findings were reflected in discussions with Whatcom County providers as well.¹⁶

Our data, and other reports, have also shown that families with a child with special needs, in which numerous economic and social disparities were documented prior to the pandemic, have experienced disproportionately greater challenges in many domains over the course of the pandemic. These families have also had less access to social and emotional supports than other families. There are healthcare disparities between these and other households: 50% of special needs children missed a well-baby or well-child visit, significantly more than the 39% of other households. Also, one in four children with special needs (significantly more than other children) also did not receive routine vaccinations or preventive well-child visits.¹⁷

- As the pandemic wanes, more families are seeking services for their children and wait lists have lengthened, further delaying care for developmental delays that benefit by early intervention.

Pivotal local agencies that provided specialized services for children closed because of the pandemic.

- Kornerstone Kids, which offered multiple types of therapy for children ages 0-17 years old, closed in June 2020. Kornerstone's closure means that other providers' wait lists are now longer with families waiting 6-12 months for speech therapy, 3-12 months for occupational therapy, and up to 6 months for physical therapy.¹⁸
- Endless Potential, which provided Applied Behavior Analysis services for families living with autism and other developmental disabilities, sent an announcement in April 2021 saying, "Sadly *Endless Potential* has been unable to overcome the financial challenges inherent in operating during the pandemic, and we're forced to close our doors." ¹⁹

There are not enough early intervention service providers.

- Organizations that provide early intervention services are short staffed.
- Students training as educators and Speech Language Pathologists had difficulty fulfilling requirements and finding internships during the pandemic, adding to workforce shortages.

positive impacts

Schools and ECE programs discovered many ways to adapt practices to help children and families maintain access to needed supports.

- Whatcom County school districts, Child Care Aware NW early learning and mental health coaches, and child care providers, including the YMCA, worked with Whatcom Unified Command to ensure access to child care for essential workers, and access to food that schools and ECE programs provide.²⁰
 - Districts provided paraeducators, Wi-Fi equipment, and curricular materials to 17 child care centers across the county from June - November 2020. This enabled child care centers to provide educational support to pre-K through 5th grade students doing remote learning.
 - Generations Early Learning & Family Center is one example of an ECE program that expanded to provide a kindergarten class, allowing children to stay in their familiar preschool setting and participate in kindergarten while schools were closed.
- Child Care Aware Early Learning Coaches and Infant and Early Childhood Mental Health Consultants pivoted from on-site to online weekly check-ins with child care providers offering support to: address challenging behavior; document open capacity; deliver personal protective equipment; assist with completion of grant applications; and provide support to manage the emotional impacts on teachers, children, and families during transitions taking place throughout the pandemic.
- Although home visits were not possible, teachers in the Early Support for Infants and Toddlers program were able to work with parents online and coach them in working with their children. Parents reported being more involved with their children, which will have long-term benefits.
- School staff have seen numerous benefits of smaller class sizes.
- The flexibility of hybrid classes has worked well for some students and raised awareness about the need to be intentional and make good use of in-person class time.
- Changes in federal rules have enabled all students to receive free meals. This will continue into the 2021-22 school year. This is a very significant change in the direction of equity with the potential to eliminate the stigma that associates school meals with poverty.

*I think there's this idea that children had a learning loss. No, they didn't. **They had a schooling loss.** They didn't come to school, but they've learned a ton. And in some ways their learning has been exponential. **So how are we ready for our students?** How will we shift when they come back to be ready for where they've been and the experiences they've had? ²¹*

In interviews, Bellingham School District administrators emphasized "meeting kids where they are" and **focusing on the many skills that children and families have gathered** over the course of the pandemic (e.g., resilience, independence, mastery of new technology), rather than on deficits and learning loss.

projections

- An ongoing, perhaps widening, divide is anticipated in the educational outcomes of children who had more resources to support learning during the pandemic and those whose home environment did not have those resources.
 - School administrators anticipate there may be more dropouts and super seniors, and lower graduation rates, in the next few years among older students who lost interest in school with remote classes and fell behind.
- Children 0-3 who could not receive Early Support for Infants and Toddlers services, may experience repercussions in terms of developmental delays from having missed a year of in-person services.
- Because of COVID-19, many families chose not to enroll children in ECE programs, pre-K, and kindergarten over the past year. This will likely result in larger cohorts entering school over the next couple of years. In addition, more students will be entering school who did not receive early intervention for developmental delays. Consequently, more students will enter school needing education support services (e.g., reading specialists, paraeducators, school counselors, etc.).
- Workforce shortages of early learning educators, early intervention specialists (e.g., speech, physical, and occupational therapists), and school support service providers are forecast because their education and training was delayed and/or interrupted by the pandemic.
- The pandemic prompted questions about the way education has been done historically and rapid changes in practices, which may inspire future innovations in the educational system.

I would like to hope we can reflect and grow and dare to dream to see education differently.²²



*[The pandemic] caused us to **question and then restructure education as it's always been historically known**. I think it also broadened our definition of education. And **the spotlight was really on the relationship between the community, the district, and the family**.²³*

child care

as an indicator of employment & economic opportunity



Temporary and permanent closures of child care facilities are worsening pre-existing shortages of child care slots.

Reduced options, coupled with high child care costs during a time of global financial uncertainty, has threatened family budget stability. In many cases, it has also impacted women's ability – especially non-white women – to participate in the workforce. Effects on a family's finances have ripple effects for food security, housing stability, and mental well-being.

Why this matters for health: In addition to setting children on the best trajectory to good long-term health, affordable, high quality child care opens up educational and economic opportunities for parents and caregivers that allow them to provide the basics for their families. It also promotes gender equity, since women more often earn lower wages than men and are more often primary caregivers.

This section will look through the lens of all of these factors, focusing on child care as an indicator of COVID-19 impacts on family well-being.

*With the onset of the COVID-19 pandemic, there is a renewed recognition that **child care is one of the most essential pillars of a strong, resilient, and equitable economy.** Investing in a child care system that works for children, parents, providers, and employers should be a priority in Washington State's economic recovery strategy.²⁴*

summary of impacts

CURRENT IMPACTS	PROJECTED LONG-TERM IMPACTS
<ul style="list-style-type: none">↓ Child care and school closures impact families' finances, behavioral health, housing, and food security.↓ Financial hardship for child care operators.↓ Gap between child care need and availability; inadequate staffing.+ Collaborative and creative efforts to address shortage.+ Benefits of flexible work schedules.	<ul style="list-style-type: none">↓ Parents need wage increases, expanded child care capacity, and/or child care subsidies.↓ Widening gap between needed and available spots.+ Working from home changes child care needs.+ Creative, new child care models.+ Federal funding and policies address child care shortage.

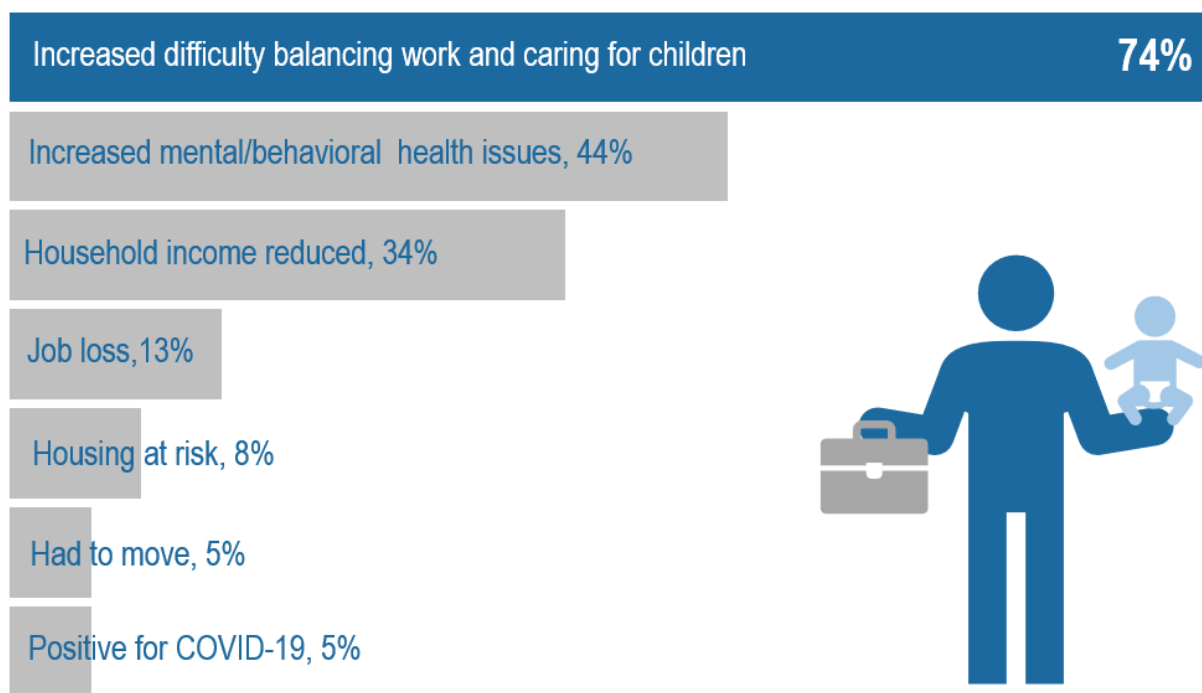
negative impacts

The closure of child care facilities and schools due to the pandemic had a direct impact on families' incomes, housing and food security, and our county's economic health.

- School and child care center closures because of COVID-19 resulted in many parents, disproportionately women, leaving the workforce. The numbers of women who left the workforce varied by race and ethnicity, with non-white, single mothers facing the biggest employment challenges.²⁵
- Other sources of child care support that families rely upon were not available during the height of the pandemic.
 - Many formal and informal child care supports (e.g., licensed child care family homes and centers, grandparents, friends) were not a safe option.

- Parents of children with special health care needs lost access to skilled in-home child care providers, leaving them without any respite care. This was a factor limiting these parents' ability to maintain employment during the pandemic.
- Essential workers who lost access to child care centers often resorted to informal care from family, friends, or neighbor arrangements.
- Reduced incomes threatened families' housing and food security, and increased stress on the whole family, with resulting behavioral health impacts.

The 2021 WWU Child Care Demand Study found that the increased difficulty in **balancing work and child care was the biggest COVID-19 impact** for survey takers.



Percentage of 1,312 survey takers responding to the question "How did COVID-19 impact your household?"

Figure 4: Balancing work and child care.²⁶

One year of child care for kids under five costs more than **one year of college tuition**.

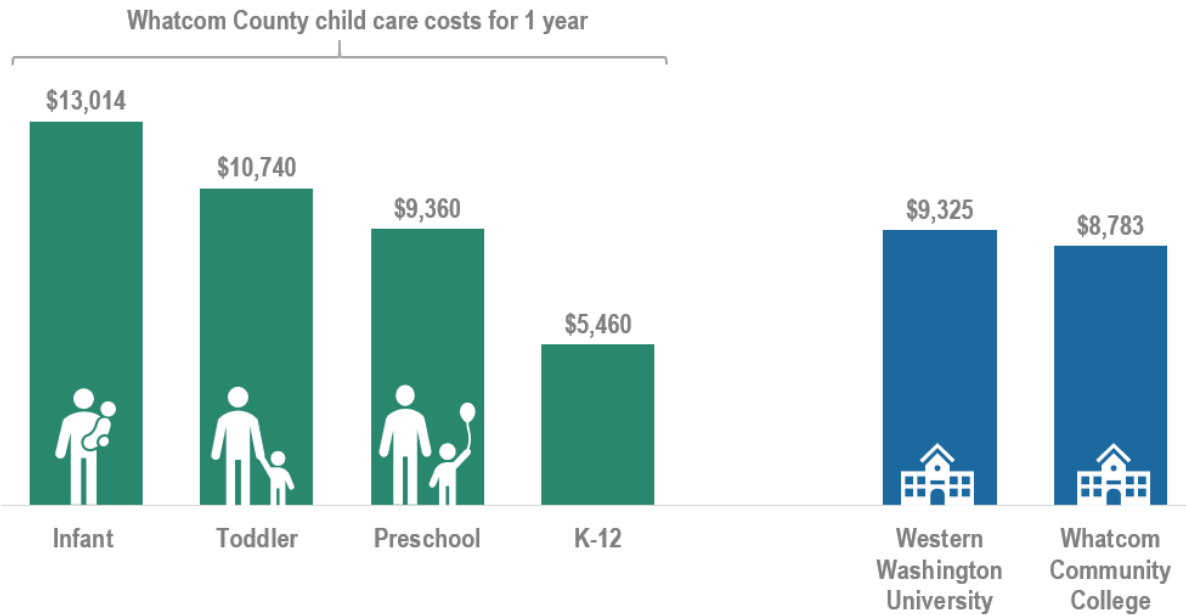


Figure 5: Relative cost of child care.²⁷

A very high percentage of families' budgets goes to child care. This was true before the pandemic and became even more of an issue.

- Child care is the biggest expense in Asset Limited, Income Constrained, Employed (referred to as "ALICE") families' budgets. Families that are not income eligible for a subsidy program must allocate nearly 30% of their budget to child care expenses.²⁸
- One year of early child care for an infant, toddler, or preschooler in Whatcom County costs more than annual tuition and books at Western Washington University or Whatcom Community College.²⁹
- With changes in employment during the pandemic (e.g., lay-offs, reduced hours, and job losses), the cost of child care became prohibitive for many families.
- Some child care providers charged their usual rates but had to reduce the number of hours of service in order to comply with pandemic protocols to have small cohorts of teachers and children. Families wound up with less child care.

The pandemic imposed excessive financial hardship on child care operators.

- Factors that have made it hard for child care providers to remain solvent are:
 - 30% increased operating costs to comply with COVID-19 sanitation and hygiene requirements.³⁰
 - A gap between what parents can afford to pay and the operating costs to provide quality care.
 - Lower child-to-staff ratios and increased staffing required to meet COVID-19 safety guidance.
 - Lower enrollment because of parents losing employment and/or staying home with children.³¹
 - The financial impacts of COVID-19 were felt differently by publicly-funded ECE programs and private child care.

Child care centers and homes were particularly hard hit, far more so than public schools and Head Start. Publicly-funded programs of all types fared better than privately-funded programs because public investments helped stabilize programs as they weathered closures and drops in enrollment and attendance.³²

The amount of **currently available child care for kids under age 5** will need to triple by the year 2025 in order to meet Whatcom County's anticipated child care needs.

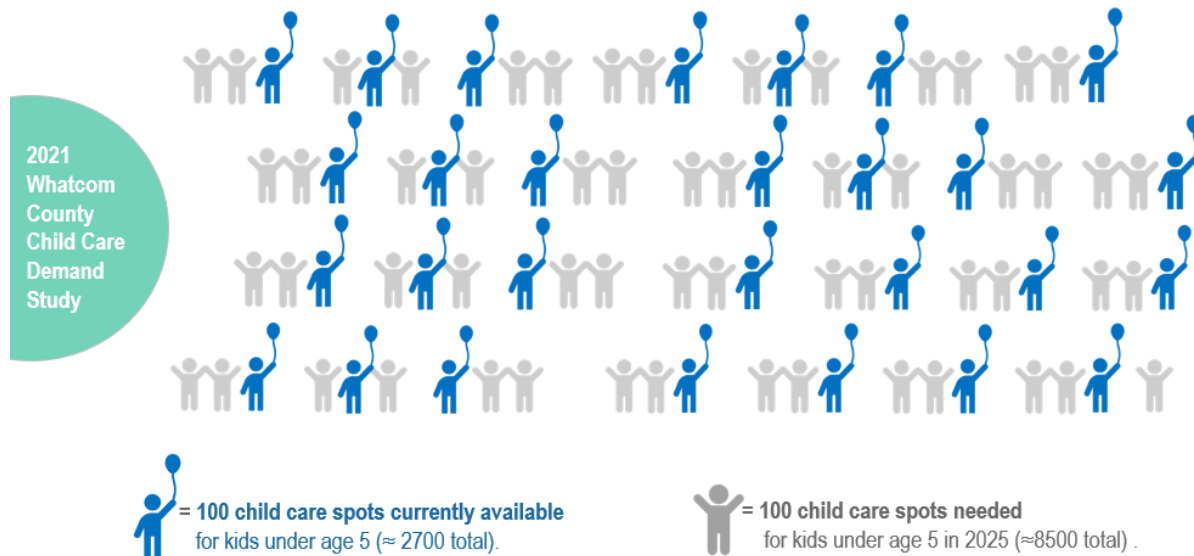


Figure 6: Anticipated child care needs.³³

There continues to be a large gap between the current availability of slots in licensed child care facilities and the projected need for child care.

- In June of 2021, there were 2,733 early child care spots available for Whatcom County children. By 2025, the number of additional early child care spots needed will be 5,768 for a total demand of 8,501 early learning spots.³⁴
- Ten Whatcom licensed care providers have closed permanently because of COVID-19, and eight have opened between February 2020 (pre-pandemic) and June 2021. The net effect has been a gain of slots for three additional children.³⁵
- Whatcom County was identified as a “child care desert” before COVID-19, and work has been ongoing for several years to address this issue. The pandemic increased the urgency to fix the situation.

There are not enough qualified child care staff to meet current and anticipated needs.

- As of June 2021, some capacity exists as the state re-opens, but it is now going unused due to staffing challenges. There are 618 vacant early child care spots, but many licensed providers aren't able to fill to capacity for multiple reasons: they can't afford to hire additional staff, they can't find qualified staff, parents are unemployed and/or can't afford child care, or parents are concerned about COVID-19 safety.³⁷
 - 10% of family child care staff and 32% of center staff are not working either because they were laid off (23%), or because of providers' concerns about COVID-19 (19%).³⁸

*...The story lines in our data are rooted in longstanding challenges that American families with young children faced prior to the pandemic. **The pandemic did not cause these issues to arise, but rather has pressurized and thrown them into relief in a way that commands the attention of the general public and its policy makers.***³⁶

Child care providers make low wages that are not commensurate with the skills and credentials required to do the work, nor the high value their work contributes to society. In Whatcom County, the average wage is \$15.77 per hour (\$32,800 average annual salary).³⁹

*In Washington, child care employees rank in the third percentile of total earnings among occupational groups. A Bachelor of Arts in early childhood education was found to have the lowest projected lifetime earnings of 80 college majors considered.*⁴⁰

- Given that the vast majority of child care providers are women (94% in the U.S.), and 50% are people of color, “Competitive living wages and access to healthcare insurance coverage are key components in stabilizing the child care industry and addressing racial inequities for the child care workforce and the families they serve.”⁴¹

positive impacts

The dramatic negative impacts of the pandemic demonstrated the essential role child care plays in the functioning of our economy and the well-being of families with young children. This **increased the sense of urgency to address the pre-existing shortage of child care in our county.**

Collaborations begun before the pandemic moved forward with added momentum.

- The [Center for Retention & Expansion of Child Care Northwest](#) opened in August 2020. This partnership between the Opportunity Council and Bellingham Regional Chamber of Commerce is working to stabilize and expand the local child care market. They are helping programs that had to close during the pandemic to pay off debts and are providing start-up grants for people who want to start child care businesses. They also are working with developers to incorporate early learning and child care spaces into new developments.
- Major employers and child care organizations have been meeting to strategize ways to increase affordable, quality child care in the North County/Ferndale area so businesses can find and retain qualified employees.

Child care providers have been inspired by their experience during the pandemic to offer more outdoor activities.

- Since COVID-19, many more currently licensed programs are seeking grant funds to purchase equipment and special curricula and to construct shelters so that they can move a greater portion of their daily activities outside.
- There are community members actively exploring opening a completely outdoor, licensed child care program. Compared with pre-COVID-19, many more families have indicated a strong interest in this option. In the [Whatcom County Child Care Demand Study](#) conducted in May 2021, 81% of respondents surveyed indicated they would like to see more outdoor education in child care.⁴²

A policy change to the Working Connections Child Care program implemented in August 2020 has potential to help develop a workforce for all types of jobs. It allows single parents enrolled full-time in a vocational education program to get a child care subsidy while going to school, removes the additional work requirement, and allows students to pursue a broader range of career tracks while maintaining eligibility.

- This means that more single parents can pursue education for career advancement, including in the child care profession.
- In practice, the increase in child care subsidies parents receive does nothing to change the number of available child care slots accepting subsidies. All newly subsidized children may just help to lengthen the wait lists for the same number of slots.

Parents benefit from flexibility of family-friendly work schedules.

- During the pandemic, many types of businesses have allowed for more flexible scheduling and working from home. Not only has this helped reduce the spread of COVID-19 in the workplace, but it also has enabled employees the autonomy to work around the needs of their families while child care facilities and schools are closed. This family-friendly scheduling is something employees would like to continue.

I just really hope that workplaces will stay committed to flexibility and supporting families and not just say, "OK, now it's time to come back nine-to-five and that's it," because that doesn't work; that is a broken system."⁴³

projections

- Given lost jobs and income during the pandemic, many parents will not be able to afford to return to work without adequate wages or subsidies to pay for child care.
- More businesses may adopt family-friendly practices allowing employees to continue working from home, which could shift child care demand.
- There will be greater experimentation with creative, new child care models.
- The federal government is currently considering funding and policy action around child care. Action nationally could bring in new money and opportunities to address child care shortages.

If the local economy is to recover and grow as hoped, the gap between the number of families seeking affordable quality child care and the number of slots available will continue to widen as the local population grows.



housing security



Layoffs, job losses, school closures, and lack of child care impacted housing stability, as people were unable to pay their rent and mortgages.

The accumulation of debt is a burden that will likely persist post-pandemic and make it challenging for people to regain solvency without substantial financial relief. American Rescue Plan Act (ARPA) funding that is coming to Whatcom County is essential for eviction prevention, and concerted effort is needed to distribute the funds quickly to mitigate both financial strain for landlords and potential evictions of tenants. The more long-term and intractable issues are the lack of available and affordable housing.

Why this matters for health: Safe and affordable housing is an essential component of healthy communities. Housing conditions and affordability both have implications for well-being. In areas where housing costs are high, people may have to select substandard living conditions, make cuts to other parts of their budgets, or make longer commutes to work and school. Households that put a significant portion of their budget toward housing cut costs in other areas, spending less on food, transportation, education, child care, and health care. This reduction in spending impacts the household's quality of life, can add to stress and poor mental health, and may prevent people from meeting basic health needs.

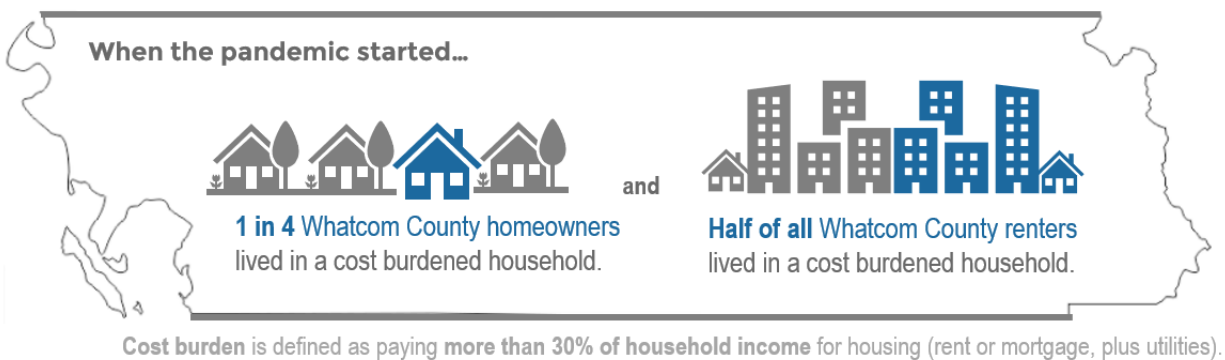


Figure 7: Cost burdened households.⁴⁴

summary of impacts

CURRENT IMPACTS	PROJECTED LONG-TERM IMPACTS
<ul style="list-style-type: none">↓ Worsening lack of affordable housing for rent or purchase.↓ Large debts from unpaid rent/mortgages and other bills.↓ Insufficient workforce in housing support programs.↓ Increased costs and length of time to develop additional housing.+ Eviction moratoriums and rental assistance kept people housed.+ Increased awareness and momentum to address housing issues.	<ul style="list-style-type: none">↓ Worsening trends in housing affordability and availability.↓ Unpaid debts may result in evictions/homelessness.↓ Increasing gap between need for housing services and housing support system capacity.↓ Ongoing delays and increased costs for housing projects.

negative impacts

Housing affordability and availability are still on the same pre-pandemic trajectories and getting worse.

- COVID-19 temporarily slowed the increased migration into Whatcom County, but the projected population growth trend, on top of an existing housing shortage and affordable housing deficit, means that housing insecurity and homelessness will increase, particularly for Black, Indigenous, and people of color.^{45, 46}
- Whatcom County housing prices continue to escalate, and time on the market and inventory are decreasing. It is becoming nearly impossible for lower- and middle-income earners to purchase or rent housing in Bellingham or nearby communities.

In the past 5 years, **median home sale prices in Whatcom County** increased by twice as much as the **median household income**. In June 2021, median home sale prices are above half a million dollars.

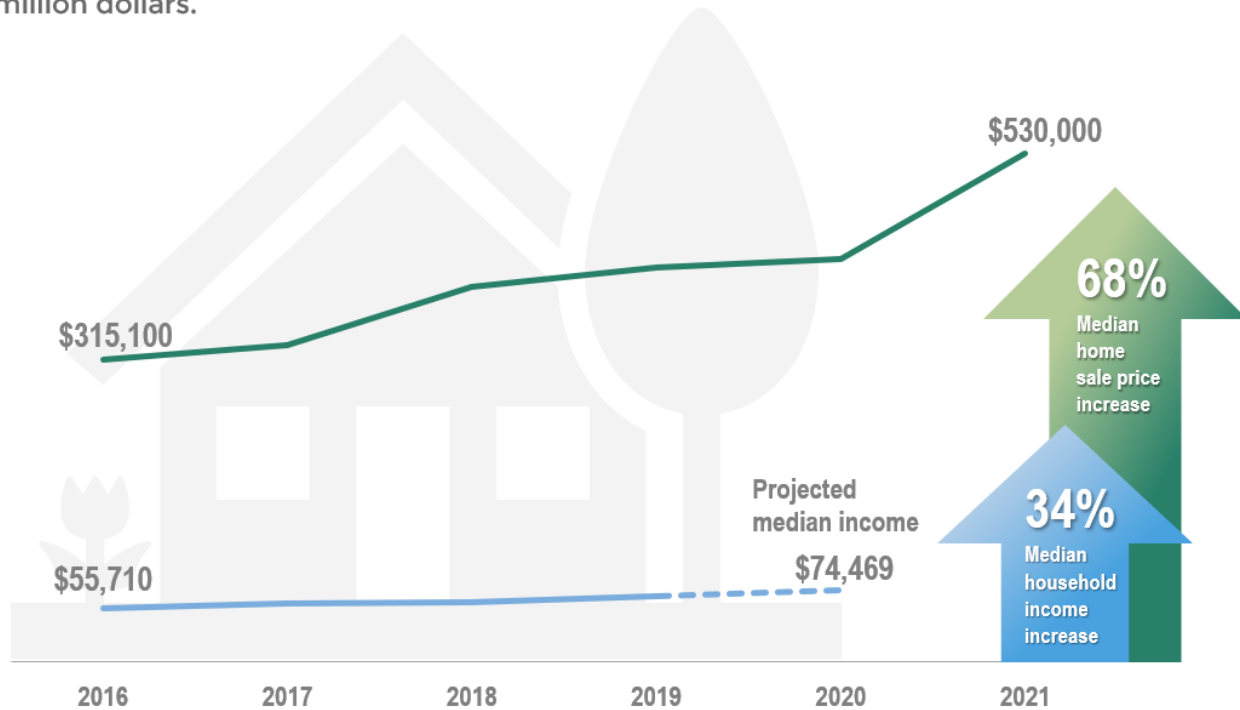


Figure 8: Median household income vs. median home prices.^{47, 48}

Some landlords are preparing to raise rents following the end of the eviction moratorium. Under the Governor's "bridge" extending the ban on evictions through September 30, 2021, landlords may now give 60-days notice of a rent increase to month-to-month renters, and raise rents for others when their leases are up.⁴⁹ Higher rents will increase housing insecurity for more people already living on very tight budgets.

Rent prices throughout the area are skyrocketing as the state begins a phased lifting of its pandemic-spurred eviction moratorium. In Bellingham, many tenants are getting the unwelcome notification that their rent will increase in the coming months, prompting anger as they grapple with the question of whether they can continue living in their homes.⁵⁰

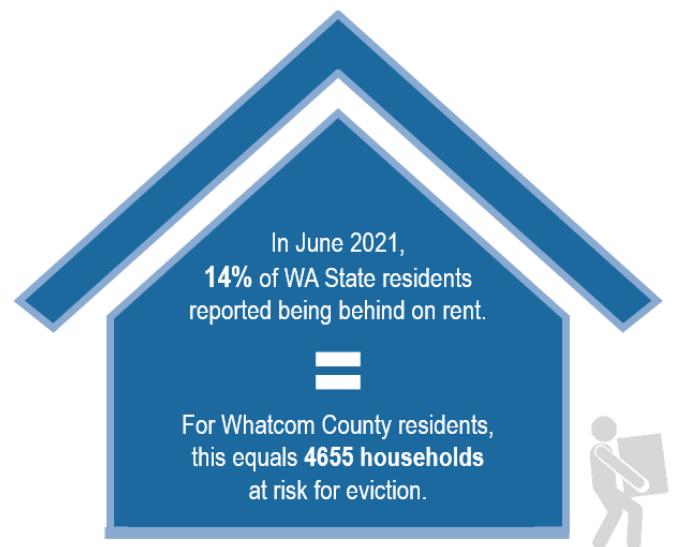


Figure 9: Households at risk for eviction.⁵¹

Low-income families may deal with the high cost of housing by living in crowded conditions which creates additional risks of COVID-19.

- One factor that has contributed to the disproportionately high rates of COVID-19 among low-income families and certain ethnic groups is crowded living conditions with multiple generations, or multiple families, living in an apartment or RV, creating the optimum conditions for the virus to spread.

There are many systemic barriers for people seeking affordable rental housing.

- Affordable rental housing vacancies are extremely low, creating competition for available units. In spring of this year, the overall rental vacancy rate was 0.8%, and average rent was \$1245/mo. The low vacancy trend may have accelerated during this phase of the pandemic as businesses began reopening, increasing people's need/desire to move for work, while the eviction moratorium was still in place.⁵²
- People with Section 8 housing vouchers or any blemish on their rental record (e.g., previous eviction) are at a disadvantage in a landlord's market.
- Applications for rental housing are typically \$30-\$75 each, and people have to submit many applications before they find a place.
- Applicants undergo credit and income verification and must meet a particular income-to-rent ratio to be considered for housing.

Some people have amassed substantial debt during COVID-19, including unpaid rent and mortgages, and the Governor's ban on evictions is temporary.

- The Census Bureau estimates 195,000 renters in Washington State are behind on their rent, with accumulated total rent debt between \$1.1 – \$1.2 billion dollars.⁵³
- Debts include not only rent/mortgage payments, but also car payments, medical expenses, student loans, etc., which may not be covered by federal relief funds.

There are increasing workforce challenges in housing support programs.

- It is challenging to hire providers in housing programs (e.g., Opportunity Council programs, on-site service providers at subsidized housing facilities, transitional housing, etc.). Wages for most positions are \$15-\$20 per hour.
- The stresses of providing housing support during the pandemic made a difficult job harder, especially for those new to the field.

Our housing providers often look to recent graduates from Western to provide case management services. This means they are new to the work and dealing with some pretty complex situations at a time when everyone's feeling the weight of the pandemic. So you've got your own internal feelings and suddenly you're in situations with folks who are going through significant hardships.⁵⁴

- A large amount of federal COVID-19 relief funding came into the community to help people with rent and utility arrears and prevent a "tsunami of evictions." However, there is pressure for rapid deployment of the resources, which includes targeted spend-down dates. One of these Treasury programs has a target of 65% of \$6.8 million to be committed or spent by September 2021 (though the contract does not end until September 2022). This is a very large lift for staff working to get this assistance out, and the administrative portion of the grant is at a level that does not allow for competitive pay to increase the number of staff to do this work.⁵⁵

Barriers to building new houses have increased due to the pandemic.

- COVID-19 increased the cost of building materials and worsened an already existing shortage of construction labor force. These two factors make the building of new houses in the near future much more challenging, and additional resources will be required to build affordable housing.
- City and government processes related to new builds are taking longer due to shifts in staffing for the pandemic response.

positive impacts

Eviction moratoriums and mortgage forbearance enacted during the pandemic have saved many people from eviction and probable homelessness.

- Governor Inslee implemented a “bridge” extending the ban on evictions through September 30, 2021 as plans for distribution of federal relief dollars for rental assistance are made.⁵⁶
- A federal extension of mortgage forbearance for qualifying multifamily property owners until the end of September will help some landlords who cannot afford their mortgage payments.⁵⁷
- The Washington Department of Financial Institutions has requested mortgage loan servicers do what they can to alleviate hardship for people unable to pay their mortgages because of COVID-19, including postponing foreclosures.⁵⁸

The amount of ARPA funding for eviction prevention and rental assistance coming to Whatcom County (nearly \$40 million) is projected to be adequate to meet the needs of households currently behind on their rent. The challenge will be to process the applications and payments before the “bridge” expires this September.⁵⁹

Federal and state rental assistance has been available to help people stay housed or get into housing (e.g., Eviction Rent Assistance Program and Treasury Rent Assistance Program pay for up to 12 months of rent for people who are experiencing homelessness or housing instability).⁶⁰

In March 2021, both the City of Bellingham and the Whatcom County Council approved a sales tax for low-income housing and mental health services. At least 60% of the funds must be spent on vulnerable populations, such as homeless families with children.⁶¹

- Bellingham City Council unanimously approved a Sales & Use Tax for housing and related services that could generate up to \$3 million a year for affordable housing programs.⁶²
- Whatcom County Council approved an additional 1/10th of 1% sales tax which is expected to generate \$2 million a year.⁶³

Collaborations have developed to prevent evictions.

- Whatcom County Health Department brought together Northwest Justice Project, Law Advocates, Whatcom Dispute Resolution Center, and Opportunity Council to meet regularly to ensure a coordinated effort to prevent evictions. This includes clarifying access points for services, communication strategies for sharing resources about Whatcom County legislation around evictions during the moratorium, and what local courts are expected to do.

There is increased awareness of the lack of affordable housing inventory, both for rent and for purchase, and political momentum to address this issue.

projections

- Affordable rental units will continue to be in short supply and competitive to secure.
- House prices will continue to rise with continued migration to this area and low inventories of houses for sale.
- The “bridge” extending the ban on evictions will end September 30, 2021. Those who have been unable to secure enough financial assistance to pay back-due rent and other accumulated debts may face eviction and potential homelessness.
- Homeowners and multifamily property owners also will face repayment of accumulated mortgage debt when COVID-19 hardship forbearance ends. An increase in foreclosures is likely.
- Current workforce shortages in housing support programs will become a bigger issue as the projected need for services increases.
- Impacts to the construction supply chain caused by the pandemic will continue. The cost of building materials may remain high for quite a while, making construction of new housing, and restoration/renovation of existing structures, more expensive.

homelessness

crisis intervention



For people who already were barely getting by before the pandemic, the impacts of COVID-19 were swift and harsh.

Lack of income and child care, coupled with the need to maintain physical distance to prevent the spread of COVID-19, drove many families from friends' couches to homelessness. Federal relief funds paid for motel rooms for families with children, providing a new shelter option, albeit an expensive and temporary one. Between the pandemic and community activism over the past year, the issue of homelessness in Whatcom County has risen to the forefront, adding momentum to ongoing efforts to implement more permanent solutions.

Why this matters for health: A safe and stable home is a basic foundation on which to build a healthy life. People experiencing homelessness are more vulnerable to a broad range of acute and chronic illnesses, such as hypertension, diabetes, and behavioral health issues. Additionally, substance use and mental illness are contributing factors that lead some to become homeless, and a lack of housing makes treating those health concerns all the more challenging.⁶⁴

summary of impacts

CURRENT IMPACTS	PROJECTED LONG-TERM IMPACTS
<ul style="list-style-type: none">↓ Tenuous living arrangements with family/friends ended; surge in homeless families with children temporarily housed in motels.↓ Housing assistance programs stagnate, limiting access to services.↓ Reduced homeless services to ensure COVID-19 safety.↓ Need for more housing support staff.+ Increased urgency, funding, and action to address and prevent homelessness.	<ul style="list-style-type: none">↓ Temporary funding and housing support programs may end; homelessness may increase.↓ Continuing low inventory of affordable and transitional housing options.↓ Resumption of homeless outreach services.

negative impacts

COVID-19 revealed how tenuous many people's living arrangements have been.

- There was a 22% increase in homeless individuals counted in the 2021 Point in Time study over 2020, and the total number of people (859 in 2021) was the highest since counting began in 2008.⁶⁵ It is important to note that this is an undercount of the actual number of homeless individuals, as it always is, because the count is based on one point in time and misses fluctuations in the homeless population, and because of the difficulties locating many unsheltered individuals. This year, the pandemic made the Point in Time count even more challenging because it was done by staff rather than a large group of volunteers, and they could not cover the whole county as thoroughly as usual. Furthermore, many of the places where homeless individuals can be contacted were not open (e.g., libraries, food banks). The differences in data collection methods that were necessary due to COVID-19 make it challenging to draw conclusions about year-over-year trends in homelessness.
- One of the more stunning impacts of COVID-19 was the sudden displacement of families with children who had been experiencing housing insecurity and were staying with family or friends. The tenuous nature of their housing arrangements became clear when the pandemic hit and they had to move out for reasons such as not being able to contribute to household expenses because of lost income, as well as to reduce the number of people in the home and possible exposure to COVID-19. These families had not been counted as homeless when they were doubled up with others, but once they left those situations, they became officially homeless. This was reflected in a 50% spike in the number of homeless families in the Point in Time count.⁶⁶

This year's **point-in-time count of Whatcom County families experiencing homelessness** was the highest it's been since 2011, reversing a previous downward trend, and increasing 50% from last year's count.

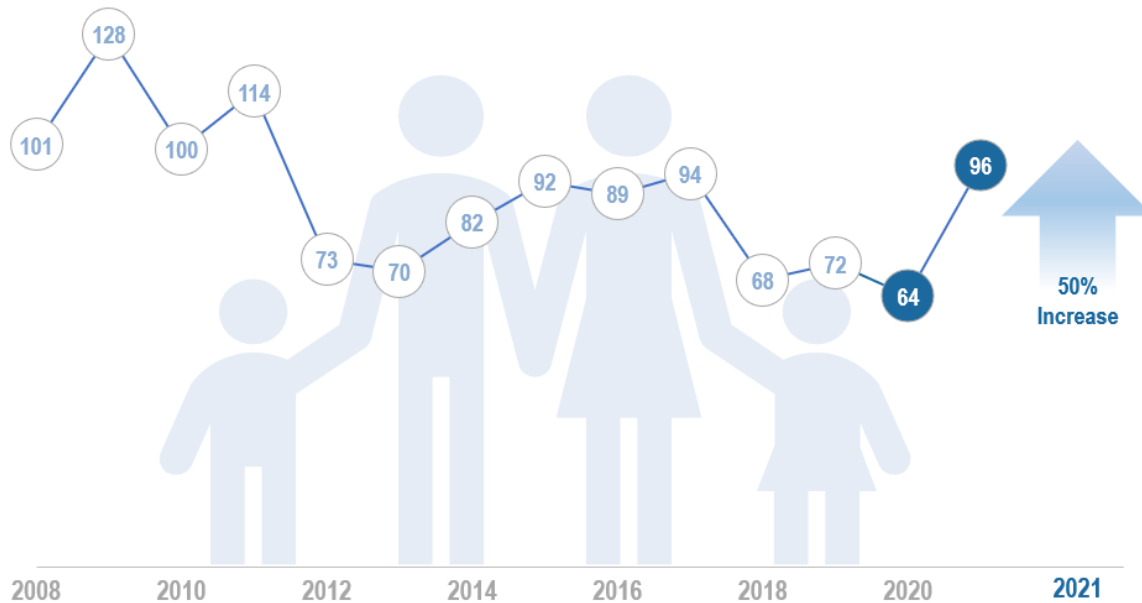


Figure 10: Whatcom families experiencing homelessness.⁶⁷

- Race and ethnicity continue to be correlated with homelessness. In the Point in Time Count, 32% of people reported their race/ethnicity in a category other than "white, non-Hispanic," whereas the 2019 U.S. Census reported 23% of people in Whatcom County in these non-white categories. Since neither of Whatcom County's two tribal communities were surveyed this year, the actual number of non-white homeless individuals may be significantly higher.⁶⁸

Although people of color in Whatcom County experience poverty at higher rates than their white neighbors, this does not fully explain the disparities in homelessness. For example, census data shows that the American Indian and Alaska Native population accounts for about 5% of Whatcom residents in poverty, but this demographic accounts for 9% of people experiencing homelessness, as counted in this report.⁶⁹

- Fortunately, new shelter options were made available with additional funding resources for COVID-19 mitigation so many families were able to be temporarily housed in motels.

- There was a ten-fold increase in the number of households housed in motels during the pandemic (from 8 in spring 2020, to 88 in March 2021); families with children accounted for most of this increase.⁷¹

Ironically, the increased funding led to new placement options which contributed to more families reported to be experiencing homelessness this year.⁷²

- An increase in the number of individuals and families living in RVs on the side of the road has been noted anecdotally.



*...Over the past year, we've just seen a **heartbreaking increase in families with kids experiencing homelessness...** the instability we've seen [is] just dramatic...I think a lot of folks in the past were doubled up with relatives and that became untenable during COVID-19.⁷⁰*

During the pandemic, people have needed to use housing assistance programs for longer periods of time, reducing openings for new program applicants.

- The eviction moratorium has kept people in place longer and prevented homelessness, which is good. However, lack of available, affordable housing has created a logjam so people have not moved through programs like Rapid Re-housing as they usually do. This limits programs' capacity and prevents additional families in need from accessing services.

The needs are higher. We're seeing that a lot of families who, pre-pandemic, might have had more economic opportunity to get back on their feet and be self-sufficient... are not experiencing that upward economic mobility and so they're staying in our programs longer. It costs more to support them in the programs, and we have less program openings to move families into.⁷³

The number of Whatcom County families awaiting placement into housing increased by 77% during the pandemic (from March 2020-March 2021).

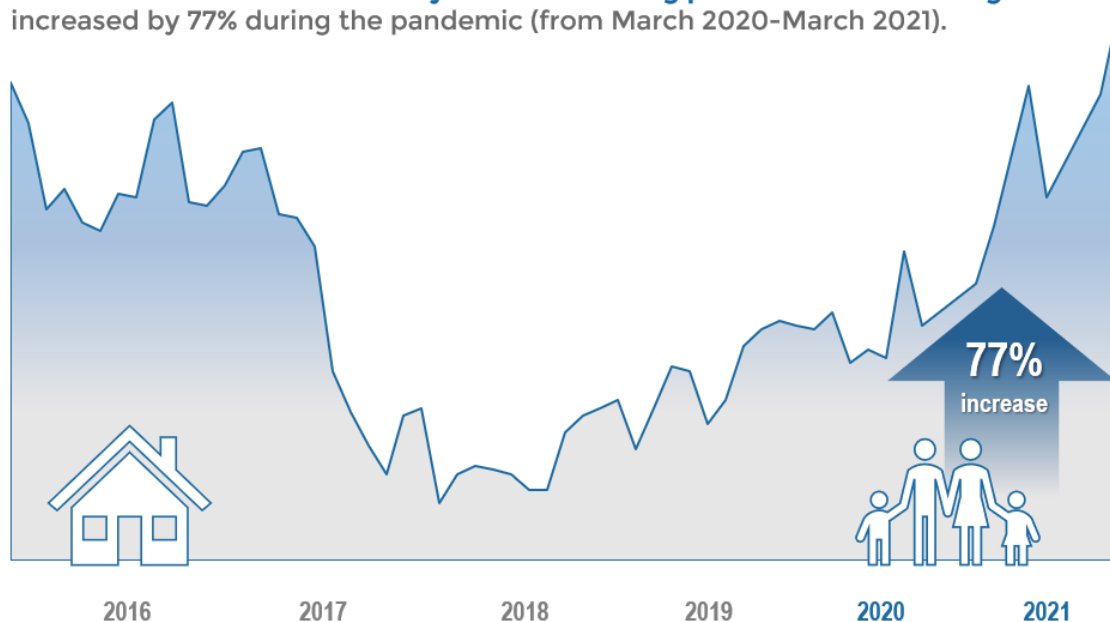


Figure 11: Families awaiting housing placement.⁷⁴

Supports to help keep people housed during COVID-19 are temporary.

- Families in temporary emergency housing, like motels, will be without shelter if no post-pandemic alternative is found.
- Pre-pandemic, the Supportive Services for Veteran Families (SSVF) program run by the Opportunity Council was unable to provide long-term emergency shelter for veterans and their families and had strict timeline limitations for doing so. Pandemic relief funding and a lifting of restrictions has enabled the program to pay for housing 22 veterans' households in motels (six families with children). This increased funding has been contracted by the VA through June 30, 2022. It is unclear when there may be changes to the rules for shelter assistance.⁷⁵

Homeless service delivery models and capacity significantly changed because of COVID-19.

- The Lighthouse Mission drop-in shelter moved twice to spaces with large enough areas to allow people to physically distance.
- Homeless outreach staff could not transport people to services.
- Some drop-in services could not operate. For example, Housing Lab, a drop-in program operated by the Whatcom Homeless Service Center to help people apply for housing, had to greatly curtail services.

More support staff are needed for homeless services and housing programs to be successful.

- Helping people move from homelessness to housing requires more than just buildings. Some housing programs require 24-hour on-site supervision, and many others require case managers, access to treatment programs for behavioral health issues, and other services delivered by skilled staff.
- Wages for many of these positions are typically about \$20 per hour. Given the stressful nature of this work, the wages must be higher to attract and maintain people in these jobs. With some COVID dollars mandating the majority of the funding go to direct financial relief, there is little available to pay for more staff to manage these programs.⁷⁶

positive impacts

Increased awareness of racial injustice and inequities in our society in general, and the disproportionate risks and impacts of COVID-19 in particular, **focused attention on homelessness in Whatcom County.**

- The “Camp 210” encampment at Bellingham City Hall intensified public outcry for more housing options. The community is more aware than ever and could be part of the solution.

There has been extensive collaboration across many service systems with organizations working together to problem-solve and quickly and creatively address needs as they arise. Examples include:

- The collaboration between the Whatcom County Health Department, Lighthouse Mission, Bellingham Public Schools, and other partners to create an overnight shelter that met COVID-19 physical distancing requirements, first at the high school and then at the former Public Market location, now named BaseCamp.
- The Food Security Task Force is a collaboration between food banks, foundations, school districts, and other organizations, to ensure food distribution to the increasingly high numbers of families in need.

*...Things have gotten so bad for so many people so quickly that it seemed to have allowed space for conversations among otherwise privileged groups that have been sort of tuned out, like out of sight, out of mind. So that has **created opportunities for us to advocate and engage people in conversation that they haven't participated in before** and that is good, but it has come at the cost of a lot of human suffering.⁷⁷*

State and federal COVID relief funding has helped prevent additional homelessness.

- COVID-related funding enabled families that were unhoused to be sheltered in motel rooms.
- There are funds to continue providing rental assistance to families.⁷⁸

projections

- Emergency funding that paid for people to stay in motels during the pandemic will end. It is unclear where those affected, who include many families with children, will go given the low inventory of affordable housing stock and backlog in housing support programs.
- The low inventory of affordable housing and transitional housing program slots will continue to be a barrier for people to exit homelessness.
- Outreach services to people who are homeless and unsheltered should be able to resume. This will provide people who are homeless with increased access to housing support, vocational services, and physical and behavioral health care services, as staffing capacity allows.
- Additional funding resources to address homelessness will enable additional support services and housing options.



*We're excited by new local, state and federal resources that will allow us to strengthen existing programs and pilot new ones in the coming months and years. We expect that additional funding, together with **a strong commitment from local leaders to create more affordable housing, will allow our partners to provide more assistance than ever before** and will lead to lower numbers of people experiencing homelessness in the future.⁷⁹*

behavioral health



“...community behavioral health determines the health of entire communities.”⁸⁰

The multiple stressors discussed in the previous sections have taken a toll on the mental health of Whatcom County’s population, while the pre-existing shortage of behavioral health care providers in this area has become an even more significant issue as an increasing number of people seek support.

Why this matters for health: Stable housing, positive social connections, and financial stability are among the foundations that support a healthy family, and disruptions to those foundations can have behavioral health repercussions for many people. A family member’s behavioral health issues such as anxiety, depression, or substance use, can have a major impact on the whole family’s well-being.

summary of impacts

CURRENT IMPACTS	PROJECTED LONG-TERM IMPACTS
<ul style="list-style-type: none">↓ Increased incidence of behavioral health (BH) issues for all age groups.↓ Increased demand for BH care and ongoing shortage of providers; limited services and long wait lists.↓ Persistent inequities in access to community based BH care+ Telehealth helped bridge access to BH services; need equitable access to broadband service.+ Community collaborations and natural supports help meet needs.+ Many teens feel hopeful; some benefit from remote schooling.	<ul style="list-style-type: none">↓ Long-term residual BH issues after the pandemic.↓ Inadequate BH care capacity until the workforce issues are addressed.+ Schools, churches, and other community organizations resume social support role.

negative impacts

During the pandemic, the incidence of behavioral health issues has increased for all ages.

CHILDREN

Pediatric and Family Medicine providers in our community have noted an increase in the number and acuity of pediatric patients presenting to their clinics with mental and behavioral health concerns compared to previous years. We have seen a similar rise over the past 18 months at St. Joseph Medical Center. This swell is not only in the number of children and adolescents presenting in crisis to the Emergency Department, but we have also seen a marked rise in the length of stay for these patients. Children and adolescents with behavioral and mental concerns have limited access to inpatient psychiatric care, so they are having to spend prolonged periods of time in the pediatric unit in order to ensure a safe discharge plan is in place.⁸¹

- Being out of school and isolated from the many professional and natural supports that schools provide (including peers, school counselors, teachers, paraeducators, bus drivers, etc.), has had a detrimental impact on many students' mental health. Students have experienced increased depression, suicidal ideation, and anxiety, especially social anxiety.
- Children with both special health care needs and behavioral challenges were particularly at risk for a behavioral health crisis.⁸²
- Schools are where red flags often are spotted, but with school closures and remote learning (in which students didn't always turn on their video cameras), students having challenges may not have been identified. They returned to school with accumulated and more complex issues.

When the teachers and the other supportive staff in schools lose that opportunity to be face-to-face and connect with kids and just lay their eyes on them to see how they're doing, they miss the opportunity to catch really subtle social emotional markers that tell us how a kid is doing emotionally and mentally.⁸³

- Some youth experience abuse and neglect at home or have unsafe environments. For those youth, spending more time at home creates additional risks. Schools, which often provide critical social and emotional supports, were not able to offer respite for students while operating remotely.
- A statewide [COVID-19 Student Survey](#) was administered to students in 6th-12th grades in March 2021. Students from 23 Whatcom County schools participated. The preliminary survey results indicate that students were concerned about the financial impacts of the pandemic on their families, and 58% of high school students and 45% of middle school students reported feeling sad or depressed on most days during the past year.⁸⁴
- Spending long hours sitting in front of a computer and having fewer opportunities for exercise impacts everyone's physical and mental health. Many of the places children would go for social interaction and exercise were closed during much of the past year (e.g., Boys & Girls Club, YMCA, swimming pool, sports activities). These closures especially impacted children in lower-income families who had fewer alternatives.
- Anticipating the return to school was a stressor for many students. Behavioral health support staff in schools across the county saw more students returning to school with elevated anxiety and depression. Despite feeling overwhelmed, the school routines and social opportunities provided students important benefits, though the general need for behavioral health services definitely increased and is still high.⁸⁵



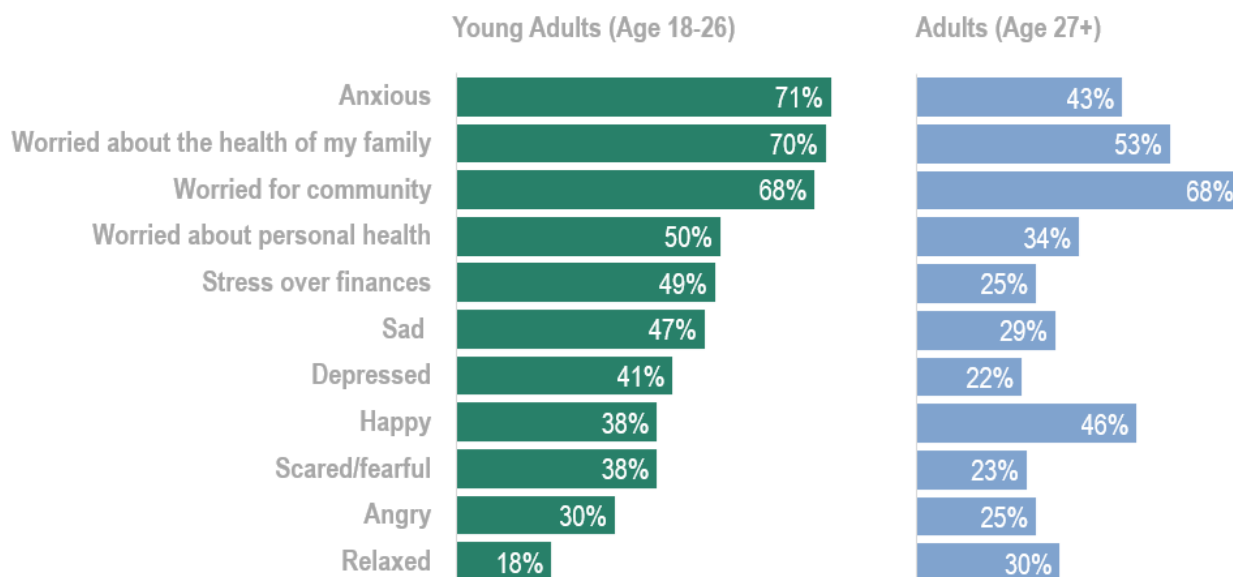
It's just been more apparent how much our schools play a role in the health and mental health of kids.⁸⁶

YOUNG ADULTS

A local study conducted in September 2020 found that COVID-19 impacted the emotional state of young adults in a disproportionate manner.⁸⁷

- Rates of feeling anxious (71.4%) and depressed (40.5%) were notably high amongst young adults compared to older adults (43.5% anxious, 21.6% depressed), though the older adults were not immune from these feelings either.
- In focus groups, many participants reported that previously diagnosed issues had been exacerbated by the pandemic and they faced an increased need for prescribed medications.
- “COVID-19 exhaustion” and a lack of mental health resources also was discussed by participants.

A survey taken during the pandemic found that **young adults in Whatcom County** reported feeling anxiety and depression more frequently than their **adult counterparts**.



Percentage of 4,273 respondents who reported “often” or “always” during the preceding month.

Figure 12: Young adults’ feelings during pandemic compared with older adults.⁸⁸

ADULTS

During the pandemic, the need for crisis services has increased significantly. Dispatches of mobile crisis outreach teams and the number of people detained for mental health reasons have increased as well.

The **weekly average of mental health crisis services** provided by North Sound Behavioral Health Administrative Services increased by 74% during the pandemic.

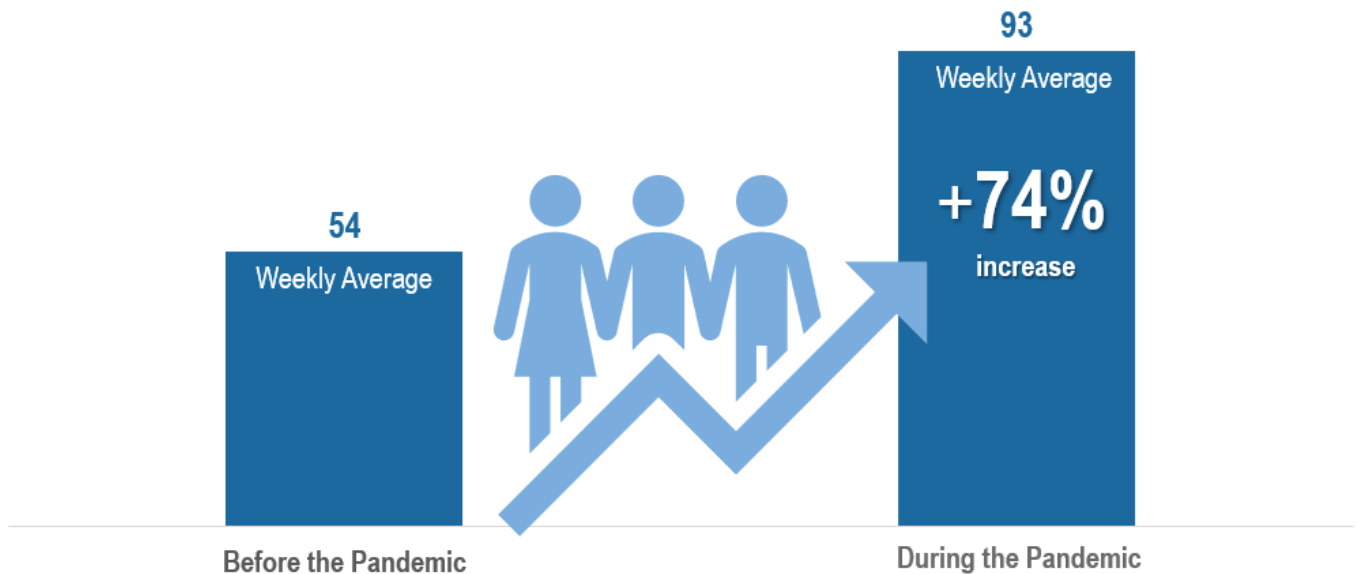


Figure 13: Mental health crisis services.⁸⁹

A self-selected sample of 409 mostly low-income adults who received service through the Opportunity Council responded to a survey in the winter of 2020.⁹⁰ The survey included the question, “How has COVID-19 affected your household?” Responses indicated that:

- Loneliness and social isolation from family, friends, and enjoyable community activities were especially painful.
- Stress over finances because of lost jobs and income was a frequently mentioned source of anxiety for these respondents.

Service providers and community leaders are experiencing the psychological impacts of the pandemic, as well as secondary trauma from assisting others in crisis.

- Exhaustion, burn-out, and emotional distress are common across all services, including child care, social services, health care, and behavioral health care.

...our staff deal with their own stress from their own families, their own fears, maybe illnesses... So everybody is a little sadder, a little more isolated, things are a little tougher, everybody's mental health is suffering some.⁹¹

- The work of behavioral health service providers is stressful at the best of times. During the pandemic the stresses have been compounded. For providers working from home, using telehealth to see clients, there is less separation between work and home life, and fewer opportunities to debrief with colleagues.

The isolation required to slow the spread of COVID-19 was a major source of psychological distress, cutting people off from their typical sources of support.

- Parents, especially single parents, have experienced significant stress from cascading losses of child care, social supports, work, income, and subsequent food and housing insecurity. Parental stress impacts children's mental health.

For a variety of reasons (lack of trained providers, lack of public awareness, stigma, to name a few), maternal mental health issues were under-identified and under-treated before the pandemic, and the gaps in care have become more pronounced during the pandemic. As with most inequities already listed in this report, the pandemic highlighted the racial disparities in mental health for pregnant and postpartum people. This can have a profound effect on our youngest children.⁹²

- Survey data gathered from adults across the country on a weekly basis since the beginning of the pandemic revealed what the researchers called a “chain reaction of material hardship.”⁹³

...parental reports of material hardship in any given week were associated with increased adult distress in subsequent weeks, and adult distress was, in turn, associated with increased child distress in the weeks that followed.⁹⁴

- The supports that small tight-knit groups, such as our tribal communities, provide one another have been constrained by COVID-19. The isolation that is needed to stop the spread of the virus is contrary to the ways people would naturally respond in a time of crisis.
- People with disabilities have not had access to the professional and social supports they rely upon. Parents/caregivers have observed more indications of behavioral health issues.
- The isolation of older adults to protect them from COVID-19 has caused significant losses of social support and declines in mental health.
 - Older adults mourn the loss of connection with family and social supports, experiencing increased depression, and mental and physical decline.
 - Faith-based groups that were providing counseling and social support have had to figure out different ways to reach people.
 - Some older adults do not have technological devices or skills to partake in services or social opportunities offered only online.

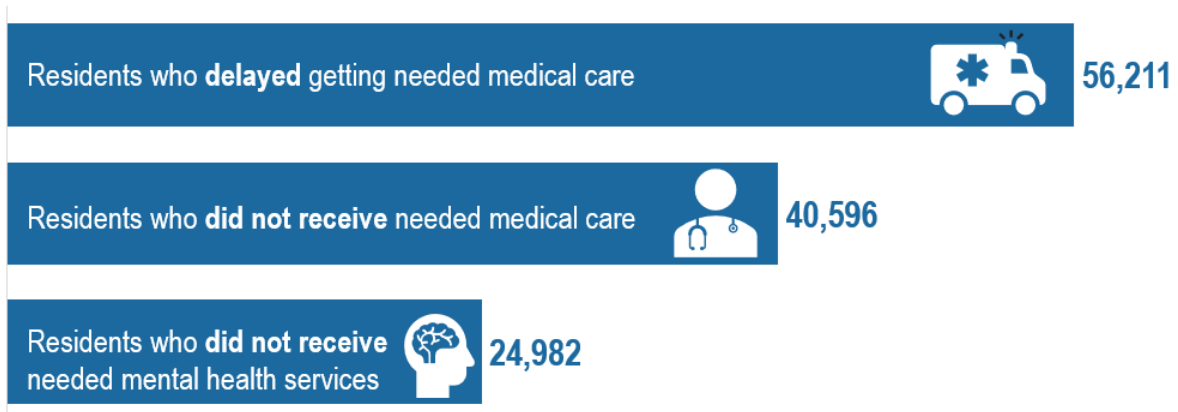


*...it really has impacted people's abilities to gather and **do what they normally do to take care of each other.**⁹⁵*

ADDITIONAL NEGATIVE IMPACTS (IMPACTING ALL AGES)

People delayed seeking physical and behavioral health care during the height of the pandemic, and issues may have worsened.

During the pandemic, **a large number of Whatcom County residents** did not access physical or behavioral health care services when they needed them.



Number estimates are based on WA State Department of Health survey results.

Figure 14: Delayed getting health care.⁹⁶

Throughout Washington State, there was an increase in deaths associated with drug overdoses in the second quarter of 2020, when community-based interventions to slow the spread of the pandemic began, and rates have remained higher than pre-pandemic levels into 2021. Some possible reasons for the increase in overdose deaths are: increased drug use, people using more dangerous types of drugs (e.g., fentanyl), and decreased access to harm reduction programs.

Drug overdose death numbers in WA State increased significantly during the pandemic and continue to stay higher than they have been in the past five years.

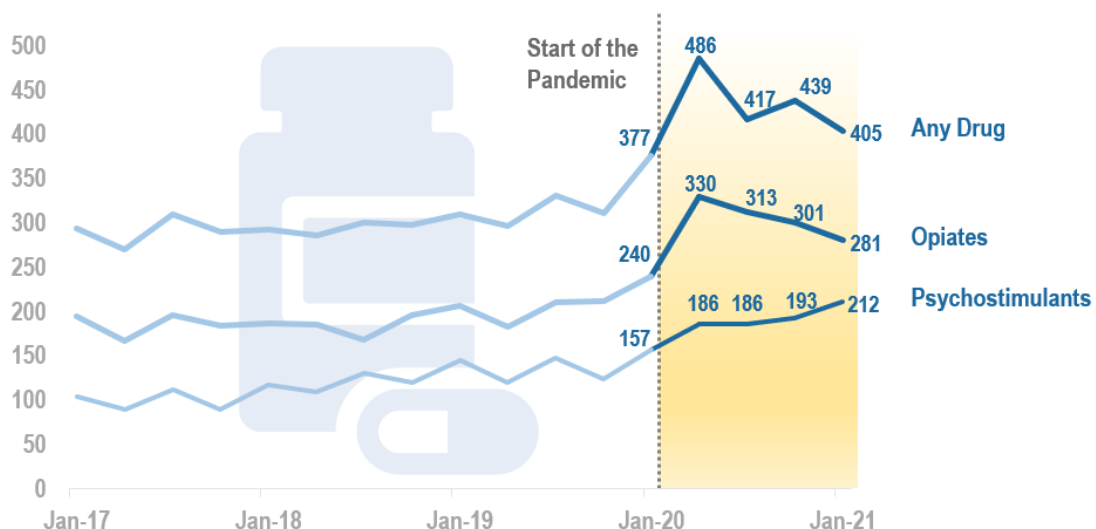


Figure 15: WA State overdose deaths.⁹⁷

The existing workforce shortage of behavioral health care professionals has worsened.

- There has been an ongoing shortage of psychiatrists, case managers, and system navigators.

WA State is experiencing high turnover and shortages of behavioral health care staff...



Figure 16: Behavioral health workforce issues.⁹⁸

- Medicaid reimbursement rates are still too low and workforce shortages remain a major issue.

Chronically low Medicaid rates exacerbated by COVID-19 pandemic costs and lost revenue have left community behavioral health agencies in crisis, struggling to recruit and retain the essential workforce needed to maintain treatment access and capacity. In the past year, we have seen the community behavioral health workforce shrink by over 11%, and at least eight treatment facilities and branch clinics have closed so far. Provider agencies report unacceptable vacancy and turnover rates, which result in ballooning caseloads.⁹⁹

Finally, we have additional funding to address critical gaps. The challenge is that funding alone won't expand services if we don't have the workforce to provide services.¹⁰⁰

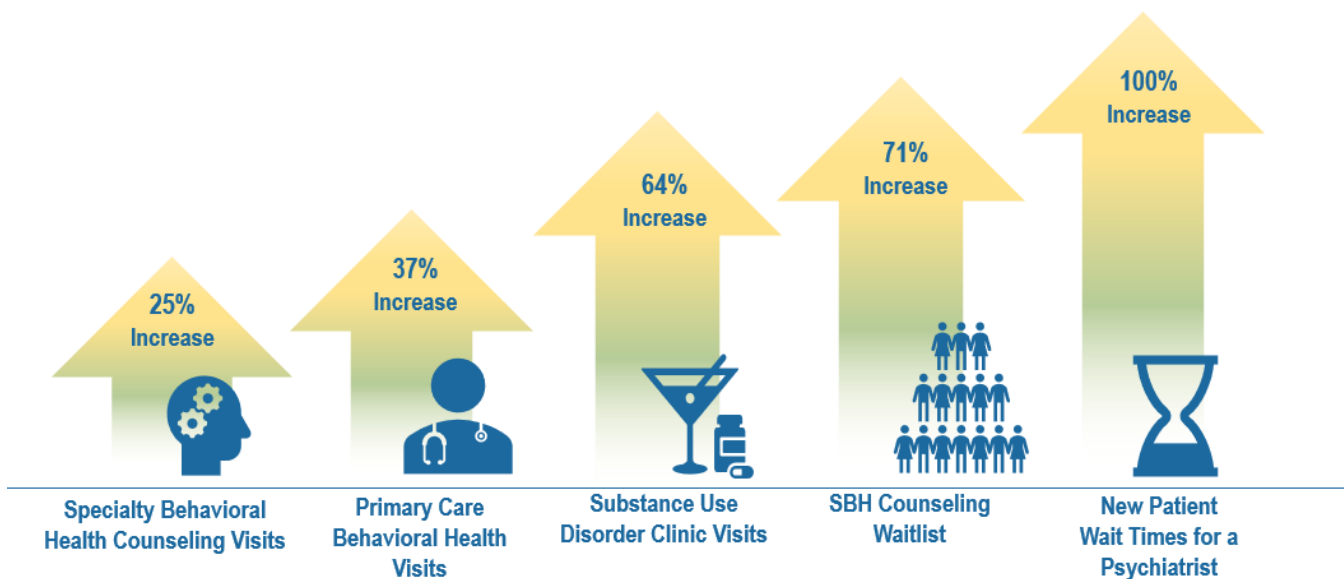
- Local wages are too low to attract behavioral health service providers to work in this area. The average wage is about \$25 per hour (assuming a Master's degree).¹⁰¹
- There are not enough multilingual mental health professionals to meet the community's needs.
- WWU Human Services is a premier program and conduit for trained individuals to work in public services, but graduates tend to go into private practice or move elsewhere.

*This was something that was happening before COVID-19 – **there's been a draining of the industry**, and not just here, it's statewide, or maybe even nationwide, where people coming out of grad school are not going to mental health agencies and community-based agencies. They are going right into private practice because they can, and it's an easier transition than it used to be.¹⁰²*

Staff shortages and increased demand for services have delayed access to timely treatment.

- There are very limited services and long wait lists for behavioral health care. Current wait time for an appointment is about five months, which is too long for a person experiencing a potentially life-threatening crisis.
 - Unity Care Northwest (UCNW) provided data that offers an example of increased demand for behavioral health care and increasingly long waitlists. UCNW staff noted that the Substance Use Disorder program, which provides medication-assisted treatment for opioid or alcohol addiction, is new and growth is expected, in addition to increased demand due to the pandemic. Additionally, UCNW recently lost a psychiatrist (after the data presented here) and has temporarily stopped referrals for psychiatric evaluations until new providers are onboard.¹⁰³

Unity Care Northwest has seen significant increases in Whatcom County's **demand for behavioral healthcare related visits** over the past 14-16 months.



Based on Unity Care NW data from beginning of the pandemic in 2020 until June 2021

Figure 17: Demand for behavioral health care at Unity Care Northwest.¹⁰⁴

- Because of the shortage of staff in community outpatient behavioral health clinics, individuals who are discharged into the community from the hospital emergency room or psychiatric inpatient treatment do not receive the follow-up care they need and may have repeated crisis episodes. One PeaceHealth behavioral health care coordinator summed up the situation:

*Essentially, we are stabilizing people in our psychiatric unit and then have nowhere to refer them to after that. I do believe that a large part of the problem is the increase in volume due to the effects of the pandemic.*¹⁰⁵

- Likewise, people with mental illness who are involved in the judicial system and referred to Mental Health Court have delayed and limited access to community case managers to provide support.

There are persistent inequities in access to community-based behavioral health care.

- One of the biggest challenges to serving immigrants, refugees, and people seeking asylum is that they don't qualify for Medicaid plans and may also experience higher levels of stigma around seeking support, as well as more fears of using public services.
- Inconsistent internet service on the Lummi reservation limited people's ability to access telehealth services.
- Equity and access issues also exist for people with private insurance. The reimbursement rates paid by different insurance companies vary, and providers in private practice prefer to take clients whose insurance pays a higher reimbursement rate.

It can be said that we are dealing with multiple pandemics concurrently: COVID-19, systemic racism, and a behavioral health pandemic.¹⁰⁶

Populations in Whatcom County reporting the greatest unmet need for counseling:



Figure 18: Unmet need for counseling.¹⁰⁷

positive impacts

Lummi Public Health increased staff, and they put more services and policies in place to address the pandemic.

- The tribe has its own behavioral health department and psychiatric services. With several physicians in the clinic, people usually can be seen within a week for chronic issues and within a day for urgent needs.¹⁰⁸
- Lummi Public Health initiated new services to address COVID-19 (e.g., treatments for COVID-19, rapid testing and some home testing, quarantine support with food delivery and laundry). This strengthened infrastructure will serve the Lummi community well post-pandemic.¹⁰⁹

In response to COVID-19, the federal government changed regulations and requirements enabling use of telehealth and thereby increasing access to care.

- Providers can now be reimbursed by Medicaid for telehealth services for physical and behavioral health care at the same rate as in-person care. They are seeing many benefits to providing individual and group behavioral health services this way:
 - Increased access to services for people in rural areas and those with transportation issues.
 - Decreased appointment no-show rates.
 - More consistent attendance in substance use treatment groups.
 - Scheduling capacity for an increased number of counseling appointments.

They are very concerned that Medicaid will revert to pre-pandemic rules and that they will be unable to continue telehealth services.

- Some areas (e.g., East County, Lummi reservation) do not have the necessary broadband systems to reliably support telehealth, school, and remote work. **Short-term strategies for addressing lack of access to reliable internet service in the County have been implemented and plans for long-term solutions have been made.**

*The biggest struggle has been families that don't have connectivity, and that's the same for those kids who are in schools. People out in the county, there are dead zones. There are places that don't have Wi-Fi. There are places that don't have cable. There are families that can't afford those things.*¹¹⁰

- After schools closed due to COVID-19 in March 2020, school districts identified immediate needs for students who had access issues for remote learning (e.g., lack of equipment, no broadband or Wi-Fi access, limited access with slow speeds and/or high costs). Staff at the Port of Bellingham's Regional Economic Partnership worked with county school districts and other stakeholder groups throughout Whatcom County to address these issues in the short-term. The long-term plan is for the Port of Bellingham, in partnership with Public Utilities District #1, to utilize

funding from the county, state, and federal government in a fiscally responsible manner to build a fiber network in unserved and underserved areas that will provide equitable access to affordable high-speed internet.¹¹¹

- The Emergency Broadband Benefit program began in May 2021 and provides a discount on internet service for qualifying households. The program will continue until the funds are all spent, or six months after the U.S. Department of Health and Human Services declares an end to the COVID-19 public health emergency, whichever is sooner.¹¹²

School districts have coordinated with community partners to respond to the increased needs of students and families.

- School districts have been proactive and responsive in addressing behavioral health issues among students and families, adding staff with behavioral health expertise and increasing connections with community organizations. For example, school districts have increased contracts with Whatcom County Health Department for this purpose.
- Schools served as access points for COVID-19 testing and vaccination, coordinating with community providers. One impactful demonstration to promote community wellness was the outreach from Lummi Nation to the City of Ferndale to offer COVID-19 vaccines to Ferndale School District teachers, staff, school board, and bus drivers in February 2021, when vaccines were very hard to come by and before all ages were eligible. (See [video of Gratitude Parade](#)).

This is a lesson in how to **care for our community**.¹¹³

Preliminary results from the Washington State COVID Student Survey indicate a decrease in substance use for 6th-12th grade students.

- Students reported lower levels of cigarette, electronic cigarette, alcohol, and marijuana use during the pandemic compared to pre-pandemic data.¹¹⁴
- Prevention science shows a strong correlation of substance use to availability. Accessibility likely declined with people not leaving their homes. Fewer social gatherings also meant fewer peer-influenced opportunities to use drugs or alcohol in social settings.¹¹⁵

Many teens express hope for the future.

- The COVID-19 Student Survey found resilience among many 6th-12th grade students: More than 90% of participating students in each grade were at least slightly hopeful, and nearly 60% of all responding students reported feeling optimistic or hopeful about the future.¹¹⁶

Some students experienced improved mental health with remote schooling and would like to continue hybrid classes.

- For some students, attending school is very stressful and they have had less anxiety with remote classes. School districts are considering maintaining some remote options.

*I've heard from a lot of our students, especially some of our Black students, that they're thriving in this environment, they're doing amazing, because they're not having to deal with the microaggressions that tend to happen on a daily basis. And then at the same time, children with disabilities, when school shut down, they weren't able to access education. And so, I think what we have to do is ask every group, 'What do you need to thrive?' and really be willing to listen to what it is and create a space going forward and co-design.*¹¹⁷

Natural supports (e.g., friends, neighbors, formal and grassroots community groups) were recognized as a tremendous resource and complement to professional services.

- Many sources of informal or natural support arose organically over the past months. In the face of crisis, individuals and community groups sought ways to be part of the pandemic response. From one neighbor grocery shopping for another, to grassroots mutual aid groups like [Whatcom County Community Helpers](#) that coordinated volunteers to help others, to non-profit organizations that shifted their focus to be available to address whatever their constituents needed, these natural supports demonstrated that a crisis can bring out the best in people. Both the providers and recipients of this support benefited psychologically from these meaningful interactions.

Grassroots organizations like... Community to Community Development are each helping thousands of families by meeting people where they are and directly connecting them to food, financial assistance, and appointments for [COVID-19] testing or vaccines. The success of grassroots outreach is leading more institutions to recognize, fund and consult with community organizations for ongoing COVID-19 response and recovery efforts.¹¹⁸

A new 32-bed Crisis Stabilization Center experienced material delivery delays because of COVID, yet was completed in time for opening in January 2021. This new Center offers support services (e.g., detox, mental health stabilization services) to adults who are experiencing a behavioral health crisis.¹¹⁹

projections

Behavioral health professionals anticipate long-term residual behavioral health issues after the pandemic has ended.

- The behavioral health impacts of the pandemic have been significant, and are likely to continue for some time, with people experiencing:
 - Anxiety and depression about what the future holds, missed or delayed opportunities, or when the next pandemic will strike.
 - Social anxiety.
 - Exhaustion and burnout experienced by service providers and community leaders in high stress circumstances that are not able to take needed respite from work.
 - Re-evaluation of life circumstances.
- Washington State Department of Health's June 2021 report, [Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19](#), presents anticipated long-term psychological impacts of COVID-19, and predicts disproportionate impacts for certain groups (e.g., marginalized social and ethnic groups, families and communities of lower socioeconomic status, and children and youth).¹²¹ These predictions are mirrored in interviews with local providers.
- The experience of living through this pandemic is a societal trauma that everyone is coping with, and for those who have additional Adverse Childhood Experiences (ACEs), the impacts may be more pronounced and prolonged.
- Data indicate that *"Those who have experienced significant primary and secondary effects of the pandemic are likely to progress more slowly into reconstruction and recovery than others and experience more severe behavioral health symptoms."*¹²²
- Added to the common psychological impacts from the stress of living through the pandemic are the direct long-term physical and psychiatric conditions that some people who have contracted COVID-19 are experiencing.

*...The models show that **after disasters are really starting to get over is when some people struggle the most with their mental health** – after an earthquake or hurricane. And imagine it! Instead of an earthquake or hurricane lasting for a few seconds or a few hours, it lasted for an entire year.¹²⁰*

The increased number of people in need of support will continue to overwhelm the behavioral health care system's capacity until the workforce issues are addressed.

- Issues include affordable housing and child care, adequate wages, and Medicaid reimbursement rates.
- As people return to previous activities, schools, churches, and other community organizations will resume their roles as significant sources of social support, ideally in close coordination with professional service providers.

One in three COVID-19 survivors in a study of more than 230,000 mostly American patients were diagnosed with a brain or psychiatric disorder within six months, **suggesting the pandemic could lead to a wave of mental and neurological problems.**¹²³





conclusion

conclusion

WCHD's last Community Health Assessment was conducted in 2018, and this COVID-19 Community Health Impact Assessment serves to provide an updated understanding of how the COVID-19 pandemic affected the community's health. Going beyond the direct disease impacts of COVID-19, it focuses on five community health indicators that were prioritized through the community health improvement process, identifying a mixture of positive and negative pandemic health effects.

While it is useful to evaluate kindergarten readiness, child care, housing security, homelessness, and behavioral health separately, they are all integrally related. Effective, meaningful community action will require looking across all of these systems and understanding their interrelationships.

The following summary looks at the systemic impacts of COVID-19:

negative impacts at the system level

- **The pandemic exacerbated known challenges** that were documented by Whatcom County Health Department and community partners and summarized in Whatcom County Community Health Assessments long before the COVID-19 pandemic.
- **Black, Indigenous, and other people of color have suffered disproportionate health and economic impacts of COVID-19** for many reasons, such as greater likelihood of working in industries that put them at higher risk of exposure, language barriers to information, and living in multi-generational households.
- **People who already were struggling economically, and/or had risk factors that made them more vulnerable to COVID-19 have been disproportionately impacted.** These populations include:
 - [Asset Limited, Income Constrained, Employed \(ALICE\) families](#). These are families whose income is above the Federal Poverty Level, yet they still struggle financially to meet their basic needs.
 - Mothers of young children, especially single moms.
 - Children with special health care needs and their families.
 - People with disabilities and their families.
 - Children who did not thrive in an online school setting.
 - Older adults, especially those living alone or in skilled nursing or other congregate facilities.
 - Business owners and employees in food service, retail and other sectors most restricted by community-based interventions to reduce the transmission of COVID-19.
- **The closures of schools and consequent strain on child care programs had a direct impact on families' employment, income, housing and food security, and our county's economic health.** These essential systems address the health of the whole child and family, offering food, social support, safety, and behavioral health care, in addition to education and making it possible for many adults to participate in employment.
- **Many people delayed seeking health care at the height of the pandemic, exacerbating behavioral and physical health conditions, and deferring identification and treatment of developmental delays for young children.**
- **The shift from in-person to remote school, work, and services of all types, magnified existing inequities in internet access** and created barriers to education, employment, and support services for families in poorly served parts of the county.
- **A shortage of available, credentialed workers** in all the fields examined in this assessment has become a major issue as need for services has increased. Reasons for this shortage include wages that have not kept pace with the cost of living, the lack of available and affordable housing and childcare, and the stressful nature of the work, especially during a pandemic.
- **The cascading pandemic impacts of work-related stress and/or job loss, reduced income, balancing child care and work, housing and food insecurity, and social isolation have been traumatic and manifest for some in behavioral health issues such as anxiety, depression, and substance use.**

positive impacts at the system level

- The pandemic highlighted existing systemic weaknesses and injustices and **created momentum behind linking community change-related activities to removing racial inequities.**
- **There has been increasing collaboration across many service systems.**
- **Natural social supports** such as neighbors, friends, schools, churches, and grassroots organizations, **have been an invaluable asset** for those who had them, and an essential complement to professional services for helping people through the pandemic.
- When businesses, child care facilities, and schools shut down in-person services, those who were able to work from home due to the nature of their jobs and employer willingness to support remote work came to **appreciate the flexibility and autonomy that working from home provided**, especially parents/caregivers.
- **Schools and early care and education programs have demonstrated the essential role they play in access to services for children and families, as well as in supporting parental employment.** It became evident that they serve as a gateway to resources and services, support the health and well-being of children and families, and facilitate workforce participation for parents with young children.
- Organizations providing services in the areas covered by this assessment had to shift from slow, deliberative, planning processes to responsive and nimble decision-making. **They utilized opportunities to try new ways of delivering services and value to their communities**, supported by pandemic-related changes in requirements, and some of these practices will be permanently adopted.
- Agencies and providers in the areas covered by the assessment have been able to **successfully shift from in-person to online meetings and services.** For some, virtual meetings and telehealth increased access to services and opportunities for community engagement. While there are limits to what can be done virtually, **providers want to maintain some level of hybrid services to provide the best level and quality of service.**
- **Federal and state funding to date has been essential for mounting an effective response to COVID-19**, and the community has put those funds to good use.

strategies and resources to support pandemic recovery

As noted above, the numerous systemic issues highlighted in this assessment are not new. There are many agencies, coalitions, task forces, and community groups that have been working on these persistent systemic challenges and they have identified research-based interventions known to make a difference. Some of these interventions recommended by local groups include:

- **Prioritizing capacity building, service delivery, and community health initiatives in those communities hit hardest by the pandemic**, particularly among Black, Indigenous, and other people of color; people with disabilities and their families; and those living in poverty. The disparities that exist throughout all the systems referenced in this assessment were laid bare by the pandemic. COVID-19 recovery presents the opportunity to correct the inequities in these systems and ensure equitable access across sectors and improved health and wellness outcomes for all community members.
- **Expanding permanently affordable housing availability**, including permanent supportive housing developments. Broad consensus exists among local affordable housing and homeless service providers that housing is the solution to homelessness and housing instability. Much work has been done in this area, but the need for permanently affordable and supportive housing continues to exceed available supply as the increase in housing prices far outpaces wage increases.
- **Building an early care and education system with the capacity to support the diverse needs of families, as well as employers.** The pandemic demonstrated the essential role of child care and early learning providers in supporting the economy, family livelihoods, and even the educational prospects for teens with younger siblings. Prior to the pandemic, Whatcom County's child care system was inadequate to meet the needs of working families and employers. The gap between supply and demand is only growing wider. Several proposals have been brought before the Whatcom County Council and are now under consideration.
- **Expanding timely access to behavioral health services for all age groups.** Timely access to needed behavioral health supports has been limited for years by system capacity, eligibility requirements, and stigma. The stress, isolation, and trauma of the pandemic has imposed additional strains on these systems, with detrimental impacts for young people, adults, and seniors. This is another area where a clear link between early intervention and improved health outcomes exists. Schools have embedded more behavioral health counselors and strengthened links with partner organizations. There has been increased

demand for crisis intervention and treatment services, and enhanced prevention, but progress is hampered by significant workforce challenges, including staff trauma experienced during the pandemic, burnout, low Medicaid reimbursement rates, and an inadequate pool of credentialed professionals.

- **Supporting workforce development** across all priority areas, including staffing levels, competitive wages and benefits, and adequate training, to increase capacity and resilience and reduce turnover. Prior to the pandemic, many of the sectors highlighted in this assessment experienced high levels of staff turnover resulting from the demanding and stressful nature of the work combined with inadequate compensation. These problems have been further exacerbated by the pandemic and have brought some systems to a tipping point where workforce challenges imperil the service delivery capacity needed to meet dramatically greater needs. There is an immediate need to provide resources, training, and respite for workers to stem losses and begin to build the necessary capacity for future work.
- **Addressing the technological divide that exists among communities.** Overall, the shift to conducting life online was remarkably successful, given the speed with which it happened. However, some were left behind. Access to broadband in many cases determined who was able to attend school, who was able to access needed physical and behavioral health care services, and who was able to work remotely to reduce community COVID-19 transmission. Closing this divide is a systemic fix that has clear economic, educational, and health benefits.

Many of the local coalitions, task forces, and community groups that have been working to study and implement these strategies to address systemic issues and inequities have documented their work in strategic plans and recommendations for how to strengthen community health. Compiling these existing resources has been a significant part of this COVID-19 Community Health Impact Assessment, and anyone seeking to work on these systemic issues should review and align efforts with the groups and plans listed in this report.

Useful resources are provided in the following appendices. They include:

- Information about many Whatcom County organizations, coalitions, and task forces and the documents they have available that can offer evidence-based strategies for addressing systemic issues. See **Appendix C: Plans and Recommendations from Coalitions, Task Forces, and Community Groups.**
- A collection of examples from other cities and counties across the country that are asking the same kinds of questions about how to prioritize and invest in the long-term health of the community. See **Appendix D: A Sampling of Resources to Inspire Recovery Planning.**
- An initial survey of the federal, state, and local funds that are available to Whatcom County and local jurisdictions to support COVID-19 recovery efforts. See **Appendix E: Initial Survey of Funding Streams to Address COVID-19 Impacts.**

The COVID-19 pandemic has been enormously challenging and our community has rallied to meet the challenge. The many agencies, businesses, organizations, and community groups who have worked together to respond to this crisis should be commended. But there is still much to do as the pandemic continues simultaneously with recovery from its effects. **Our community must be vigilant and responsive, allocate resources wisely, and cultivate compassion, inclusion, and ingenuity in order to come out of this crisis stronger and healthier in the years ahead.**



appendix

Appendix A: Methods

This assessment is a compilation of quantitative and qualitative data collected mostly by others and synthesized here to tell the story of COVID-19 impacts on the priority community health indicators. The process has been part researching and gathering, and part identifying and filling gaps through interviews with content experts.

The [2018 Community Health Assessment](#) (CHA) and subsequent community health improvement process provided baseline data for the identified priority areas. For this COVID-19 Community Health Impact Assessment, a subset of health determinants and indicators were selected that relate to the top priority areas identified through the Focus Phase of the CHA¹²⁴:

- **Kindergarten readiness** (an indicator of child and family well-being).
- **Child care** (an indicator of employment and economic opportunity).
- **Housing security** (ability to retain safe and stable housing as a health determinant).
- **Homelessness** (crisis intervention for unhoused individuals and families as a health determinant).
- **Behavioral health** (a health outcome).

More current data were gathered for comparison by contacting data source experts in other divisions of the Whatcom County Health Department, community partner agencies, and state-level Department of Health data analysts. Interviews with community partners led to program-level data as well. Each of the data points was evaluated by the COVID-19 Community Health Impact Assessment Core Team to determine which were most reliable, valid, timely, and relevant to a wide range of audiences. Additional interviews were conducted with people who could provide some of the backstory to help interpret the findings.

While the [2018 Whatcom Community Health Assessment](#) was weighted to quantitative data, this assessment relies heavily on qualitative data. Based on the nature of reliable, valid data collection, many important sources of quantitative data are not yet available for 2020 and 2021. Therefore, we have drawn from interviews and listening sessions with subject matter experts to help tell the story of COVID-19 impacts.

In spring 2021, Western Washington University (WWU) sociology professor, Dr. Liz Mogford, collaborated with Amy Rydel, a Health Department Planning Specialist who staffs and coordinates the Healthy Whatcom community coalition, a collaborative workgroup convened by the Whatcom County Health Department that is working on the Community Health Improvement Plan (CHIP). The students in Dr. Mogford's "Population Health Advocacy" course conducted 25 interviews of community leaders and service providers in the fields of housing, homeless services, child care, physical and behavioral health care (including perinatal mental health), and racial equity, with the express intent of understanding the impact of COVID-19 on our community.

The WWU students wrote up their findings in a report, "COVID-19 Impact Assessment and Future Strategies: Promoting Health Equity Work in Whatcom County." The WWU report addresses similar topics to this document, with a greater emphasis and grounding in theories of community change to redress racial inequities. Readers are encouraged to review both documents as they offer complementary information.

In addition to analysis of the WWU interviews, supplementary interviews were conducted to gather additional information, clarify quantitative data, and gain different perspectives on the focus areas. Further insight was gained from numerous listening sessions and special meetings of provider groups focused on COVID-19 impacts (see Appendix B: Key Informants by Organization).

While all of the information collected for this assessment came from professionals working in the relevant fields, many of them shared surveys they had conducted with the people they serve including:



WWU students asked the following interview questions:

1. How has COVID-19 changed the nature of your work?
2. What has become better since COVID-19?
3. What has become worse since COVID-19?
4. What needs will become more acute in the next two years because of COVID-19?
5. How have you seen folks experiencing marginalization being impacted differently by COVID-19?
6. What strategies do you have to address these needs?
7. Which of these strategies are being implemented now? Please explain.
8. What resources do you anticipate needing to best implement these strategies?

- Opportunity Council's Survey of 409 mostly low-income clients conducted in the winter 2020.
- WWU survey of 4500 people (general public), and five focus groups with young adults ages 18-26 conducted in September 2020.
- Whatcom County Library System's summary of strategic planning surveys of 355 community members conducted in the spring 2021.
- Summary of Max Higbee Center staff's impressions from outreach to 200 members (people with disabilities) conducted in the spring 2020.
- Focus groups with over 40 English and Spanish-speaking providers and families with young children about barriers to accessing preventive health care services conducted in the winter 2021.

In this indirect way, some sense of people's lived experience has been illuminated.

The quantitative and qualitative data were analyzed using a **Forces of Change Assessment (FOCA)**, which is an analytical process to create a comprehensive picture of the "forces" acting on a community's health determinants. Typically, a FOCA is used in conjunction with three additional assessments to create the CHA and addresses a longer period of time and all topics related to health. In this instance, the focus was on the pandemic timeframe, looking at trends, factors, and events that are pandemic adjacent (i.e., have happened within the past two years, or may happen in the next year or two).

Additional information was compiled on the following topics:

- **Strategic plans and recommendations** from coalitions, task forces, and community groups that are already in place, or currently being developed.
- **Examples from other cities, counties, and states** about how they are planning to dedicate funds for COVID-19 recovery.
- **New funding streams** becoming available for COVID-19 recovery (e.g., American Rescue Plan Act funds).

This report is a summary of all of this material. It has been verified and refined in an iterative process, first with input from the members of the Feedback Group, and then with input from an expanded group of community experts.

Appendix B: Key Informants by Organization

- Arc of Whatcom County
- Behavioral Health Advisory Committee
- Bellingham Academy of Arts for Youth
- Bellingham Schools – Multiple district leaders and support service providers
- Blaine Schools Family Resource Coordinator
- Catholic Community Services
- Child & Family Well-being Task Force
- Chuckanut Health Foundation
- City of Bellingham Housing
- Ferndale Schools Family Resource Coordinator
- Food Security Task Force
- Generations Forward Family Council and Policy, Advocacy, & Funding Team
- Healthy Whatcom
- Lighthouse Mission
- Lummi Public Health
- Lynden Schools Family Resource Coordinator
- Max Higbee Center
- Meridian Schools Family Resource Coordinator
- Mount Baker Schools Family Resource Coordinator
- Nooksack Medical Clinic
- Nooksack Valley Schools Family Resource Coordinator
- North Sound Accountable Community of Health
- North Sound Behavioral Health Administrative Services Organization
- Northwest Washington Indian Health Board
- Northwest Youth Services
- Opportunity Council (OC) (multiple divisions)
- PeaceHealth
- Perinatal Mental Health Task Force and providers
- Port of Bellingham's Regional Economic Partnership
- Public Health Advisory Board
- Racial Equity Commission
- Sea Mar - Behavioral health care
- The Whatcom Dream
- Unity Care Northwest
- WA State Dept. of Children, Youth, and Families
- Whatcom Asset Building Coalition (OC)
- Whatcom Child Care Coalition
- Whatcom County Health Department (WCHD) (multiple divisions)
- Whatcom County Housing Advisory Committee
- Whatcom Early Learning Alliance
- Whatcom Infants and Children's Council
- Whatcom Prevention Coalition (WCHD)
- Whatcom Taking Action
- Whatcom Youth Behavioral Health Stakeholders Gathering
- WWU Professors



- Students from WWU Professor Liz Mogford's sociology class conducted 25 interviews. Additional interviews were conducted by the CIA Core Team. Some individuals were interviewed more than once.
- The people interviewed by WWU students were told that their names would not be used in reports, so we refer only to the organization where they are employed. However, their stated opinions do not necessarily represent the views of the organization.
- CIA Core Team members attended meetings of community coalitions listed here.

Appendix C: Plans and Recommendations from Coalitions, Task Forces, and Community Groups

COMPLETE DOCUMENTS

PENDING DOCUMENTS

Topic	Group	Purpose of Group and/or Materials	Key Documents	Current Status
Community Health	Whatcom County Health Department		2018 Community Health Assessment Report	
			Whatcom County Community Health Status Assessment 2018	
			Community Health Snapshot Reports 2018	
	Healthy Whatcom	Develop Community Health Improvement Plan.	Healthy Whatcom Priorities Community Health Improvement Focus Phase Report	<p>From May - December 2021, community partners are meeting for a series of workshops to develop racial equity-focused action plans to address school readiness, child care, housing & homelessness, and youth mental health.</p> <p>These workshops involve a facilitated Results-Based Accountability process to agree on the desired results for our community, actions to achieve these results, and accountability. These agreements will become Whatcom County's next Community Health Improvement Plan.</p>
Child & Family Well-being	Child & Family Well-Being Task Force	Report on and make recommendations to County Council, Executive, and other appropriate officials regarding implementation of recommendations in the "Whatcom Working Toward Well-being: An Action Plan for County Government" (Action Plan) as adopted on February 4, 2020.	Resolution Affirming Commitment to Whatcom County's Young Children and their Families Whatcom Working Toward Well-Being: An Action Plan for County Government	<p>Resolution passed 4/2/19.</p> <p>Child & Well-being Task Force began meeting 3/8/21</p>

Topic	Group	Purpose of Group and/or Materials	Key Documents	Current Status
	Whatcom Infants and Children Council	The Whatcom Infant & Children's Council (ICC) is an advisory group that provides input to Whatcom County's Early Support for Infant and Toddler (ESIT) providers regarding the system of services for children birth to three years old who have disabilities or developmental delays. It is part of a larger system that includes the Washington State ICC. Parents of children with special needs and service providers share information and experiences to shape the way children and families receive services in our community.		
	Whatcom Taking Action for Children & Youth with Special Health Care Needs	Whatcom Taking Action is a community collaborative working to build an integrated system of services and supports for children, youth and families that are impacted by developmental, behavioral and other special health care needs.		
	Whatcom County Health Department		Whatcom County Developmental Disabilities 5 Year Plan, 2019-2024	
Child Care	Whatcom Child Care Coalition	The vision of the Whatcom Child Care Coalition is that all families have easy access to affordable, high-quality child care and early learning options that cover most work days. The Coalition is working to address the child care gap in Whatcom County.	Preliminary Report: Whatcom Child Care Demand Study, May 2021 Financing Early Learning & Care in Whatcom County, June 2021 Fiscal Map of Child Care Supports & Services in Whatcom County, June 2021	
	Whatcom Child Care Coalition	Whatcom Child Care Coalition Briefing Paper, Nov. 2020		The Child Care Coalition will be developing a child care expansion plan (in coordination with Healthy Whatcom).

Topic	Group	Purpose of Group and/or Materials	Key Documents	Current Status
	Various entities have proposed recommendations including: Whatcom Child Care Coalition, City of Bellingham, Opportunity Council, YMCA, Boys & Girls Club		Recommendations on how to invest resources to increase access to child care.	Recommendations submitted to County Council.
	Whatcom Early Learning Alliance	A coalition of organizations dedicated to supporting access to high quality early learning opportunities for all children and their families.		
Housing	Whatcom County Coalition to End Homelessness, COB Whatcom County Housing Advisory Committee, WCHD	Create a system of housing and services, with the ultimate goal of moving homeless families and individuals to permanent housing and self-sufficiency.	Recommendations of the Homeless Strategies Workgroup	On May 4, 2021, the short- and long-term recommendations of the Homeless Strategies Workgroup were presented to and approved by the Whatcom County Council (see AB2021-268). Additionally, the Council approved Resolution 2021-018 (AB2021-281) concluding the work of the Homeless Strategies Workgroup and transferring responsibilities to the Whatcom County Housing Advisory Committee.
			A Home for Everyone: Whatcom County Coalition to End Homelessness 2021 Annual Report	
			A Home for Everyone: Strategic Plan to End Homelessness in Whatcom County, 2019 Local Plan Update	
	City of Bellingham	The City of Bellingham updates its Consolidated Plan and Fair Housing Assessment every five years as required by HUD. The Consolidated Plan provides a five-year roadmap for Bellingham's community development and housing needs, with	2020 Action Plan – City of Bellingham Consolidated Plan	

Topic	Group	Purpose of Group and/or Materials	Key Documents	Current Status
		implementation reflected in Annual Action Plans and Annual Performance Reports.	2018-22 Consolidated Plan and Assessment of Fair Housing Community Participation Plan	
	City of Bellingham			Within the year, the City will conduct a fair housing analysis as part of the five-year consolidated planning process.
	Whatcom Housing Alliance	A broad alliance of organizations that provides community education, technical assistance, and advocacy to advance affordable and diverse housing choices in all neighborhoods.		
Behavioral Health	Behavioral Health Administrative Services Organization	See Fact Sheet		BH-ASO is working with counties and behavioral health care providers to inventory major needs to address with federal block grant funds. A plan will be completed by July.
	Whatcom County Behavioral Health Advisory Committee	Advises on general priorities for behavioral health programs, including substance abuse and mental health services.	Whatcom County Behavioral Health Sales Tax Fund Annual Rpt. 2020	
	Whatcom County Health Dept.		Mental Health Data for Whatcom County Youth Press Release 2019	
	Whatcom County Perinatal Mental Health Task Force	Since 2017, the Whatcom Perinatal Mental Health Task Force has worked towards developing a community standard of care around perinatal mental health through: Increasing community awareness of perinatal mood and anxiety disorders (PMADs); providing training opportunities; developing an accessible, culturally relevant community support system for new families; maintaining a resource list for PMADs support in Whatcom County.	Resources for Mental Health During Pregnancy and Parenting	In partnership with community organizations, and with support from diverse funding sources, the Task Force is currently working to expand peer support, develop a network of peer support leaders, help pilot an accessible pathway to perinatal behavioral health, offer provider training in therapeutically screening and referring for PMADs, and develop supportive materials for both parents and providers.

Topic	Group	Purpose of Group and/or Materials	Key Documents	Current Status
Racial Equity	Racial Equity Commission	An interlocal, quasi-governmental entity that will work to create systemic change and lead to a more equitable and just community.	Resolution Affirming that Racism is a Public Health Crisis, County Health Board passed 11/24/20	In April 2021, County Council and City of Bellingham awarded a contract to Chuckanut Health Foundation (CHF) to develop a framework for a Racial Equity Commission. CHF hosted a community visioning session May 22, 2021. CHF then formed a Stakeholder's Group to inform the vision, mission, and structure of the commission.
Resource & Referral Navigation	Thinking & Planning Committee	This group evolved from the Resource Roundtable. Opportunity Council and Whatcom Family & Community Network began conversation in 2019. Other organizations joined the Thinking & Planning Committee in 2020. The group's goal is to improve access to information and community resources, and care/case management tools.	Resource Roundtable History	An infographic is in development.
	Help Me Grow	Help Me Grow is an initiative to improve access to information and community resources for families with young children.		Help Me Grow is intended to expand the SEAS model to include perinatal support, family well-being, and resources and support for all children birth to 5 and expecting parents.
Economic Stability	Port of Bellingham, Economic Development Division	Provide a regional economic development strategy, a work plan for the Port of Bellingham's Economic Development division, and fulfill U.S. Economic Development Administration requirements.	Comprehensive Economic Development Strategy (CEDS) 2021-2025	A draft plan will be available by the end of summer 2021.
	Northwest Workforce Council	The Council is a 27-member board responsible for governance and oversight of the workforce development system in Whatcom, Skagit, Island and San Juan counties, and for oversight of the full-service WorkSource center in Bellingham.	Regional Workforce Plan 2020-2024	

Other Sectors

Topic	Group	Purpose of Group and/or Materials	Key Documents	Current Status
Community Safety and Violence	Incarceration Prevention & Reduction Task Force	Continually review Whatcom County's criminal justice and behavioral health programs and make specific recommendations to safely and effectively reduce incarceration of individuals struggling with mental illness and chemical dependency, and minimize jail utilization by pretrial defendants who can safely be released.	Service Inventory & Strategic Plan, updated Feb. 2020	
Food System	Whatcom Food System Committee	Develop food system plan for Whatcom County.	Discussion & Recommendations by Whatcom County Food System Committee on Protecting the Food System	Presented to County Council February 2021.
	Whatcom Food System Committee		Whatcom Community Food Assessment 2017	The Committee will be completing a Community Food Assessment Update in 2021.
Aging Well	Aging Well Whatcom	The Coalition is an initiative launched by CHF to take action on strategies to improve the well-being of older adults.	Aging Well Whatcom Blueprint, Sept. 2019	Summit hosted in September 2019.
			Aging Well Whatcom 2020 Workplan	AWW Steering Committee is working on priorities in its workplan and adapting to shifts necessitated by the pandemic.

Appendix D: A Sampling of Resources to Inspire Recovery Planning

General guidance documents:

- [American Rescue Plan Act Overview](#), Association of Washington Cities
- [American Rescue Plan Act Funding Breakdown](#), National Association of Counties
- [The pandemic upended our lives. Here are some changes you think we should keep, to advance equity](#), Naomi Ishisaka, Seattle Times, July 12, 2021.
- [Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America](#), Well Being Trust, July 4, 2020.

Guidance regarding specific priority areas:

- **Kindergarten Readiness:** [Historic Crisis, Historic Opportunity: Using Evidence to Mitigate the Effects of the COVID-19 Crisis on Young Children and Early Care and Education Programs](#), University of Michigan, Education Policy Initiative, June 2021.
- **Child Care:** [2020 Child Care Policy Recommendations: Modeling the Cost of Quality, Improving the Working Connections Subsidy Program & Supporting Workforce Compensation and Development](#), Child Care Collaborative Task Force, Washington State Dept. of Commerce, Dec. 1, 2020.
- **Housing:** [How to Establish and Improve Emergency Rental Assistance Programs: Suggestions for State, Local, Tribal, and Territorial Elected Officials](#), National League of Cities, April 28, 2021.

Some examples in Washington State:

- [King County plans for ARPA funds](#)
 - [Seattle Rescue Plan](#), Seattle City Council
- [Spokane City Council Approves Resolution Establishing Framework of Funds Received From Federal American Rescue Plan](#), June 15, 2021.

Some examples from outside Washington State:

- Austin, Texas: [American Rescue Plan and Proposed COVID-19 Spending Framework](#), City of Austin, Texas, March 23, 2021.
- Detroit, Michigan: [American Rescue Plan Act \(ARPA\) Community Presentation](#), Mayor Mike Duggan, City of Detroit, May 25, 2021.
- Massachusetts: [Making the Most of the American Rescue Plan](#), The Center for State Policy Analysis, Tufts University, April 2021.
- Northeast Ohio & Birmingham Alabama: [How Should Local Leaders Use Their American Rescue Plan Funding?](#), Brad Whitehead and Joseph Parilla, Brookings, March 23, 2021.
- Portland, Oregon: [American Rescue Plan: Investing in Portland](#).
- Vermont: [Governor Philip B. Scott Proposed Investment of American Rescue Plan Funds](#), April 6, 2021.

Appendix E: Initial Survey of Funding Streams to Address COVID-19 Impacts

Authorizing Legislation	Fund Source(s)	Description / Eligible Uses	COVID Assessment Priority Area	Grantor	Amount	Geographic Area	Eligible Recipients/Beneficiaries
Fair Start for Kids Act (SB 5237) passed May 7, 2021.	ARPA & State	Fair Start for Kids Act Benefits - Child Care Aware WA	Child Care	DCYF	>\$400 mil. over next two years.	Statewide	Families with young children, low-income families, child care providers
		Reduce copays and expand eligibility for the Working Connections Child Care Assistance program.					
		Make capital investments to expand existing child care facilities and build new facilities.					
		Strengthen child care programs by expanding access to support services, mental health consultations, dual language supports and more.					
		Grow recruitment and retention for child care businesses by increasing subsidy rates, expanding access to health insurance for providers and providing resources for professional development.					
		Reduce copays and expand eligibility for Early Childhood Education and Assistance programs.	Kindergarten Readiness				
ARPA	ARPA	Treasury Rental Assistance Program (T-RAP) . Assistance paying past due, current, and future rent and other housing costs.	Housing Security	WA State (Dept. of Commerce)	\$658 mil. allocated for T-RAP 2.0	Statewide	Low-income households who are unemployed, people who historically have not been provided equitable access to rent assistance, and those who have disproportionately been impacted by the pandemic.
WA Budget 2021-23 Biennium (HB 1277) passed April 24, 2021	New Recording Fee	Creates a dedicated funding source for rental assistance through a \$100 surcharge on recorded documents. 20% of money will go to maintenance and operating costs of permanent supportive housing. The rest will go for rental assistance. 60% will go to subsidize rent in particular units of housing managed by non-profit organizations.	Housing Security	WA State (Dept. of Commerce)	Expected to bring in \$146 mil. annually.	Statewide, allocated to counties based on proportion of fee collection	Low-income tenants.

Authorizing Legislation	Fund Source(s)	Description / Eligible Uses	COVID Assessment Priority Area	Grantor	Amount	Geographic Area	Eligible Recipients/Beneficiaries
WA Budget 2021-23 Biennium	New Recording Fee	Fund the use of hotels and motels to house people experiencing homelessness. At least \$20,000,000 must be used for hotel and motel vouchers, rapid rehousing, and supportive services for individuals and families. Applications will be accepted and approved on a rolling basis through Dec. 2021, with occupancy required by no later than Jan. 2022.	Homelessness	WA State Dept. of Commerce	\$133,152,000	Statewide, allocated to counties based on proportion of fee collection	Anyone who is homeless (including those doubled-up with family and friends), and people discharging from institutions or public systems of care (such as foster care) with no readily available housing.
ARPA	COVID supplemental Federal Block Grant	Mental Health Services. North Sound Behavioral Health-Administrative Services Organization (NSASO) has identified priority for LE/BH professionals.	Behavioral Health	NSASO	\$1,037,744	North Sound Region	TBD, typically local government and non-profits.
		Substance Abuse Services (NSASO has identified priority for LE/BH professionals).			\$2,186,014		
WA Budget 2021-23 Biennium (amount is each year)	State Budget Proviso	Trauma-informed counseling services to children & youth in Whatcom County schools.	Behavioral Health	NSASO?	\$300,000	Whatcom County	TBD (Whatcom County government pass-through to local schools?)
		Whatcom County crisis stabilization center as pilot project for diversion from criminal justice system to appropriate community-based treatment.		NSASO?	\$200,000		Whatcom County government? CSC operating agencies?

references

- ¹ Healthy Whatcom, WCHD. (2019). [Community Health Improvement: Focus Phase Report](#).
- ² Whatcom County Health Dept. (2018). [2018 Whatcom Community Health Assessment](#).
- ³ Whatcom Child Care Coalition. (2020, Nov.). [Child Care and Early Learning for Every Family: Whatcom Child Care Coalition: Solving Whatcom County's Child Care Crisis by Expanding Options and Increasing Access](#), Briefing Paper, pg. 2.
- ⁴ Representative from Lydia Place. (2021, April 29). Interview conducted by WWU sociology student.
- ⁵ Healthy Whatcom. (2021, May 6). Early Childhood Well-being Workshop Meeting #1 Agenda & Notes, pg. 3.
- ⁶ Office of Superintendent of Public Instruction. (2020, September 3). [Report Card Kindergarten Readiness for 2011-12 to Most Recent Year](#), Dataset.
- ⁷ Whatcom County Family Resource Center Coordinators from all school districts. (2021, May 13). Group interview conducted by Core Team Members.
- ⁸ Office of Superintendent of Public Instruction. (2020, September 3). [Report Card Kindergarten Readiness for 2011-12 to Most Recent Year](#), Dataset.
- ⁹ Child Care Aware of NW Washington, Opportunity Council. (2021, June 1). Dataset. And personal communications with Wilanne Ollila-Perry, Opportunity Council (2021, June 4).
- ¹⁰ RAPID-EC. (2020, Oct. 27). [Returning to Care... But Worried](#).
- ¹¹ WCHD with Jordan Riber, Media for Development International. (2021). Proposal for Whatcom County Preventive Care Campaign Video Series.
- ¹² WCHD with Jordan Riber, Media for Development International. (2021).
- ¹³ WCHD with Jordan Riber, Media for Development International. (2021).
- ¹⁴ Whatcom Taking Action. (2017–2020). SEAS Referrals Dataset [Annual number of referrals to SEAS].
- ¹⁵ Whatcom Taking Action. (2017–2020). SEAS Referrals Dataset [Annual number of referrals to SEAS].
- ¹⁶ Whatcom Infants and Children Council meeting. (2021, June 8); and Beverly Porter, Arc of Whatcom County. (2021, June 21). Interview conducted by Core Team member.
- ¹⁷ Fisher, P., Lombardi, J., Kendall-Taylor, N. (2021, April 27). [A Year in the Life of a Pandemic](#). RAPID-EC.
- ¹⁸ Whatcom Infants and Children Council meeting. (2021, June 8); and Deirdra Brummer, Opportunity Council & SEAS. (2021, July 14). Personal Communication.
- ¹⁹ Robyn Newberry, Endless Potential. (2021, April 26). Email announcement.
- ²⁰ School's Out Washington. [2 on 2020: Twenty people and partners that inspired us in 2020](#). 2020 Annual Report, pg. 5. And Wilanne Ollila-Perry, Opportunity Council. (2021, July 22). Personal communication.
- ²¹ Representative from Bellingham Public Schools. (2021, May 2). Interview conducted by WWU sociology student.
- ²² Administrators from Bellingham Public Schools. (2021, May 17). Group interview conducted by Core Team Members.
- ²³ Representative from Bellingham Public Schools. (2021, May 2). Interview conducted by WWU sociology student.
- ²⁴ Dr. Lisa Brown, WA State Dept. of Commerce. (2020, Dec. 1). [2020 Child Care Policy Recommendations](#), Child Care Collaborative Task Force Report to the Legislature & Governor, pg. 5.
- ²⁵ Heggeness, M., Fields, J., Garcia Trejo, Y.A., Schulzetenberg, A. (2021, March 3). [Tracking Job Losses for Mothers of School Age Children During a Health Crisis](#). US Census Bureau.
- ²⁶ Center for Economic and Business Research, & Berkson, B. (2021, May). [Preliminary Report: Whatcom County Child Care Demand Study](#). Western Washington University.
- ²⁷ Child Care Aware and Opportunity Council. (2019, Oct. 18). [Child Care Supply, Demand, and Cost in Whatcom County](#), pg. 9.
- ²⁸ United Way. (2020). ALICE in Washington: A financial hardship study, 2020 Washington Report, pg. 10.
- ²⁹ Child Care Aware and Opportunity Council. (2019, Oct. 18). [Child Care Supply, Demand, and Cost in Whatcom County](#), pg. 8.
- ³⁰ WA State Dept. of Commerce. (2020, July). [Impacts of COVID-19 on the Child Care Industry](#). WA State Child Care Industry Assessment.
- ³¹ RAPID-EC. (2020, Oct. 27). [Returning to Care... But Worried](#).
- ³² Weiland, C., et al. (2021, June). [Historic Crisis, Historic Opportunity: Using evidence to mitigate the effects of the COVID-19 crisis on young children and early care and education programs](#), Education Policy Institute, University of Michigan, and Urban Institute, pg. 18.
- ³³ Center for Economic and Business Research, & Berkson, B. (2021, May). [Preliminary Report: Whatcom County Child Care Demand Study](#). Western Washington University.
- ³⁴ Center for Economic and Business Research, & Berkson, B. (2021, May). [Preliminary Report: Whatcom County Child Care Demand Study](#). Western Washington University.
- ³⁵ Child Care Aware of NW Washington, Opportunity Council. (2021, June 1). Dataset. And personal communications with Wilanne Ollila-Perry, Opportunity Council (2021, June 4).
- ³⁶ Fisher, P., Lombardi, J., Kendall-Taylor, N. (2021, April 27). [A Year in the Life of a Pandemic](#). RAPID-EC.
- ³⁷ Child Care Aware of NW Washington, Opportunity Council. (2021, June 1). Dataset. And personal communications with Wilanne Ollila-Perry, Opportunity Council (2021, June 4).
- ³⁸ Child Care Aware of NW Washington, Opportunity Council. (2021, June 1). Dataset. And personal communications with Wilanne Ollila-Perry, Opportunity Council (2021, June 4).
- ³⁹ Washington State Employment Security Dept. (2020). [Occupations In Demand List, Childcare Workers](#).
- ⁴⁰ WA State Dept. of Commerce. (2020, Dec. 1). [2020 Child Care Policy Recommendations](#), Child Care Collaborative Task Force Report to the Legislature & Governor, pg. 8.
- ⁴¹ WA State Dept. of Commerce. (2020, Dec. 1). [2020 Child Care Policy Recommendations](#), Child Care Collaborative Task Force Report to the Legislature & Governor, pg. 8.
- ⁴² Center for Economic and Business Research, & Berkson, B. (2021, May). [Preliminary Report: Whatcom County Child Care Demand Study](#). Western Washington University.

- ⁴³ Representative of Chuckanut Health Foundation. (2021, May 7). Interview conducted by WWU sociology student.
- ⁴⁴ US Census Bureau. (2019). [American Community Survey: Selected Housing Characteristics, Table DP04](#) [Housing Costs as Percentage of Household Income].
- ⁴⁵ Representative from Lydia Place. (2021, April 29). Interview conducted by WWU sociology student.
- ⁴⁶ Whatcom County families and individuals of color are disproportionately impacted by the housing shortage. (Healthy Whatcom Data Poster 2018).
- ⁴⁷ Median sale price: Redfin. (2016–2021). [Whatcom County, WA Housing Market: House Sale Prices & Trends](#) [Dataset].
- ⁴⁸ Median income: Washington State Office of Financial Management. (1989–2020). [Median household income estimates](#) [Dataset].
- ⁴⁹ Kempe, Y. (2021, July 12). [These notices from landlords are beginning to show up at renters' doors, stoking fears](#). Bellingham Herald.
- ⁵⁰ Kempe, Y. (2021, July 12). [These notices from landlords are beginning to show up at renters' doors, stoking fears](#). Bellingham Herald.
- ⁵¹ Chris D'Onofrio, WCHD. (2021, June 30). Calculations based on [U.S. Census Bureau Household Pulse Survey, Week 32](#).
- ⁵² WA Center for Real Estate Research, University of WA. (2021, Spring). [Washington State Apartment Market Report](#), pgs. 5-6.
- ⁵³ Seattle Times. (2021, June 24). [Inslee Extends Eviction Ban in Washington Through Sept. 30 to Give More Time for COVID-19 Aid to Help](#).
- ⁵⁴ Ann Beck, WCHD. (2021, April 30). Interview with Core Team.
- ⁵⁵ Ann Beck, WCHD. (2021, July 21). Interview with Core Team.
- ⁵⁶ Inslee, J. (2021, June 24). [Inslee Announces Eviction Moratorium "Bridge"](#). Media release.
- ⁵⁷ Federal Housing Finance Agency (2021, June 3). [FHFA Extends COVID-19 Multifamily Forbearance through September 30, 2021](#). News release.
- ⁵⁸ WA Dept. of Financial Institutions (2021, Feb. 12). [Fourth Amended Guidance to Washington State Regulated and Exempt Residential Mortgage Loan Servicers Regarding Support for Consumers Impacted by COVID-19](#).
- ⁵⁹ Chris D'Onofrio, WCHD. (2021, June 30). Personal Communication.
- ⁶⁰ WA State Dept. of Commerce. [CARES Act and State Rent Assistance](#).
- ⁶¹ Mittendorf, R. (2021, March 25). [Whatcom County measure expands this sales tax for affordable housing](#). Bellingham Herald.
- ⁶² [City of Bellingham City Council Special Meeting Minutes](#). (2021, March 15).
- ⁶³ [Whatcom County Council Minutes - Final](#). (2021, March 23).
- ⁶⁴ WCHD. (2019, Local Plan Update, Phase 5). [A Home for Everyone: Strategic Plan to End Homelessness in Whatcom County](#), pg. 12.
- ⁶⁵ WCHD, City of Bellingham, Whatcom County Coalition to End Homelessness, Opportunity Council. (2021, July). [A Home for Everyone: Whatcom County Coalition to End Homelessness 2021 Annual Report](#), pg. 7.
- ⁶⁶ [A Home for Everyone: Whatcom County Coalition to End Homelessness 2021 Annual Report](#), pgs. 10-11.
- ⁶⁷ [A Home for Everyone: Whatcom County Coalition to End Homelessness 2021 Annual Report](#), pg. 11.
- ⁶⁸ [A Home for Everyone: Whatcom County Coalition to End Homelessness 2021 Annual Report](#), pg. 18.
- ⁶⁹ [A Home for Everyone: Whatcom County Coalition to End Homelessness 2021 Annual Report](#), pg. 18.
- ⁷⁰ Representative from City of Bellingham Housing and Services Program. (2021, May). Interview conducted by WWU sociology student.
- ⁷¹ [A Home for Everyone: Whatcom County Coalition to End Homelessness 2021 Annual Report](#), pg. 9.
- ⁷² [A Home for Everyone: Whatcom County Coalition to End Homelessness 2021 Annual Report](#), pg. 10.
- ⁷³ Representative from Lydia Place. (2021, April 29). Interview conducted by WWU sociology student.
- ⁷⁴ Whatcom Homeless Service Center, Opportunity Council. (2016–2021). Housing Pool Report [Number of families with children awaiting housing placement].
- ⁷⁵ Melissa Nyberg, Opportunity Council. (2021, July 19). Personal communication.
- ⁷⁶ Ann Beck, WCHD. (2021, July 21). Personal communication.
- ⁷⁷ Representative from Lydia Place. (2021, April 29). Interview conducted by WWU sociology student.
- ⁷⁸ Pratt, D. (2021, April 8). [Homeless families with kids overwhelmed agencies. Here's what Whatcom County is doing to help](#). Bellingham Herald.
- ⁷⁹ Opportunity Council and WCHD. Quote Chris D'Onofrio. (2021, July 19). [Local Point in Time Count Report on Homelessness Published](#). Media release.
- ⁸⁰ Seattle Times. (2021, April 22). [Fund behavioral health providers essential to Our COVID-19 recovery](#).
- ⁸¹ Dr. Mara Kelley, Peace Health St. Joseph Medical Center. (2021, July 14). Personal communication.
- ⁸² Dr. Amy Harley, Peace Health St. Joseph Medical Center. (2021, July 18). Personal communication.
- ⁸³ Representative from PeaceHealth. (2021, May 10). Interview conducted by WWU sociology student.
- ⁸⁴ Washington State Health Care Authority, University of Washington, OSPI, and DOH. (2021, June 29). [COVID-19 Student Survey](#).
- ⁸⁵ Joe Fuller, WCHD (2021, July 19). Personal communication.
- ⁸⁶ WWU professor and youth mental health professional (2021, April 29). Interview conducted by WWU sociology student.
- ⁸⁷ Bennett, S., WWU. (2020, Sept. 18). [COVID-19 Prevention Behaviors Research Summary](#). Prepared for Whatcom County Health Department.
- ⁸⁸ Bennett, S., WWU. (2020, Sept. 18). [COVID-19 Prevention Behaviors Research Summary](#). Prepared for Whatcom County Health Department, pg. 5.
- ⁸⁹ North Sound Behavioral Health Administrative Services Organization. (2019–2021). North Sound Crisis Services Summary [Dataset].
- ⁹⁰ Opportunity Council. (2020, Dec.). Prosperity Project 2020: What do you think? A survey about ways to support everyone in your county. Preliminary data.
- ⁹¹ Representative from Opportunity Council. (2021, May). Interview conducted by WWU sociology student.
- ⁹² Allison Williams, WCHD. (2021, July 14). Personal communication.
- ⁹³ Fisher, P., Lombardi, J., Kendall-Taylor, N. (2021, April 27). [A Year in the Life of a Pandemic](#). RAPID-EC.
- ⁹⁴ [A Year in the Life of a Pandemic](#), RAPID-EC.
- ⁹⁵ Representative from Northwest Washington Indian Health Board. (2021, May 13). Interview conducted by WWU sociology student.
- ⁹⁶ WA State Dept. of Health. (2021, June 7). [Week of June 7, 2021 COVID-19 Behavioral Health Impact Situation Report](#).
- ⁹⁷ Washington State Department of Health. (2017–2021). Washington State Death Certificates [Dataset].
- ⁹⁸ WA Council for Behavioral Health. (2021, March 2021). [The State of the Community Behavioral Health System: COVID Pandemic Impact plus Chronic Underfunding](#), pg. 2.
- ⁹⁹ [The State of the Community Behavioral Health System: COVID Pandemic Impact plus Chronic Underfunding](#), pg. 1.
- ¹⁰⁰ Joe Valentine, Northsound Behavioral Health Administrative Services Organization. (2021, May 20). Interview conducted by Core Team member.
- ¹⁰¹ Washington State Employment Security Dept. (2020). [Occupations In Demand List, Mental Health and Substance Abuse Social Workers](#).
- ¹⁰² Representative from Catholic Community Services. (2021, April 27). Interview conducted by WWU sociology student.
- ¹⁰³ Chris Kobdich, Unity Care Northwest. (2021, July 20). Personal communication.
- ¹⁰⁴ Chris Kobdich, Unity Care Northwest. (2021, July 19). Personal communication.
- ¹⁰⁵ PeaceHealth and WCHD personal communication. (2021, April 16).
- ¹⁰⁶ Sislena Ledbetter, WWU Counseling Health and Wellness. (2021, May 20). [Whatcom County COVID-19 Community Forum](#).

-
- ¹⁰⁷ US Census Bureau. (2021, May 19). [Household Pulse Survey \(April 28 – May 10\)](#). [Mental Health Activities in the Last 4 Weeks].
- ¹⁰⁸ Representative from Lummi Tribal Health Center. (2021, May 17). Interview conducted by WWU sociology student.
- ¹⁰⁹ Representative from Lummi Tribal Health Center. (2021, May 17). Interview conducted by WWU sociology student.
- ¹¹⁰ Representative from Catholic Community Services. (2021, April 27). Interview conducted by WWU sociology student.
- ¹¹¹ Port of Bellingham's Regional Economic Partnership. (2021, July 14). Prepared comments.
- ¹¹² Washington State Health Care Authority. (2021, May 12). [Emergency Broadband Benefit Program](#).
- ¹¹³ Video produced by Young & Indigenous Podcast, Children of the Setting Sun, the Lhaq'temish Foundation, Lummi Systems of Care & Lummi Tribal Health. (2021, March 30). [Gratitude Parade by Ferndale for Lummi Nation](#).
- ¹¹⁴ Washington State Health Care Authority, University of Washington, OSPI, and DOH. (2021, June 29). [COVID-19 Student Survey](#).
- ¹¹⁵ Joe Fuller, WCHD. (2021, July 19). Personal communication.
- ¹¹⁶ [COVID-19 Student Survey](#).
- ¹¹⁷ Representative from Bellingham Public Schools. (2021, May 2). Interview conducted by WWU sociology student.
- ¹¹⁸ North Sound Accountable Community of Health. (2021, May 25). Key Themes from the Community Listening Session "Moving Toward Recovery and Resilience in the North Sound."
- ¹¹⁹ Whatcom County Behavioral Health Advisory Committee. (2021). [Whatcom County Behavioral Health 1/10 of 1% Sales Tax Annual Report 2020](#).
- ¹²⁰ Representative from Catholic Community Services. (2021, April 27). Interview conducted by WWU sociology student.
- ¹²¹ WA State Department of Health. (2021, June 24). [Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19](#).
- ¹²² [Statewide High-Level Analysis of Forecasted Behavioral Health Impacts from COVID-19](#), pg. 4.
- ¹²³ Kelland, K. (2021, April 6). [A third of COVID survivors suffer neurological or mental disorders: study](#). Reuters.
- ¹²⁴ [Community Health Improvement: Focus Phase Report](#), Healthy Whatcom, 2019.