

*Assessment of Advisory Groups
Convened by Whatcom County
Health and Community Services*

May, 2023



WHATCOM COUNTY
**HEALTH AND
COMMUNITY
SERVICES**

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Executive Summary

Introduction

As Whatcom County Health and Community Services (WCHCS) adapts to growth, staffing changes and advancing strategic priorities, department leadership identified a need to assess its advisory boards and committees to ensure mutual value for volunteers and staff, as well as board and committee alignment with department priorities.

Accordingly, WCHCS contracted with Collaborative Progress Consulting to assess the advisory boards and committees currently convened by WCHCS, and develop recommendations for their ongoing evaluation and improvement.

Methodology

This assessment involved document review, key informant interviews, and the administration of surveys. Individual interviews were conducted with the chairpersons of the respective advisory groups, WCHCS staff who provide technical support for the groups, and WCHCS management team members. Three additional interviews were conducted with people who have served on or helped form key Whatcom County advisory groups.

Online surveys were administered to a total of 106 advisory group members, with 67 (63%) responding. A total of 13 WCHCS staff who support advisory groups (including eight technical and five administrative support personnel) were sent the survey, with 12 (92%) responding.

The analysis of qualitative interview data and quantitative survey data relied on an iterative process of identifying interview themes, using them to understand survey results, and using survey results to further refine the themes.

Background

Advisory boards or committees are used by government, business and nonprofit organizations, and can be described as being:

- Convened for the purpose of providing non-binding advice
- Composed mostly of volunteers who are invited to participate by virtue of their expertise, lived experience, or the desire to serve
- Generally, are less structured than fiduciary boards that carry decision-making authority

The table to the right lists the advisory groups, (i.e., boards, committees and task force) that are convened by WCHCS.

WCHCS Advisory Groups
Behavioral Health Advisory Committee
Developmental Disabilities Advisory Board
Public Health Advisory Board
Solid Waste Advisory Committee
Veterans Advisory Board
Whatcom Housing Advisory Committee
Food System Committee
Child & Family Well Being Task Force

Authorization

All of the advisory groups listed on the previous page are authorized by the Whatcom County Council and can be found in Whatcom County Code. The County is required by the State to establish and maintain the first six groups listed in the table on the prior page. The bottom two groups, (the Food System Committee and the Child and Family Well-being Task Force) are established by the Whatcom County Council and are not required by the State.

Staffing

WCHCS provides staff support for each of the eight groups listed on the previous page. All of the groups are assigned technical staff (“content experts”). These individuals work with the committee chairs to set agendas and carry out the work of the group. Five of the groups also have an administrative support person who takes minutes and performs other administrative functions.

Assessment

Composition

More than 90% of the 67 people responding to the member survey reported an ethnicity of “White”, compared to the County percentage of 82%. The balance of survey respondents reported an ethnicity of Asian or Asian American (3.16%); American Indian or Alaska Native (1.56%) and Mixed (3.13).

The desire to serve the community, affect program improvement and advocate for policy changes are the top reasons people serve.

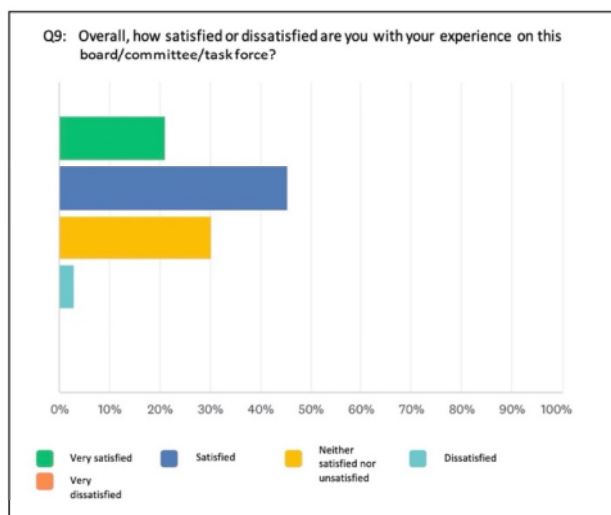
Additional results of the advisory group survey: Gender is 60% female, 40% male, with no one indicating “Other” for gender identity; most (85%) are employed fulltime. Surprisingly, only 7% report being retired. Nearly 80% of respondents indicated that they are currently employed in a field related to the work of the advisory group on which they serve.

The desire to increase advisory group appointments of underrepresented communities and people with “lived experience” was voiced throughout the interviews with advisory group staff and chairpersons. As one chairperson put it: “We have a lot of work to do in this area.”

Participant satisfaction

Of the 66 people who responded to the question of overall satisfaction with their advisory group experience, a total of 44 (67%) said they were either “satisfied” or “very satisfied” with their experience. Only 2 people (3%) said they were dissatisfied, and no one reported being very dissatisfied. The remaining 20 people (30%) chose to answer the question in a neutral fashion, i.e., “neither satisfied nor dissatisfied”.

At the same time, a review of the survey comments, including from people who chose a “neutral” response to the satisfaction question, reveals some discontent with the way the groups are functioning.



Here are two examples:

- *“I think the staff does a great job preparing for the meetings and setting the group up for success. However, I think we have not found an effective way to include and activate the majority of participants and conversation is often dominated by a few voices.*
- *“I feel like [the group] is underutilized. It seems to function as a rubber stamp.”*

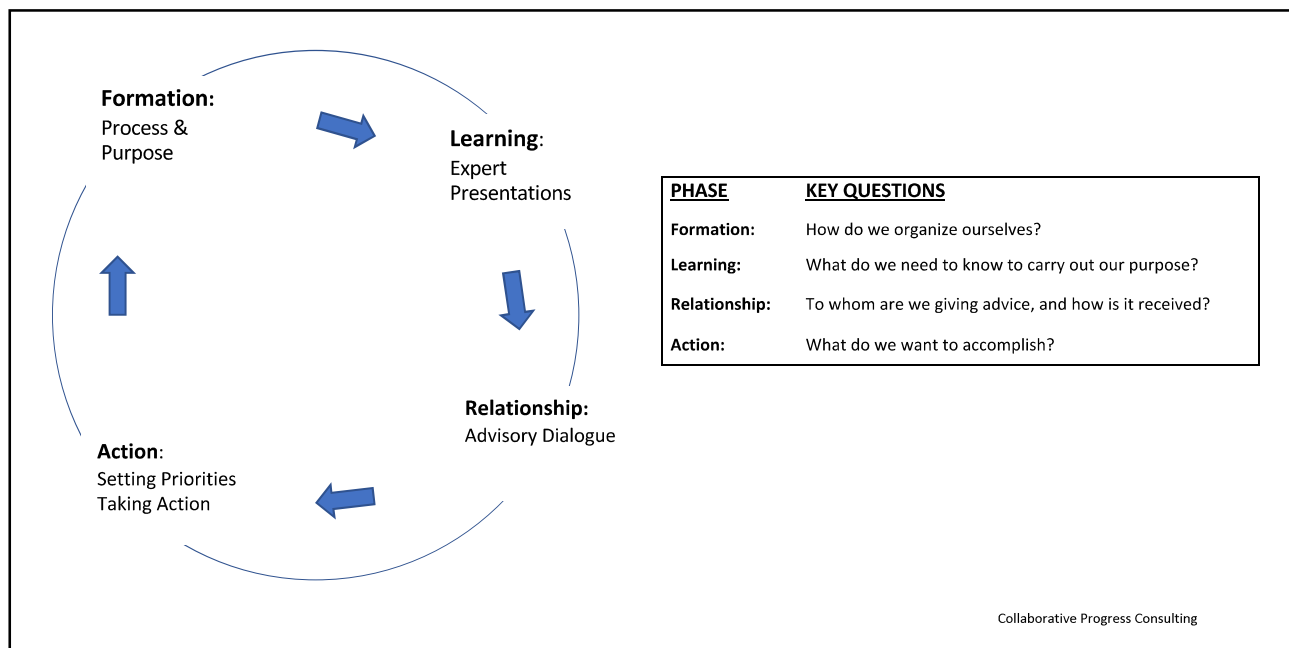
Model for assessing advisory group activities

The diagram below provides a way to understand and assess advisory group activity. The model came out of the interviews with staff, chairpersons and WCHCS management.

Some of the groups are focussed on process, either because they are in a formative stage, or they are looking to make sense of discord, or they need to position themselves for taking next steps to tackle new priorities. Other groups spend a lot of time listening to and reacting to staff presentations. It was in these groups that interviews revealed a desire on the part of chairpersons to have a more meaningful role for the group. They talked about not wanting to be a “rubber stamp” or needing “clearer structure”, or wanting to know if the input of the group was really wanted by the County Council. Other groups reported being actively engaged, setting up committees, and making progress on previously identified priorities.

The model of advisory group activities was not used to assess the groups, but rather it was a product of the assessment. It is being offered as a tool for groups to use going forward. The utility of the model is to ask if a group’s activities are leading them where they want to go. Are they listening to presentations for a particular purpose? Do they know to whom they would provide advice; and have they discussed their collective priorities?

Developmental model of advisory group activities



Improvement opportunities

The problems outlined below represent a synthesis of the themes from the chairpersons, WCHCS management team, and staff interviews. The new directions build on the interests and perceived opportunities for advisory group development voiced in the assessment interviews.

Problems to address

1. A significant portion of the staff feels that they don't have enough time to effectively support the advisory groups. Related to that, there is a perception on the part of some staff that the WCHC leadership does not prioritize the advisory groups.
2. Not all of the staff feel equipped to support the advisory groups in a manner that will facilitate further advisory group development without additional training and guidance.
3. The pathways for providing input and advice are not clearly understood across the groups. Some groups figure out how to register their views, while others struggle to know if their purpose is even to offer advice, and if so, how that would work.
4. Groups that have responsibilities to provide input on budgets and program allocations do not feel they have an opportunity to offer meaningful input and advice.

New directions to explore

1. Utilize the advisory groups to help formulate and advance policy.
 2. Expand the advisory group role to give voice to underrepresented communities.
 3. Incorporate the advisory groups into WCHC communication strategies.
-

Recommendations

The recommendations that follow are focused on addressing the problems outlined in the previous section. An effort has been made to put forth recommendations that can be implemented with minimal expense, in a relatively timely manner.

1. Standardize charter format for all WCHD convened advisory groups.
Groups should be encouraged to use their current guiding documents to inform the process of drafting the new charters. See page 31 for an example.
2. Develop a set of guiding principles for WCHD advisory groups.
See page 32 for an example.
3. Essential duties should be understood.
Advisory groups should be asked to review the State and County codes that authorized their groups, and ensure that the group understands any charge related to offering advice about the use of public funds, as well as other essential responsibilities.
4. Group charters should drive planned activity.
Advisory groups should be asked to consider preparing an annual or biannual workplan that lists what they hope to accomplish. (This need not be an elaborate document.)
5. Invest in leadership training and support for staff.
There is much wisdom and experience in the staff group as a whole, and there is a shared interest in “comparing notes”, clarifying processes and getting more training. Such training could include ongoing facilitated discussion and support for staff, certificate programs in collaboration with area colleges, and other in-service training opportunities.
6. Develop an advisory group toolkit.
This resource could include: Standard format for agendas and minutes; discussion forms; access to an online meeting evaluation survey; summary statements outlining responsibilities for staff, chairpersons and advisory group members; and a new member orientation checklist.
7. Develop an advisory group handbook for group members.
The City of Ferndale has a handbook that includes sections on: how advisory groups work; ethics and conflict of interest; how city government works, including an organizational chart; basics on Robert’s Rules; and open meeting regulations.

Recommendations - continued

8. Enhance the chairperson role.

The chairs could be asked to actively work with staff to advance the recommendations in this report, and to routinely meet with staff of the respective groups to prepare for meetings and monitor between-meeting activity. WCHCS should investigate ways to support training resources for chairpersons focused on collaborative facilitation.

9. Clarify the communication pathways between each committee and WCHCS leadership and the County Council.

One way to do this would be to have managers with advisory group oversight responsibilities (i.e., the Community Health & Human Services manager, the Response Systems manager, and the Environmental Health manager) work with the department director and the staff of each committee to make clear what happens when advisory groups have more formal input they wish to submit for WCHC and or County Council consideration.

10. Move forward with the WCHCS stipend recommendations.

In a recently completed evaluation of the Child and Family Well-being Task Force stipend pilot, the department recommended continuing with the Task Force stipend program, and exploring the feasibility of increasing the stipend payment amounts and expanding the stipend program to include participants on all County Advisory Boards.

11. Ask the Public Health Advisory Board to consider the New Directions agenda.

As part of their work to more fully implement the “hub and spoke model”, ask the Public Health Advisory Board (PHAB) to consider the “new directions” ideas outlined in this assessment.

12. The above outlined recommendations for WCHCS advisory groups (particularly #1 through #10) may be generalizable to other County boards and commissions.

Whatever the specific issues confronting other County advisory groups, it is likely that aligning purpose and process, encouraging member participation, supporting staff development, and strengthening communication pathways between advisory groups, department leadership, and the County Council are improvement strategies worthy of consideration.

Introduction

As Whatcom County Health and Community Services (WCHCS) adapts to growth, staffing changes and advancing strategic priorities, department leadership identified a need to assess its advisory boards and committees to ensure mutual value for volunteers and staff, as well as board and committee alignment with department priorities.

Accordingly, WCHCS contracted with Collaborative Progress Consulting to assess the advisory boards and committees currently convened by WCHCS, and develop recommendations for their ongoing evaluation and improvement.

The basic lines of inquiry of the assessment are:

- Advisory group composition
- Group purpose and activity
- Leadership
- Participant satisfaction
- Alignment of WCHCS-led advisory groups with each other, and with department strategic aims
- Improvement opportunities

This assessment, which was conducted in the first quarter of 2023, was made possible by the cooperation of WCHCS leadership and staff. For many years, WCHCS staff have provided support for advisory committees and boards. These groups are authorized by the County Council for the purpose of providing citizen input. WCHCS is responsible for eight such committees, some of which have been meeting for decades. Other groups have been formed more recently in response to various situations and community challenges.

All the WCHCS staff who participated in this assessment graciously gave their time and insights. In the words of one staff person who was interviewed: “We don’t often have the time to reflect on what we do and how we do it... I’m grateful for the opportunity”.

WCHCS is responsible for convening eight advisory groups, with a combined total of about 100 appointed participants. These people attend meetings (sometimes at 7:00 am!), read committee packets, attend subcommittee meetings, and otherwise help further the work of keeping our community healthy and well served. For some of these people, advisory group membership is an add-on to their jobs, for others, volunteering for an advisory group is, in the words of one volunteer, “something I do because I care, and I believe my experience can help other people”.

As advisory group members give their time and expertise for the greater good, we can seek to ensure that their collective contributions are fully utilized.

As a community, we owe all of these people a debt of gratitude. This WCHCS assessment can be seen as one way of acknowledging the time and expertise that these individuals contribute to our community. As they give of themselves for the greater good, we can seek to ensure that their collective contributions are fully utilized. We can do that by understanding how our current advisory boards do and don’t work well, consider new and creative ways of doing things, and work together to apply what is learned.

Methodology

The major methodological elements of this assessment are document review, key informant interviews, and the administration of surveys. Steps in the collection and analysis of data can be summarized as follows:

- **Review of the State and County code** that authorized the formation and continuing operation of the respective advisory groups convened by Whatcom County Health and Community Services (WCHCS).
- **Review of meeting agendas and minutes** over the last several years for all eight groups. For those groups that met monthly, the review of minutes and agendas was for a year. For groups that met less frequently the review went further back.
- **Interviews** were conducted using a standard set of questions, with follow-up questions as needed. The following people were interviewed individually:
 - Chairpersons of the respective advisory groups
 - WCHCS staff content experts who provide support for the respective groups
 - WCHCS management team members
 - The current co-chair of the Incarceration Prevention and Reduction Task Force, a past chair of the Public Health Advisory Board and an advocate instrumental to the formation of the Whatcom Racial Equity Commission.

In all, a total of 26 interviews were conducted with 27 people over a six-week period. (The two physicians serving as co-health officers were interviewed together.) The duration of each interview was 45 minutes to an hour. The interviews were conducted over Zoom and recorded with permission. (See Appendix 1 for complete listing of interviews.)

- **Key points** were summarized from each interview, and then **consolidated for themes** by group. For example, the key points from each chairperson interview were summarized, and then consolidated into one document pointing toward themes for the whole group of chairpersons. The same process was followed for staff and management team.
- **Online surveys** were administered to a total of 106 advisory group members, with 67 (63%) responding. A total of 13 WCHCS staff who support advisory groups (including eight content experts and five administrative support people) were sent the survey, with 12 (92%) responding.
- **The analysis of qualitative interview data and quantitative survey data** relied on an iterative process of identifying interview themes, using them to understand survey results, and using survey results to further refine the themes. The lines of inquiry noted above (group composition, purpose and activity, participant satisfaction, alignment of groups to each other and with WCHCS priorities, and improvement opportunities) served as the basic categories of organizing, understanding and refining the data.
- The chart below shows the current membership, number of survey responses for each advisory group, and the percentage of total respondents in each group. The chart also shows that no one advisory group dominates the responses.

Survey respondents by advisory group

Advisory Group	Members	Responses	% of Total Survey Respondents N=67
Behavioral Health Advisory Committee	10	5	7.46%
Child & Family Well Being Task Force	29	14	20.90%
Developmental Disabilities Advisory Board	7	4	5.97%
Food System Committee	9	7	10.45%
Public Health Advisory Committee	21	13	19.40%
Solid Waste Advisory Committee	10	7	10.45%
Veterans Advisory Board	9	8	11.94%
Whatcom Housing Advisory Committee	11	9	13.43%
Total	106	67	

Data limitations

As noted above, the results from the staff and advisory group member surveys are used to help shape an analysis that is informed by qualitative interviews as well as the quantitative survey results. The relatively small sample size, lack of any kind of randomization, and the absence of statistical significance analysis caution against making too much of the survey data. But, coupled with qualitative data (the interviews and survey comments), there is more than enough information to assess the advisory groups and point the way toward opportunities for improvement.

Background

What is an advisory group?

The federal General Services Administration (GSA) describes advisory boards in terms of a “two-way relationship” between government agencies and the public. The government gains access to “information and advice on a broad range of issues affecting policies and programs”, while the public “is afforded an opportunity to provide input into a process that may form the basis for government decisions”.¹ The Washington State Department of Health underscores the benefit for the public, noting on their webpage that “participating on a board, commission or committee is one of the most effective steps citizens can take to become an active voice in their government”.²

Private businesses also convene advisory boards. The Advisory Centre, an international training resource, encourages companies to consider empaneling advisory boards because they help companies “gain new insights and advice to solve business problems or explore new opportunities by stimulating robust, high-quality conversations”.³

The nonprofit sector also utilizes advisory boards for expert advice and to stimulate quality conversation. Additionally, nonprofits use advisory boards for fundraising, advocacy, and for input from people with “lived experience” relevant to the mission of the nonprofit. Most training resources for nonprofits point out that advisory boards are to be distinguished from an organization’s fiduciary board.⁴

Advisory boards or committees are used by government, business and nonprofit organizations, and can be described as being:

- Convened for the purpose of providing non-binding advice
- Composed mostly of volunteers who are invited to participate by virtue of their expertise, lived experience, or the desire to serve
- Generally, are less structured than fiduciary boards that carry decision-making authority

Are there standards or best practice guidelines?

Given the wide application and varied nature of advisory boards, it is difficult to point to one set of standards. There are however, best practice guidelines recommended by training institutes, professional associations and government agencies. Some offer step by step advice,⁵ others take a less prescriptive approach, and outline principles that can be translated into practical application.⁶

Regardless of approach, most best practice guidelines for advisory boards include the following:

- Be clear about purpose
- Develop a structure that will accomplish what you want
- Recruit the people who will provide the type of input you are looking for (diverse input is good)
- Be prepared to dedicate staff time to support the group
- Ensure reporting opportunities to the governing group (preferably with dialogue)
- Measure effectiveness

The table below lists the advisory groups, (i.e., boards, committees and task force) that are convened by WCHCS. The summary purpose statements were prepared pulling from the Whatcom County website, County Council resolutions that formed the groups and group-specific bylaws.

Table 2. WCHCS Convened Advisory Groups

Advisory Group	Purpose
Behavioral Health Advisory Committee	Advises the County Executive, via WCHCS, on general priorities for behavioral health programs, including substance abuse and mental health services. Has 1/10 th of 1% sales tax review responsibilities.
Child & Family Well-being Task Force	Oversees the implementation of County action plans supporting the well-being of children and families in Whatcom County; identifies service delivery improvement opportunities and funding sources, and develops recommendations for the County Council and Executive.
Developmental Disabilities Advisory Board	Serves in an advisory capacity to the State Department of Developmental Disabilities Services. Plans for County services for people who are developmentally disabled and coordinates those services.
Food System Committee	Drafts, implements, provides oversight for, and regularly updates a county-wide food system plan to strengthen local and regional food system.
Public Health Advisory Board	Advises and provides feedback to the public health system and provides formal recommendations on public health; monitors the performance of the governmental public health system; develops goals and a direction for public health in Whatcom County, and provides recommendations to improve public health.
Solid Waste Advisory Committee	Provides coordination and information exchange between groups about solid waste issues as well as providing ongoing public input and advice to Whatcom County on solid waste management issues.
Veterans Advisory Board	Advises the County Council on the needs of Whatcom County veterans, the resources available to local veterans, and programs that could meet the needs of local veterans and their families.
Whatcom Housing Advisory Committee	Advises WCHCS and County Executive on the use of public funds intended to support housing for lower income populations.

By what authority do the advisory groups meet?

All of the WCHCS advisory groups are authorized by the Whatcom County Council and can be found in Whatcom County Code (WCC). Six of the eight are authorized by the County in accordance with the Revised Code of Washington (RCW).¹ In other words, the County is required by the State to establish and maintain the following groups:

- Behavioral Health Advisory Committee
- Developmental Disabilities Advisory Board
- Public Health Advisory Board
- Solid Waste Advisory Committee
- Veterans Advisory Board
- Whatcom Housing Advisory Committee²

Two of the eight groups established by the Whatcom County Council are not required by the State, and they are:

- Child & Family Well-being Task Force
- Food System Committee

WCHCS advisory groups receive their “marching orders” from County Code which incorporate any State guidelines. All of the ordinances more or less follow the same structure, and include the following:

- Purpose (summary sentence or two)
- Function (lists what the group is expected to do)
- Membership (includes how people are appointed and length of terms)
- Organization (describes how meetings are conducted)
- Staffing and funding support (assigns the group to a County administrative department)
- Reporting (identifies frequency of reporting to Council and Executive)

Staffing

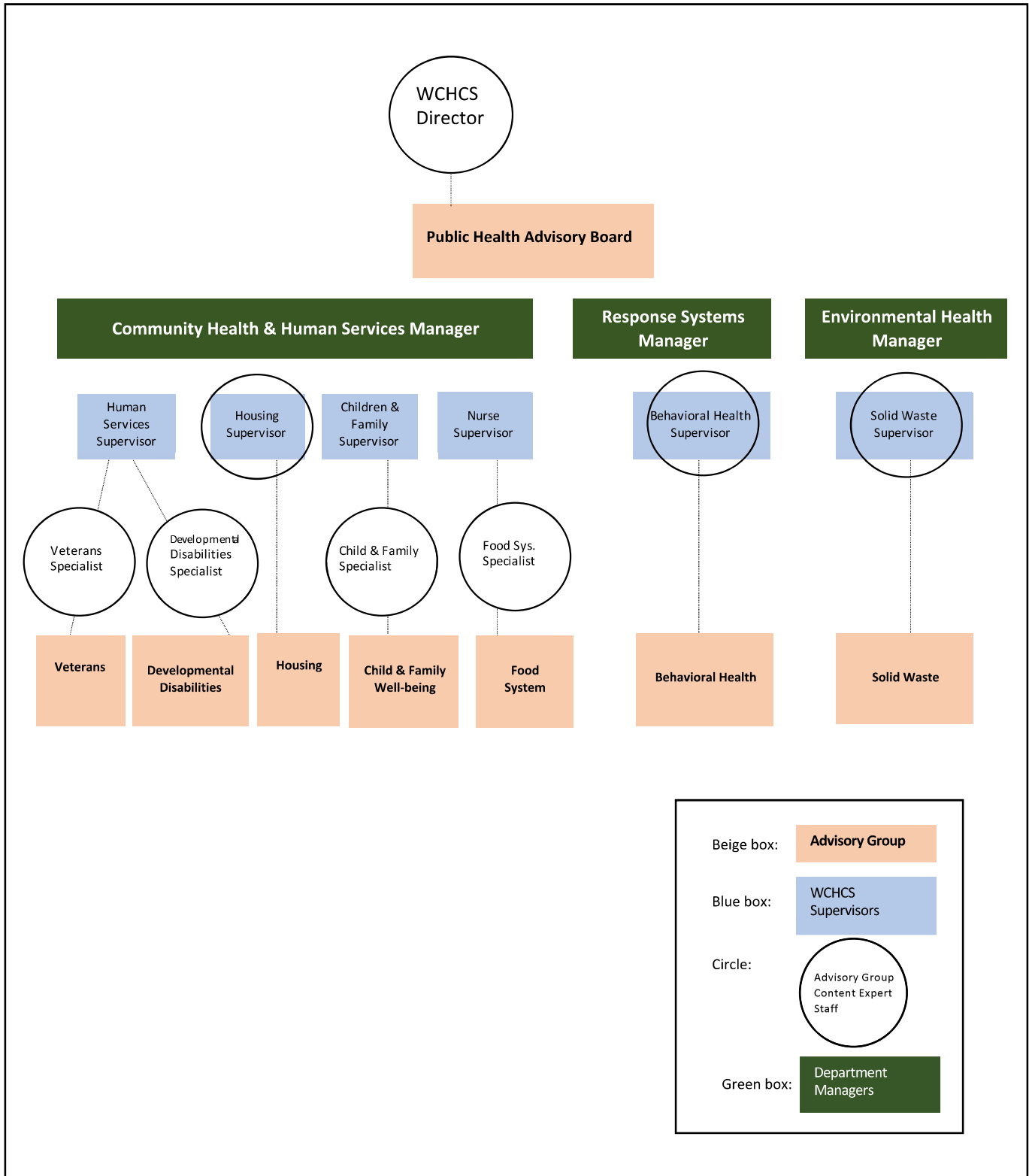
WCHCS provides staff support for all of the eight groups. Each of the groups are assigned a content expert. These individuals work with the committee chairs to set agendas and carry out the work of the group. Five of the groups also have an administrative support person who takes minutes and performs other administrative functions.

The chart on page 13 illustrates how advisory groups fit into the Whatcom County Health and Community Services structure. The circles represent the content expert staff who provide support for the respective advisory groups.

¹ The Revised Code of Washington (RCW) is a compilation of all permanent laws now in force. “County Code” refers to the set of ordinances passed by the Whatcom County Council and signed into law by the Executive.

² The Housing Advisory Committee is established by the County per Interlocal Cooperation Agreement between the County and the cities of Whatcom County.

“Content Expert” staffing for WCHCS Advisory Groups



Assessment

Advisory group composition

More than 90% of the 67 people responding to the member survey reported an ethnicity of “White”, as compared to the County percentage of 82%. The balance of survey respondents reported an ethnicity of Asian or Asian American (3.16%); American Indian or Alaska Native (1.56%) and Mixed (3.13).

Additional results of the advisory group survey:

- Gender is 60% female, 40% male, with no one indicating “Other” for gender identity.
- Approximately a third of advisory group members report having served less than a year; a little more than a third one to three years; 20% three to five years; and 7% more than five years.
- Most (85%) are employed fulltime. Surprisingly, only 7% report being retired.
- Nearly 80% of respondents indicated that they are currently employed in a field related to the work of the advisory board/ committee/ task force on which they serve.

A little more than half (54%) of respondents reported being appointed by the County Council to an advisory group to “fill a government, private industry, or nonprofit seat”. The balance (46%) reported serving out of their own “interest and desire to share experience and expertise”.

Why people serve

The top three reasons all respondents indicated they have chosen to serve on an advisory board were 1) Desire to “serve the community” (88%); 2) “Be part of informed discussion that leads to program improvement” (78%); and, 3) “Advocate for local and state regulatory and policy changes” (69%).

How do people who were “appointed to fill a slot” compare with those who serve out of their “desire to share experience and expertise” when considering their motivation for serving on an advisory group? The former group, (people appointed to fill a slot), identify the desire to serve as “related to my job” and the desire to “allocate funding” more often than the people who serve out of their desire to share expertise and experience. For both groups, the desire to serve the community, be part of program improvement and advocate for policy are their primary reasons for serving on an advisory group.

The desire to serve the community, affect program improvement and advocate for policy changes are the top reasons people serve.

“Under-represented” communities

The State and local codes establishing the respective advisory groups outline the composition of advisory groups in terms of the number of elected officials, representatives of government agencies, private business and “citizen representatives” or “advocates”.

The local ordinance establishing the Child and Family Well-being Task Force, the most recently formed advisory group, also calls for the appointment of members from “under-represented” communities, including “Hispanic/Latino, American Indian/Alaska native, or Black/African American, Immigrants and rural”. Additionally, the ordinance calls for inclusion of people who have “experience caring for children”.

The desire to increase advisory group appointments of underrepresented communities and people with “lived experience” was voiced throughout the interviews with advisory group staff and chairpersons. As one chairperson put it: “We have a lot of work to do in this area.”

The chairperson of the Food System Committee (FSC) told the story of how a guest at one of their meetings pointed out that some people are good at attending meetings, and participating in what she called “White man’s governmental proceedings”. But, she said, “not everyone can or wants to do that. We need to set a different table.”

The FSC chair shares the concern expressed by other advisory group chairs. BIPOC (Black, Indigenous, people of color) representation on all of the advisory groups is low. At the same time, the Food System Committee is reaching out, and inviting people to “a different table”. In their work of developing a Food System Plan for the County, they successfully sought public comment in a variety of ways. They used surveys, conducted focus groups and sponsored events to hear from a variety of people throughout the County.

“Some people are good at attending meetings and participating in White man’s governmental proceedings, but “not everyone can or wants to do that. We need to set a different table.”

People with “lived experience”

Incorporating the voice of people with lived experience (relative to the purpose of the advisory group) is also a concern for many of the advisory group chairs and staff. It appears that the group that is most successful in this regard is the Veterans Advisory Board. All of the board members are veterans, as required by the RCW that established the Board.

Another Advisory group’s bylaws (derived from State and County code) require at least one person who is a homeless advocate with “lived experience”. The staff support person for this group noted it has been a challenge keeping that slot filled. “I’m always concerned that the people making decisions, people without lived experience, can be out of touch with the impact of those decisions”. But he added “developing effective and time efficient strategies to meet this challenge is an ongoing process”.

Inclusion and diversity

In an article titled *The Inclusion Imperative for Boards*, it is pointed out that “While diversity and inclusion may be inextricably linked, they are not one and the same”. The article continues:

Diversity refers to the presence of people who, as a group, have a wide range of characteristics, seen and unseen, that they were born with or have acquired. These characteristics may include their gender identity, race or ethnicity, military or veteran status, LGBTQ+ status, disability status, and more.

Inclusion refers to the practice of making all members of an organization feel welcomed and giving them equal opportunity to connect, belong, and grow—to contribute to the organization, advance their skill sets and careers, and feel comfortable and confident being their authentic selves.⁷

The point is that it is necessary to focus on inclusion as well as diversity, and that recruiting people of underrepresented communities and people with lived experience onto a board is one important step, but it is equally important to cultivate a group dynamic and processes that welcome members who might bring varied life experience and differing perspectives to the table.

In one way, recruiting and retaining people from under-represented communities, and people with lived experience, may not be all that different from recruiting (and retaining) anyone to an advisory group. The one essential component to a variety of different outreach strategies is having the advisory group do consequential work. As one chairperson put it: “The way to get meaningful community involvement is to do real stuff. People know when they are being asked to do something that matters”

Compensation

One way of attracting and keeping people at the table who are not there by virtue of their employment is to compensate them. The Child and Family Well-being Task Force was part of a stipend pilot program which ran throughout 2022 and 2023. Parents and community members who were not otherwise being paid to participate in the Task Force were eligible for a \$40 stipend per meeting, up to maximum of \$599 per year³

In a recently completed evaluation of the Child and Family Well-being Task Force stipend pilot, the department recommends continuing with the Task Force stipend program, and exploring the feasibility of increasing the stipend payment amounts and expanding the stipend program to include participants on all County Advisory Boards.

³ The current stipend compensation is capped at \$599 due to IRS reporting requirements for payors to provide a 1099 form to those who receive income greater than \$600 in a calendar year. Expanding the payments could impact the volunteer status currently understood for Task Force participants and require a planning process with additional County departments such as Finance, Human Resources, and the County Executive’s Office.

Group purpose and activity

The chart below summarizes guiding documents and key activities of each advisory group. The guiding documents were identified by group chairpersons and staff when asked what documents they turn to for direction when considering their purpose and ongoing process. The summary of activities was taken from group meeting minutes.

Advisory Group guiding documents and key activities

Advisory Group	Guiding Document(s)	Summary of Activities (2022)
Behavioral Health Committee	<ul style="list-style-type: none">• Committee Charter	<ul style="list-style-type: none">• Reviewed staff presentations regarding needs assessments, budgets and ongoing programming
Child & Family Well-being Task Force	<ul style="list-style-type: none">• Task Force Ordinance• Two documents: “Meeting Agreements” & “Task Force Roles & Responsibilities”	<ul style="list-style-type: none">• Task Force process and workgroup formation• Phase III report to Council• Provided input on Healthy Children’s Fund Initiative and other funding issues
Developmental Disabilities Board	<ul style="list-style-type: none">• Group bylaws	<ul style="list-style-type: none">• Stakeholder information exchange• Input on budget planning relative to Board priorities
Food System Committee	<ul style="list-style-type: none">• “Business Rules and Procedures”	<ul style="list-style-type: none">• Collecting input into and drafting County-wide food system plan for Council review and approval
Public Health Advisory Board	<ul style="list-style-type: none">• Summary of responsibilities outlined in RCW	<ul style="list-style-type: none">• PHAB reconfiguration in accordance with State mandate• PHAB workplan
Solid Waste Advisory Committee	<ul style="list-style-type: none">• Group bylaws	<ul style="list-style-type: none">• Reviewed staff and stakeholder presentations regarding planning, budgets and ongoing programming• Completing County plan
Veterans Advisory Board	<ul style="list-style-type: none">• RCW	<ul style="list-style-type: none">• Stakeholder information exchange• Pursuit of additional veteran service position
Whatcom Housing Advisory Committee	<ul style="list-style-type: none">• Bylaws	<ul style="list-style-type: none">• Stakeholder information exchange regarding funding

The summary of activities presented in the chart on page 18 is admittedly incomplete. The intention is to provide an “activity snapshot” of the respective groups. Generally speaking, how have they spent their time over the past year?

“The way to get meaningful community involvement is to do real stuff. People know when they are being asked to do something that matters”

Model for assessing advisory group activities

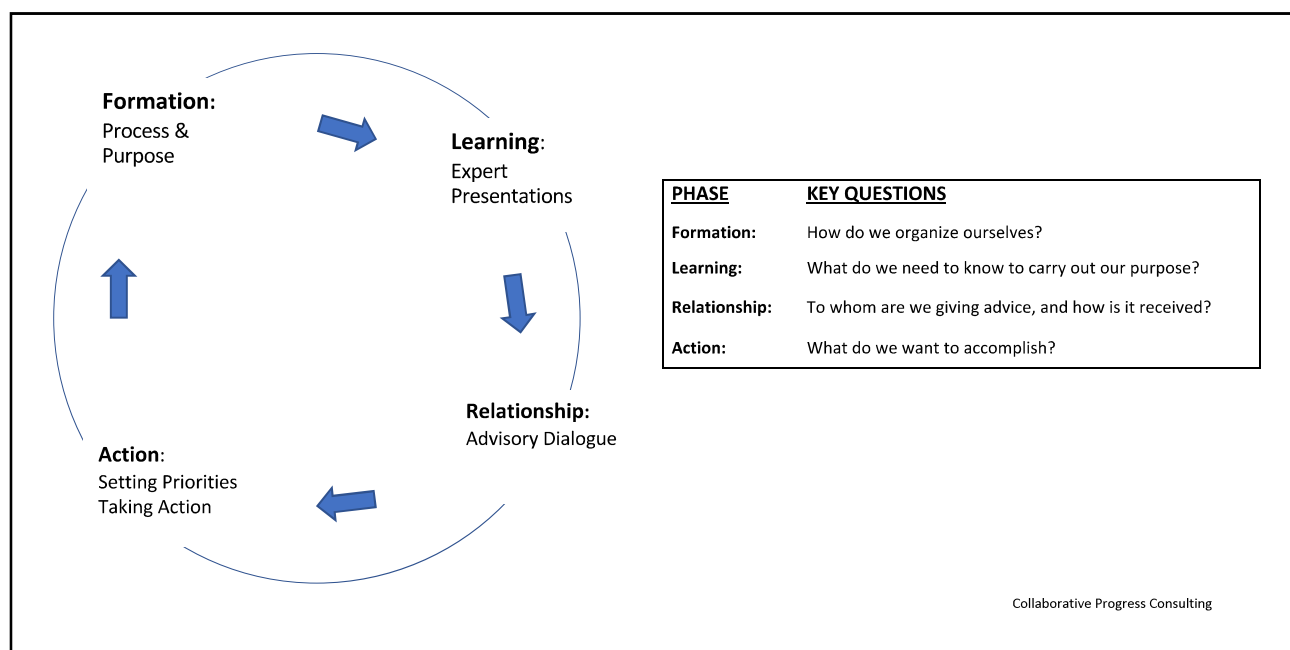
The diagram below provides a way to understand and assess advisory group activity. The model came out of the interviews with staff, chairpersons and WCHCS management.

Some of the groups are focused on process, either because they are in a formative stage, or they are looking to make sense of discord, or they need to position themselves for taking next steps to tackle new priorities. Other groups spend a lot of time listening to and responding to staff presentations. It was in these groups that interviews revealed a desire on the part of chairpersons to have a more meaningful role for the group. They talked about not wanting to be a “rubber stamp” or needing “clearer structure”, or wanting to know if the input of the group was really wanted by the County Council. Other groups reported being actively engaged, setting up committees and making progress on previously identified priorities.

The Model of Advisory Group Activities was not used to assess the groups, but rather it was a product of the assessment. It is being offered as a tool for groups to use going forward. While there is certainly a sequential, and cyclical quality to the model, it should be understood that committee business rarely proceeds in a predictable step-wise fashion.

The utility of the model is to ask if a group’s activities are leading the group members where they want to go. Are they listening to presentations for a particular purpose? Do they know to whom they would provide advice; and have they discussed their collective priorities?

Developmental model of advisory group activities



Leadership

Each advisory group has a chair or co-chairs. Chairs volunteer their time because they care about an issue and they are elected to the position by the respective groups. Keeping with the overall informality of the advisory groups, most do not have structured executive committees charged with planning meetings. That task primarily falls to the staff, who, for the most part, set agendas and arrange for meetings. The chairs run the meetings.

There are exceptions to this. The Public Health Advisory Board (PHAB) has a subgroup that meets between meetings for the purpose of agenda building, tracking subcommittee work and essentially doing the work of a steering committee. This group includes the WCHCS lead staff person, administrative support person, the board chair and, when available, the County Council representative to the Board.

The dynamic between chairs and staff appears to be one of collegiality. Chairs appreciate the staff expertise. Staff appreciate that chairs volunteer their time. Even in groups where there has been discord, the chairs expressed appreciation and respect for the staff. Any problems were attributed to the staff not having enough department support, and the non-responsiveness of “higher-ups”.

Chairperson role and interview themes

The chairs’ primary job is to run meetings, and that’s how it works in all the groups. The chairs also provide input into the agendas, which are generally formulated by the staff. Beyond that, the role of chair varies depending on a chairperson’s inclination, skill set and willingness to put time into it.

The one exception (to the chair role being a function of personal inclination) is with the Child and Family Task Force. They have developed a set of task force operating procedures that outline in some detail the roles and responsibilities for the staff, task force members and co-chairs.⁸

In the interviews, the attitude of chairpersons ranged from “I’m really proud of the work we are doing” to “We do what we can to reach quorum”. Without exception though, the chairs seem happy to serve the community and care about the topic of the advisory group they lead. While their opinions about what advisory groups should do, and how best that can be carried out varied, interview themes were evident:

- While staff do a fine job, hearing from County leaders (Council, County Exec or WCHCS leadership) would go a long way toward showing that advisory group input is valued.
- The process for providing input into funding decisions needs to be made clearer.
- There is an interest in having advisory groups discuss policy issues, but a lack of clarity regarding any role that advisory groups might play in this regard.

Staff role and interview themes

As noted earlier, content expert staff were individually interviewed for this assessment. Feelings about their advisory group role ranged from “I love this work, and wish I could do it full time” to “I was thrown into it and I just don’t like it”. While staff come to the role with varying degrees of group facilitation experience and political savvy, they are all experts in their respective fields, and approach the work with a seriousness of purpose. Some have been in their advisory group role for many years, and seem to be operating on autopilot, while others struggle with “a big personal learning curve”.

Even with such a wide range of personal feelings and experience, some themes in the staff interviews emerged, including:

- Frustration with not having enough time. COVID, staff turnover, new hires and department restructures have combined with the daily grind to make it more challenging to meet demands.
- General sense that WCHC leadership tends to view the advisory boards as more a formality or requirement than a vehicle for community engagement and advice.
- Desire to know more about what the other boards and committees are doing, and learn from and generally “commiserate” with peers.

WCHC Leadership Team interview themes

Interviews with the WCHCS leadership team included conversations with the department director, three service managers, the Financial Services Manager, and the co-health officers. These conversations offered an interesting counterpoint to some of the staff comments and concerns. Themes included:

- Advisory boards are being underutilized
- If we are going to reap the benefit of these groups, we need to figure out how to align timelines and meeting frequency, as well as how to have informed discussions with people who have varying degrees of expertise.
- Generally speaking, WCHCS has not done a great job communicating with the general public; the advisory boards could play an important role in a more robust communication strategy.

Participant satisfaction

As noted in the Methods section of this assessment, there are limitations to this type of survey and analysis. For example, one needs to consider that the people who bothered to complete the survey may be those who are more satisfied with being a part of the group. Also, when looking at subsets of the total number of respondents, for example slicing the data by advisory group, the numbers become quite small, and the importance of differences difficult to conclude.

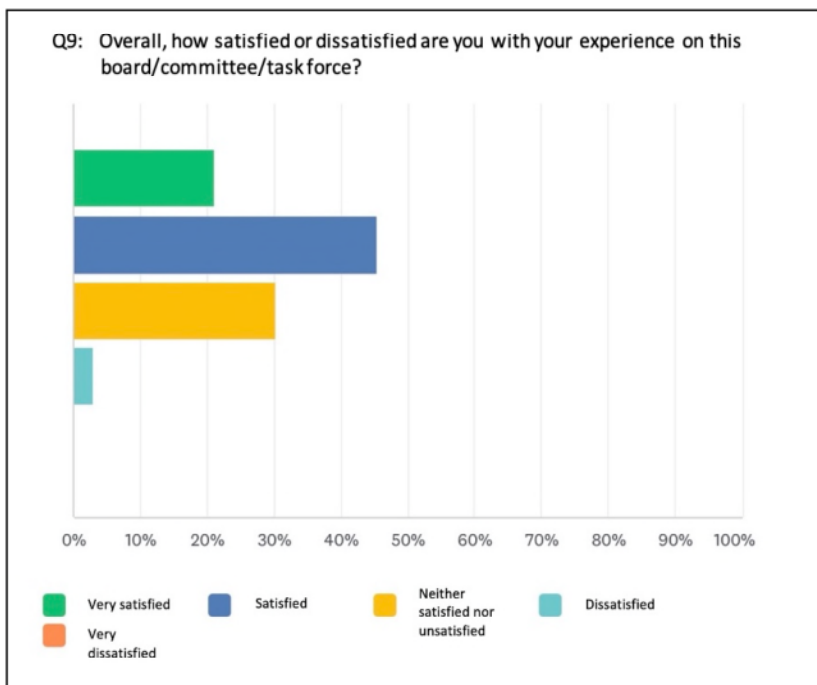
With that said, let’s see what can be learned. How do advisory group members feel about serving on a WCHCS advisory board?

Overall satisfaction

Of the 66 people who responded to the question of overall satisfaction (see next page), a total of 30 (45%) said they were satisfied with their experience serving on an advisory group, 14 people (21%) indicated they were very satisfied. Only 2 people (3%) said they were dissatisfied, and no one reported being very dissatisfied. The remaining 20 people (30%) reported being “Neither satisfied nor dissatisfied.

The one thing that stands out about the 20 people in the “neutral” group is that they are newer advisory board members. Only one person (5%) in the neutral group reported serving on an advisory group for more than 3 years, as compared to 40% of the rest of survey respondents. Perhaps it is to be expected that newer members of a group would reserve judgment.

How do the different advisory groups compare in terms of overall satisfaction? The chart below shows how respondents within the respective groups answered the overall satisfaction question.



While underscoring the already stated reservations of making too much of small numbers, the results are nevertheless open to interpretation. One way to look at it is this: Established groups (Vets, DD and Solid Waste), and the group with arguably the clearest mandate (Food System)⁴ have members who report a higher overall satisfaction with the group. The groups with a more expansive scope, undergoing restructure, or are perhaps not as settled on their purpose and process, have members that are either reserving

judgement, or they tend not to be as satisfied with serving on the group. Though, there are in this latter group people who are satisfied and very satisfied with their experience as well.

Table 4. Overall satisfaction of members by advisory group

Advisory Group	VERY SATISFIED	SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED	TOTAL
Behavioral Health	20% 1	20% 1	60% 3	0% --	0% --	5
Child and Family	7% 1	43% 6	50% 7	0% --	0% --	14
Developmental Disabilities	75% 3	0% --	0% --	25% 1	0% --	4
Food Systems	29% 2	71% 5	0% --	0% --	0% --	7
PHAB	0% 0	50% 6	50% 6	0% --	0% --	12
Solid Waste	0% 0	100% 7	0% --	0% --	0% --	7
Veterans	63% 5	38% 3	0% --	0% --	0% --	8
Housing	22% 2	22% 2	44% 4	11% 1	0% --	9

⁴ The purpose of the Food System Committee, as stated in Whatcom County Code is to “draft, implement, provide oversight for and regularly update a food system plan to strengthen our local and regional food system.” Clearly a large and important undertaking, but one that is more narrowly defined compared to the purpose statements of the other groups.

Engagement

When asked “are the meetings well run”, nearly three quarters (73%) of the 67 respondents agreed or agreed strongly that the advisory group meetings were well run. Other statements in the survey question about meeting quality showed similar positive results. This survey comment summarizes that view: *“I think the information, networking and time spent is very worthwhile.”*

On the other hand, the response to the statement “Most everyone at meetings actively participates” suggests there is some discontent. Here, nearly 60% of the respondents either strongly disagreed or disagreed (that everyone participates). Here is one comment from that group:

I think the staff does a great job preparing the meetings and setting the group up for success. However, I think we have not found an effective way to include and activate the majority of participants and conversation is often dominated by a few voices.

Review of the comments offered by other survey respondents suggests that in addition to an appreciation for how advisory group meetings are run, and in particular for the efforts of staff to keep things on track, there is a countervailing view. Here is a sample of comments from people in five different groups:

- *“[We need] alignment on the purpose of the group, more skilled facilitation, meaningful work”*
- *“Better onboarding might lead to better participation in meetings.”*
- *“I feel like [the group] is underutilized. It seems to function as a rubber stamp.”*
- *“We need more defined purpose and goals and objectives.”*
- *“The structure and purpose of the meetings is diluted by infrequent meetings.”*

It is interesting to note that three of the five comments above are from people who chose the neutral option when asked about their overall satisfaction with their advisory group experience, i.e., they indicated being neither satisfied nor dissatisfied with the group.

From all of this, we can conclude that a portion of the advisory group participants are satisfied with the way the group is operating, a portion wants more clarity regarding purpose and process, and a portion are reserving judgement. Though there are indications that this latter group may be less than fully satisfied.

Alignment

The scope of work for this assessment includes reviewing the extent to which WCHCS advisory groups are aligned with each other, and with WCHCS strategic aims. The short answer is the groups are not particularly aligned, or even aware of each other to any great extent, nor do the chairpersons or staff appear to think about the groups in relation to WCHCS strategic aims.

The challenge is cultivating advisory group cohesion and independence while also strengthening the bond between the respective groups and the department.

That is the short answer. A more complete review would include: the shared view by staff and chairpersons that there is potential for group “cross pollination” between the groups; the wider-angle view of WCHCS leadership that sees how the advisory groups support key aims of the recently adapted department strategic plan; and the restructure of the Public Health Advisory Board (PHAB).

Potential for cross pollination

In interviews with the advisory group chairpersons, awareness of the other advisory groups was very low, with the exception of PHAB. The Chairs were aware of the PHAB because of the recent effort to expand (PHAB) membership through recruiting members from the other seven advisory groups. Perhaps because of that effort, there was an expressed desire to know more about PHAB, and to better understand the relationship between the PHAB and the other groups.

The staff were slightly more aware of the other advisory groups. As one person put it: “I’m aware of other groups, but not a lot of what they actually do”. Another staff person said there was “some discussion, mostly commiseration, with other staff who lead groups”.

As with the group chairpersons, the idea of developing a more purposeful approach to interrelating the respective advisory groups was of interest. One staff person said this: “So much potential for cross pollination between groups. How do we leverage existing plans to make our plan stronger? We don’t do that internally. I’m pretty siloed”.

Alignment with what?

When we seek to understand the alignment of one group to another, what are we really asking? In organizational development, the term “alignment” is understood as “a state of agreement or cooperation among persons or groups with a common cause or viewpoint”⁹ To answer the question of alignment then, we need to ask what is the common cause or viewpoint that the eight advisory groups share with each other and with WCHCS.

It can be said that the eight groups share a commitment to the RCWs and the County code that created them. Beyond that, the one common thread connecting the groups, and the groups to WCHCS, is that they are all partnerships between WCHCS and the community. But, as true as this is, most of the advisory group chairs do not seem to think of themselves and the groups they lead as a part of a WCHCS partnership. And in some ways, neither do the staff.

At best there is neutrality in this regard, and for some groups, there is questioning whether they fit into the “health department” at all. The challenge for WCHCS leadership will be to help staff and group chairs navigate the contradiction between cultivating each advisory group’s cohesion, while strengthening the bond between the respective groups and the department.

Leadership Team view

WCHCS completed a department Strategic Plan for 2023 – 2027. Given how recently it was completed, it's not surprising that advisory group chairpersons for the most part reported a very limited understanding of the plan, if they knew of it at all. Staff had a little more familiarity with it. Members of the WCHCS management team were far more aware of the plan, and able to speak to the question of how the advisory groups furthered the WCHCS strategic priorities.

The two strategic priorities most often mentioned were “Community Partnerships and Engagement” and “Workforce Development”. All of the leadership team saw the advisory groups as a potentially key component of community partnership development going forward. A number of leadership team members noted that with the recent restructure, PHAB will be well positioned to play an important role in conveying community input to the County Council.

Regarding the “workforce development” strategic aim, it was pointed out that for some of the staff, leading an advisory group is a new experience, and that they are developing their leadership and facilitation skills. The other strategic priority that was mentioned was “Quality Management”, understood in the plan to involve using data to drive decision making “that informs a culture of transparency”. One manager pointed out that the department should be providing the advisory groups with program evaluation data that can be used in committee and board deliberations. Providing the advisory groups easily understood, and actionable data, could be part of the department’s Quality Management efforts.

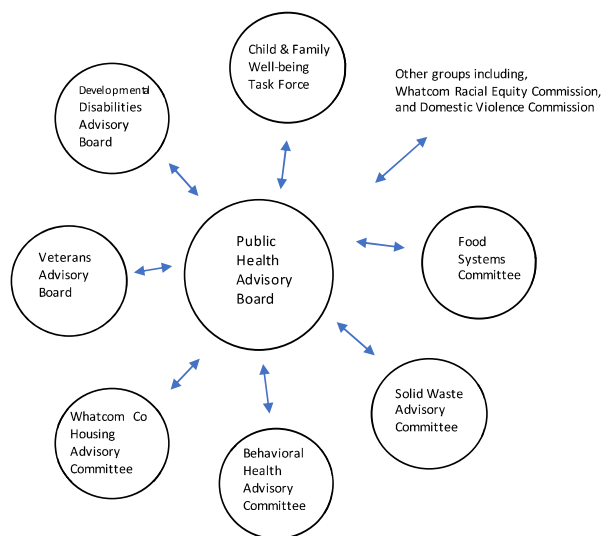
Hub & Spoke

The Public Health Advisory Board (PHAB) provides advice to the Whatcom County Council / County Health Board. PHAB was recently restructured in accordance with state law regarding public health advisory boards.

Part of the restructure involved expanding PHAB membership to include representatives of various County boards, commissions and committees related to community health and well-being.

The diagram on this page depicts what is being called the “hub and spoke” model. The intent, as described by PHAB Chair Steve

Bennett in a recent communication to the County Council is to “create increased alignment, coordination, effectiveness, and value for all the health department-staffed or related/relevant boards and commissions”. The memo continues: “...this model also reduces duplicative efforts and helps ensure knowledge transfer and cooperation which is beneficial for the community at-large.”



Many of the interviewed staff and advisory group chairs were aware of the recent restructure. If they had any opinion, it could be characterized as curious optimism as to how the restructure may impact other WCHCS advisory groups. The only expressed concern had to do with the possibility that, rather than facilitate information exchange between the Council and advisory groups, PHAB could unintentionally become a procedural hurdle hindering already limited access to the County Council.

Opportunities for Improvement

The phrase “opportunity for improvement” is used a lot in organizational development and business circles. But what does it mean? Here is one helpful explanation: “An opportunity for improvement is a chance to make something better. It may be a chance to improve an existing situation, or to create a new one. Sometimes the opportunity for improvement comes from solving a problem; other times it may come from taking advantage of a new circumstance”.¹⁰

“Sometimes the opportunity for improvement comes from solving a problem; other times it may come from taking advantage of a new circumstance”.

The “problems” outlined below are a synthesis of the previously outlined themes from the chairpersons, WCHCS management team, and content expert staff interviews. The supporting quotes are from those interviews, as well as from survey comments.

Problems

1. A significant portion of the staff feels they don’t have enough time to effectively support the advisory groups. Related to that, there is a perception on the part of some staff that the WCHCS leadership does not prioritize the advisory groups.

- *“I feel that the community education and input [from advisory boards] is crucial and valuable to our work, but the limited amount of time I have to develop meaningful content, build a board that has expertise within a highly structured state and federal system is challenging.” — Staff Survey*
- *“I never received any formal training and at times feel unprepared for meetings due to heavy workload and competing needs.” — Staff Survey*
- *“I feel like leadership values the advisory boards, but I don’t think it’s a priority. There isn’t a lot of evidence to suggest [advisory groups] are anything more than a formality or requirement.” — Staff Interview*

2. Not all of the staff feel equipped to support the advisory groups in a manner that will facilitate further advisory group development without additional training and guidance.

- *“I’m just not sure what the expectation is of the process, how other boards are run, etc. I have looked at agendas and meeting notes from other boards and it seems as though there are other boards with much more participation, small work groups, etc.” — Staff Survey*
- *“I would enjoy this work more if I had adequate support and more clarity and training for this role.” — Staff Survey*
- *“A more formal orientation and training process for providing staff support would be helpful. This could include a clear chain of communication for staff and chairs.” — Staff Survey*

3. The pathways for providing input and advice are not clearly understood across the groups. Some groups figure out how to register their views, while others struggle to know if their purpose is even to offer advice, and if so, how that would work.

- *“What is the impact of the advice rendered?” — Advisory Group Survey*
- *“It would be good if staff/Council actually utilized this group for advice. — Advisory Group Survey*
- *“One thing that creates cynicism is when feedback or input is provided and nothing happens, and no one gets back to them. We need to get back to people! Close the loop!” —Management Team Interview*

It is interesting to note the responses when advisory group members were asked on the survey to identify ways that their service on the advisory group could be made more worthwhile. As can be seen in the chart below, the choices involving contact with WCHCS and the County Council were overwhelmingly favored.

Advisory group members appear to be looking to establish a greater degree of connection with the authorities that appointed them in the first place (the Council), and with WCHCS.

Q 10. What would make your experience in the advisory group even more rewarding?

ANSWER CHOICES ▼	RESPONSES ▼	
▼ Regular, outside of meeting, communication from WCHCS	30.23%	13
▼ More staff support	18.60%	8
▼ Compensation for your time	16.28%	7
▼ Contact with County Council	55.81%	24
▼ More frequent meetings	11.63%	5
▼ Contact with WCHCS leadership	30.23%	13
Total Respondents: 43		

4. Groups that have responsibilities to provide input on budgets and program allocations do not feel they have an opportunity to offer meaningful input and advice.

- *“There needs to be a more fully baked process / timeline / expectation for HOW the committee input matters and for what purposes, otherwise it is a waste of time and disingenuous.... it is the funding input and recommendations that is the meat of things, and gets short shrift.” — Advisory Group Survey*
- *“Council [should] utilize this group for advice - not after decisions are made. Staff seeks very little input on funding proposals.” — Advisory Group Survey*
- *“Council should review the original objectives [of the advisory group] and acknowledge failure to oversee sales tax dollars”. — Advisory Group Survey*

New directions to explore

Recommendations that address the problems outlined above will be offered in the next section. In this section, the interests and perceived opportunities for advisory group development voiced in the assessment interviews are framed as new directions to explore. The three areas that were consistently mentioned in the interviews were policy, underrepresented communities and communication with the general public.

What follows is a brief examination of the *New Directions* that build on these topic areas.

1. Utilize the advisory groups to help formulate and advance policy.

Throughout the interviews, the question of policy formation and the role of the advisory groups came up. There is an interest on the part of a good number of staff, managers and advisory group chairpersons to have the advisory groups help shape County and State policy related to their respective topic areas. (Though WCHCS staff were careful to note the limits of their involvement in advocacy activities.)

While there is interest to better understand and shape the policies that underlie some of the issues on their respective agendas, there is not a clear understanding of how this could be done, or, for some, *if* it should be done at all.

While there is interest in shaping and advancing policy, there is *not* a clear understanding how, or if, this should be done. Part of the confusion can be traced to the question of how independent are the advisory groups.

Part of the confusion can be traced to the question of how independent are the advisory groups. Here is one advisory group staff person describing the quandary: “One of the challenges is we are not policy makers at my level.” In response to the question, what do you do when a policy issue is brought to the table: “I have felt uncertain about my role. The health department is under the executive branch of government...I’m always concerned that I’m going to run counter to something that the Executive’s office may want.”

One question that could help untangle the situation is this: *Whose meeting, is it?* Is the advisory group a convening of citizens appointed by the County Council for the purpose of offering advice to the Council, and the County Executive (the latter sometimes through WCHCS leadership)? Or, is the meeting more accurately seen as an agency convening, with the people who do most of work (WCHCS staff) responsible for outcomes?

In the first “citizen convening” conceptualization, the role of staff is to support the work of the advisory group with administrative and technical assistance (i.e., staff help set up and document meetings, and provide data, information and perspective). What the committee chooses to do with the material supplied by staff, along with any staff recommendations, is up to the committee. In the latter “agency convening” view, roles may look similar, but in reality, the process and content of group deliberations are far more staff driven, and the advisory group outcomes can be seen as a direct consequence of those (staff) efforts.

The point is this: To the extent that there is interest in having the advisory groups enter into the policy domain in a meaningful way, WCHCS will need to weigh the advantages and disadvantages of how the advisory groups operate in terms of staff role and advisory board independence.⁵

Key questions to help shape further exploration: How might advisory boards help formulate and advance policy in a way that promotes 1) thoughtful and informed deliberation, 2) effective and coordinated action and 3) all within the bounds of ethical and regulatory boundaries?

A final point regarding the path toward coordinated action in the policy realm: With the recent restructure, PHAB has a clear mandate to engage with the County Council on policy issues, and it is well positioned as the “hub” to work with and through the respective advisory groups to lead the conversation about the involvement of the advisory groups in policy issues.

2. Expand the advisory group role to include giving voice to underrepresented communities.

A major WCHCS strategic priority is to “partner collaboratively to find community-based solutions that advance health and health equity”. What is the role of the advisory groups in furthering this strategy? Many of the interviewed staff, group chairpersons and department leaders spoke in general terms about how the advisory groups could become a conduit for community perspective.

In many ways the advisory groups already are a conduit for community perspective. The whole idea of a citizen advisory group is that the members are appointed to provide public input and advice. But, as noted earlier, while efforts are being made to recruit people from under-represented communities, and people with lived experience, there is more to be done before it can be said that each of the boards serves as a voice for the *whole* community.

One answer to the question of how can the advisory groups further the WCHCS health equity partnership aim is for them to specifically seek the input of under-represented communities into their planning work, and other group endeavors. As noted earlier, the Food System Committee stands as a model of how to seek this kind of public comment.

An important result of pursuing such a planning effort would be the development of relationships with different organizations, church groups, and union halls, that over time could lead to more people from varied backgrounds being interested in being appointed to an advisory group.

No doubt, there are other creative and potentially impactful ways that the advisory boards can be part of the WCHCS efforts to forge community partnerships. One important step in this direction would be for WCHCS leadership to engage with the boards and committees about what *is* health equity, and to ask how does it come into play in their respective domains?

⁵ Hopefully, it is understood that an advisory board operating in a more independent manner is not the same as being adversarial. While the latter is characterized by conflict or opposition, the former involves the capacity to think and act free of constraint.

3 Incorporate the advisory groups into WCHCS communication strategies

One issue that came up a lot in the interviews was communication -- and in particular, how WCHCS communicates with the public. Some framed their observations in terms of missed opportunity: *"We should use the boards as ambassadors to the community. So much is happening that is hopeful, innovative and responsive to the community, but people don't know about it."*

Others focused on needing to find alternative ways for WCHCS advisory groups to engage with the community: *"People aren't interested in what we do in meetings... I've been thinking about a community newsletter that tells people about the Advisory Board – what we are, and the kinds of things we do".*

There were more than a couple comments about the County website that informs the public about advisory group vacancies, and invites applications. *"The County website is intimidating and difficult to navigate."* And: *"its inaccessible... every page looks the same!"*

One simple step that would go a long way toward addressing multiple needs would be for WCHCS leadership to **communicate with advisory group members between meetings**. This would have the benefit of establishing greater continuity between what are sometimes long periods of time between meetings, and strengthening the relationship between WCHCS and the Advisory Group membership.

Recommendations

The recommendations that follow are focused on addressing the problems outlined in the previous section. An effort has been made to put forth recommendations that can be implemented with minimal expense, in a relatively timely manner.⁶

1. **Standardize charters for WCHCS convened advisory groups.** The chart below is an example of what such a standard charter might include. It borrows the structure of the County ordinance establishing the Whatcom Racial Equity Commission.⁷

Sample standard charter for WCHCS convened advisory groups

Charter section	Description
Origin / Authority	<ul style="list-style-type: none">• Sentence or two describing how the group came into existence, how long it has been operating, with reference to appropriate RCW and /or WCC.
Purpose	<ul style="list-style-type: none">• Brief summary of the group purpose
Function / Duties	<ul style="list-style-type: none">• Listing of group tasks, i.e., what the group is expected to <i>do</i>.
Guiding Principles	<ul style="list-style-type: none">• Operating principles
Membership	<ul style="list-style-type: none">• Make-up of the group, how they are appointed and for how long
Liaison Members	<ul style="list-style-type: none">• Note non-voting representatives
Organization	<ul style="list-style-type: none">• Group structure and process expectations
Staff Support	<ul style="list-style-type: none">• Staff resource from which WCHCS division
Reporting	<ul style="list-style-type: none">• To what governmental body at what frequency through what channels

As previously mentioned, all of the WCHCS advisory groups use guiding documents of one sort or another. They go by various names, including bylaws, charters, and rules, and expectations. The recommendation to standardize advisory group charters is not intended to undo the valuable work of these groups. Groups should be encouraged to use their current guiding documents to inform the process of drafting the new charters.

⁶ The exception being recommendation #10 which probably carries a new annual cost.

⁷ The ordinances establishing the current WCHCS advisory groups are similar to the ordinance establishing the Racial Equity Commission. Where they differ, is that the former does not outline guiding principles; the “liaison” (non-voting) member role is not explicitly called out; and the periodic reporting and staff support areas are not highlighted in the same way.

2. **Develop a set of guiding principles for WCHCS advisory groups.** Borrowing structure and language from the ordinance establishing the Whatcom Racial Equity Commission and the WCHCS Strategic Plan 2023—2027, the chart below can serve as a starting point:

Guiding Principles Example

- **Equity.** Strive to advance health and health equity.
- **Data-Based Decision-Making.** Seek quantitative and qualitative data to better understand issues, and to inform recommendations.
- **Community Partnerships and Engagement.** Recognize and promote the essential value of working collaboratively to find community-based solutions.
- **Simple and clear process that invites participation.** Develop and maintain structures and processes that promote clarity of purpose and active participation.
- **Transparency and communication.** Ensure the group’s processes and actions are fully transparent and subject to public review. Promote dissemination of information and data used in the group’s deliberations and actions.

-
3. **Essential duties should be understood.** Advisory groups should be asked to review the RCWs and WCC that authorized their group and ensure that the group understands any charge related to offering advice about the use of public funds, as well as other essential responsibilities.
4. **Group charters should drive planned activity.** Advisory groups should be asked to consider preparing an annual or biannual workplan that lists what they hope to accomplish. (This need not be an elaborate document.)
5. **Invest in leadership training and support for staff.** There is much wisdom and experience in the staff group as a whole, and there is a shared interest in “comparing notes”, clarifying processes and getting more training. Such training could include ongoing facilitated discussion and support for staff, certificate programs in collaboration with area colleges, and other in-service training opportunities.
6. **Develop an advisory group toolkit for staff** that includes: Standard format for agendas and minutes; discussion forms; access to an online meeting evaluation survey; summary statements outlining responsibilities for staff, chairperson(s) and advisory group members; and a new member orientation checklist.
7. **Develop an advisory group member handbook.** The City of Ferndale has such a document that can be used as a model.¹¹ The target group for this document would be advisory group members. The Ferndale handbook includes sections on how advisory groups work, some basics on ethics and conflict of interest, a review of how city government works, including an organizational chart; and some basics on Robert’s Rules and Open Meeting regulations.

8. **Enhance the chairperson role.** The chairs could be asked to actively work with staff to advance the recommendations in this report, and to routinely meet with staff of the respective groups to prepare for meetings and monitor between-meeting activity. WCHCS should investigate ways to support training resources for chairpersons focused on collaborative facilitation.
9. **Clarify the communication pathways between each advisory group and department leadership and the Council.** One way to do this would be to have managers with advisory group oversight responsibilities (Community Health & Human Services manager, Response Systems manager, and Environmental Health manager) work with the WCHCS director and the staff of each committee to make clear what happens when advisory groups have more formal input that they wish to submit for WCHC and/ or County Council consideration.
10. **Move forward with the WCHCS stipend recommendations** to continue with the Child and Family Well-being Task Force stipend program, and explore the feasibility of increasing the stipend payment amounts and expanding the stipend program to include participants on all County Advisory Boards.
11. **Ask the PHAB to consider the *New Directions* agenda** outlined in the previous section as part of their work to more fully implement the “hub and spoke model”.
12. **The above outlined recommendations for WCHCS advisory groups (particularly #1 through #10) may be generalizable** to other County boards and commissions. Whatever the specific issues confronting other County advisory groups, it is likely that aligning purpose and process, encouraging member participation, supporting staff development, and strengthening communication pathways between advisory groups, department leadership, and the County Council are improvement strategies worthy of consideration.

Conclusion

It is fitting to conclude this assessment where it began, with an expression of gratitude to the WCHCS staff and leadership who provided access, insight and perspective for this project.

The last several years have been quite challenging for our community, and particularly for WCHCS. The department has been leading the charge in our community response to some of the most difficult and intractable problems facing our society, including the COVID pandemic, the rise in homelessness, and the fentanyl crisis. In some ways, improving how WCHCS supports advisory groups seems like the least of their problems. One can't help but wonder if now is the right time for an assessment like this.

But in another way, it's the perfect time to consider how WCHCS staff can more effectively leverage volunteer community involvement. With staff time at a premium, and the willingness of people to serve on public boards and committees becoming less common, there is perhaps no better time to step back and ask "how are we doing; can we do better?".

As this assessment shows, there is a lot that is going well with the advisory groups. With the support of a very dedicated staff, community members are providing input into the planning and review of vitally important services. And there is some truly exciting and ground breaking work happening with our locally formulated advisory groups. And too, as the assessment shows, there are opportunities for improvement and new directions to explore.

The risk in following some of the recommendations outlined in this assessment is that for a time it could strain an already stressed system. Its not an unusual problem: In order to address the problem of a lack of time, WCHCS staff could end up putting more time into the advisory groups – at least initially.

The assumption is that WCHCS leadership will commit additional resources as needed to support staff development related to the advisory groups. Another assumption is that recognition from department leadership coupled with peer engagement will begin to shift the dynamic, and open the space for even more rewarding interaction with the advisory groups.

Another reason that now is the right time for an assessment like this is because, as a country and as a community, we face serious challenges to the mechanisms of self-governance. The societal trends of eroding trust in government and declining volunteerism are a part of this problem. Obviously, these are large issues, well beyond the scope of this locally focused assessment. However, whatever we can do as individuals, and as a community, to make government more transparent and approachable, can only help. And, doing what we can to make volunteering on a government board or committee a more enjoyable and satisfying experience is a great step in the right direction.

APPENDIX 1: People Interviewed

WCHCS Management Team

Erika Lautenbach	WCHCS Director
Malora Christensen	Response Systems Manager
Kathleen Roy	Financial Services Manager
Ann Beck	Community Health and Human Services Manager
Sue Sullivan	Environmental Health Manager
Amy Harley	Co-Health Officer
Greg Thompson	Co-Health Officer

WCHCS Staff

Perry Mowery	Behavioral Health Advisory Committee
Jessica Lee	Developmental Disabilities Advisory Board
Ali Jensen	Food System Committee
Erika Lautenbach	Public Health Advisory Board
Jennifer Hayden	Solid Waste Advisory Committee
Liz Witowski	Veterans Advisory Board
Chris D’Onofrio	Whatcom Housing Advisory Committee
Allison Williams	Child and Family Well Being Task Force

Chairpersons

Nick Evans	Behavioral Health Advisory Committee
Raegen Miller	Developmental Disabilities Advisory Board
Riley Sweeney	Food System Committee
Steve Bennett	Public Health Advisory Board
Rodd Pemble	Solid Waste Advisory Committee
Lynne Graham	Veterans Advisory Board
Brien Thane	Whatcom Housing Advisory Committee
Keith Montoya	Child and Family Well Being Task Force
Jennifer Wright	Child and Family Well Being Task Force

Community Interviewees

Rachel Lucy	Previous PHAB Chair
Shu-Ling Zhao	Racial Equity Commission advocate
Stephen Gockley	Incarceration Prevention & Reduction Task Force Co-chair

APPENDIX 2. Current Promising Practices

Interview questions with the chairpersons and the staff were designed to solicit what they do with their respective groups that works. There was also a question that asked if there are practices that they employ with their groups that they think the other advisory groups might benefit from trying.

While all the groups shared techniques and approaches that are currently serving them well, for the sake of brevity, a limited number of the promising practices are included in the chart below.

Promising Practices of Current WCHCS Advisory Groups

Focus area	Promising Practices
New member orientation	<ul style="list-style-type: none"> • Orientation for new members that includes providing foundational documents, open meeting materials, Roberts Rules of Order summary, staff job description and list of fellow Board members. (Veterans Advisory Board)
Process agreements	<ul style="list-style-type: none"> • Operates under procedural agreements outlining staff and co-chairs roles and responsibilities, and a defined decision-making process (Child & Family Well-being Task Force)
Agenda formation	<ul style="list-style-type: none"> • Uses Discussion Forms for major agenda items; forms include a summary of the items to be discussed; equity considerations and the requested action /reason the item is up for discussion. (Public Health Advisory Board)
Board education	<ul style="list-style-type: none"> • Invites State agency staff to local meetings for educational sessions (Developmental Disabilities Advisory Board)
Community engagement	<ul style="list-style-type: none"> • Pursues public input through conducting surveys, convening focus groups, and sponsoring events. (Food System Committee)
Planning	<ul style="list-style-type: none"> • Various approaches to advisory group driven county-wide planning (Solid Waste Advisory Committee; Developmental Disabilities Board; Veterans Advisory Board; Food System Committee)
Resource development	<ul style="list-style-type: none"> • Board successfully pursued the goal of increasing County commitment to veteran resources (Veterans Advisory Board)
Policy orientation	<ul style="list-style-type: none"> • Shapes policy initiatives out of Board discussion for advancement through subcommittee and staff work (PHAB)

References

- ¹ The Federal Advisory Committee Act (FACA) Brochure, U.S. General Services Administration, <https://www.gsa.gov/policy-regulations/policy/federal-advisory-committee-management/advice-and-guidance/the-federal-advisory-committee-act-faca-brochure>
- ² Boards, Commissions and Advisory Committees (BCC), Washington State Department of Health, <https://doh.wa.gov/about-us/boards-commissions-and-advisory-committees-bcc>
- ³ Discover the Power of Collective Thinking, Advisory Board Centre, <https://www.advisoryboardcentre.com/for-businesses/advisory-boards/>
- ⁴ Nonprofit Advisory Boards: What They Are & Why They Matter, <https://boardable.com/resources/advisory-boards/#types>
- ⁵ Advisory Councils: Nine Keys to Success, <https://boardsource.org/wp-content/uploads/2017/01/9-Keys-Success-Advisory-Council.pdf?hsCtaTracking=8dacd2d1-12a2-4281-a6db-b5b03cca42de%7C57e67e8d-6a50-48a8-937c-96f7ffc7558d>
- ⁶ “Advisory Board Best Practice Framework,” Advisory Board Centre, 2022
- ⁷ The Value of Diversity and Inclusion for Boards <https://www2.deloitte.com/us/en/insights/topics/value-of-diversity-and-inclusion/redefining-board-responsibilities-to-support-organizational-inclusion.html>
- ⁸ Whatcom County Child and Family Well-being Task Force /Task Force Leadership: Chairs <https://docs.google.com/document/d/1oyzeVt6SgNBZvq9rZdqcoV-LuLI-SUIfP9AUKDdOHGg/edit>
- ⁹ ThoughtExchange <https://thoughtexchange.com/blog/organizational-alignment-how-to-get-it-right/>
- ¹⁰ This definition of “opportunities for improvement “ is taken from the website of a technology company <https://oboloo.com/glossary/opportunity-for-improvement/> . In order to have the quote fit the context of the sentence in this report, the word “technology” was replaced with “circumstance”, (without changing the meaning of the original quote).
- ¹¹ City of Ferndale, Washington Advisory Bodies Handbook <https://www.cityofferndale.org/HR/AdvisoryBodyHandbook2021.pdf>