

Whatcom County Council

COVID-19 Review

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Executive Summary

Context and Purpose of this Report

The COVID-19 pandemic is a historic crisis that challenged every community. Communities around the globe worked to respond to the pandemic in an environment of tremendous uncertainty. The response effort also lasted longer than anyone could have predicted and stretched local staff resources to the limit.

This report is a review of Whatcom County's response to the COVID-19 pandemic and was requested by the County Council. The purpose of this report is to help improve the County's response to future disasters. As of the date of this report, the Whatcom County Health Department continues to respond to the COVID-19 pandemic, though is transitioning to a sustainable, longer-term response. The time period covered in this review is January 1, 2020 through July 31, 2021. This report focuses on roles, responsibilities and authorities, operational coordination, planning efforts before and during the response, and information sharing both internally with County staff and externally with the public. It does not discuss other topics in-depth, including testing or vaccination programs, the ability of portions of the County workforce to work remotely, economic recovery, the acquisition and distribution of personal protective equipment, and other aspects of the response. An additional element of this report is a summary of pandemic-related spending during the review period.

The consulting team used the following inputs to generate this report:

- Review of documents such as pre-disaster plans; daily situation reports; County Council, Health Board, and Public Health Advisory Board meeting minutes; and Council policies.
- In-depth interviews conducted with 24 employees and stakeholders who were key participants in the response.

Incident Overview

The Whatcom County Health Department learned of the novel coronavirus called SARS-CoV-2 in late 2019 and began planning for a local response. When SARS-CoV-2 arrived in Washington State, the County Health Department was leading the response effort, in accordance with the Whatcom County Comprehensive Emergency Management Plan. The first case of COVID-19 in Whatcom County was detected on March 10, 2020. On that same date, the County Executive signed a Proclamation of Emergency that provided financial and operational authority to the Health Officer and the Director of Emergency Management (see Appendix C: Proclamation of Emergency).

On March 10, 2020, the Whatcom County Health Board passed a motion that recommended that the County Executive direct the Health Department to transition from the current Incident Command Structure (ICS) to Unified Command. Whatcom Unified Command (WUC) was established, with representatives from the City of Bellingham, Whatcom County Health Department, and Whatcom County Sheriff's Office Division of Emergency Management as incident commanders. WUC worked from the Emergency Coordination Center (ECC) from mid-March 2020 throughout much of 2021, with staffing expanding and contracting throughout the incident. In March and April 2020, individuals staffing the Incident Commander

(IC) position changed often due to shift rotations. A single Incident Commander was hired in mid-April 2020 to provide consistent staffing for the position and to provide a single point of contact for the Unified Command Executive Board, which took on the role of making policy decisions for response efforts.

During the first few months of 2020, there was a disconnect between leadership in the Health Department and leadership in WUC that centered on decision-making and authority. The IC position was staffed by individuals who understood concepts of the Incident Command System (ICS) but had no public health subject matter expertise, which caused concerns among Health Department leadership given the public health focus of the event. Though Unified Command was in place, the Health Department maintained its own Incident Command operations in a separate building. From the Health Department's perspective, the primary mission of the response was preventing spread of the disease and reducing mortality. WUC had additional missions such as coordinating an isolation and quarantine facility, collecting and distributing donations, and reducing the economic impact of the pandemic on the community.

Roles and Responsibilities

There were several elected and appointed groups and individuals who played essential roles in the response effort. Many of these individuals were new in their roles in early 2020. Interviews revealed that roles, responsibilities, and authorities were not always clearly understood or followed. A description of key roles is provided in the report for context and as a basis for recommendations.

Observations

Despite organizational challenges in the first few months of 2020, interviews and documents revealed several areas of success in the response effort. Overall, Whatcom County's response had a positive effect on health outcomes, with the County experiencing **the seventh-lowest mortality rate of Washington's 39 counties.**¹

Additional noted successes include:

- **Adaptation to hybrid work.** Many other jurisdictions struggled to adapt operations to a hybrid work environment. Interviewees noted that this worked well at the County and department heads were given latitude to adjust business operations as needed.
- **Volunteers, donations, and personal protective equipment (PPE).** WUC successfully mobilized and coordinated volunteers and set up an effective donations process. Interviewees noted no concerns with meeting their PPE needs.
- **Regional collaboration.** Small cities in the county appreciated the amount of communication and coordination during the response. The City of Bellingham and the County worked together to move a drop-in center for people experiencing homelessness. The County and cities also coordinated on the use of federal relief funding. An employer support task force, led by the Public Health Advisory Board, provided guidance to businesses to safely reopen. An international task force worked to

¹ Washington State Department of Health COVID-19 Data Dashboard; Washington State Office of Financial Management April 1, 2021 Population Estimates.

provide services to Point Roberts and address other needs during the border closure. A resilience fund established by the Whatcom Community Foundation prior to the pandemic provided an avenue to quickly fund elements of the response.

Opportunities for improvement center around four themes:

- **Clarity of roles, responsibilities, and authorities.** One key sentiment that dominated stakeholder interviews was the impression that roles, responsibilities, and authorities were not clearly defined and were not clear to participants in the response effort. Some participants went outside of their roles, as established by code or pre-event plans. Some interviewees also noted their financial authority was not consistent during the long response effort and they did not have the ability to respond as quickly as desired.
- **Information sharing.** Expectations around information sharing and maintaining situational awareness with policymakers were unclear. Information was shared outside of normal channels, which led to a lack of trust among participants.
- **Training and exercises.** While many County staff had engaged in emergency response or ICS training prior to the emergency, many others who participated in the response did not have sufficient training to perform their role in WUC. Community-wide training or exercises had not been conducted prior to the pandemic. Using ICS effectively requires planning and training at all levels and a commitment from County departments to participate in pre-disaster exercises.
- **Consistent support for the response effort.** In March and April 2020, WUC had rotating incident commanders, which created confusion and resulted in an inconsistent decision-making process. WUC relied heavily on volunteers and outside partners, such as staff from the local oil refineries, who had significant training in emergency response. By the summer of 2020, many individuals in key positions were called back to their home department, leaving WUC understaffed.

Recommendations

The following recommendations are in direct response to the opportunities for improvement described above. These recommendations are described in more detail in the report.

- **Planning, Training, and Exercises.** Review and update departmental Continuity of Operations Plans regularly, paying particular attention to orders of succession and delegations of authority whenever personnel changes affect key positions. Develop and update plans, procedures, and job aids to build a stronger capability to respond to disasters. Conduct training and exercise programs for staff who could potentially work in WUC. Ensure just-in-time training materials are available to orient first-time responders to the facility, processes, and their assigned positions. Clarify the line of succession and the lead agency for specific disasters in plans and County Code.
- **Policy Roles and Responsibilities.** Include councilmembers in training and exercises and provide training on crisis communications. Expand the membership of the Health Board to include members with public health expertise and representatives from cities within the county. Ensure all participants in a response effort are working within a unified structure toward common goals. Consider alternative models for managing the ECC depending on the type of disaster. Discuss roles and

responsibilities of those in command positions and what types of issues will be escalated to the policy group.

- **Staffing.** Add positions to the Division of Emergency Management to support public information and planning. Ensure Health Department staffing remains at a level to appropriately support the ongoing response to the pandemic. Evaluate the costs and benefits of repositioning the emergency management function within the County organization.
- **Financial Authority During Disasters.** Clarify the policies and procedures around emergency procurement with Finance Department staff as well as those working in WUC Finance Section, which would result in a more streamlined and efficient response.
- **Information Management.** Develop protocols for sharing confidential and sensitive information, including distribution guidelines. Establish a Situation Report and distribute it widely during events. Establish a single Joint Information Center (JIC) that is managed by a single individual. Develop JIC procedures, train to them, and exercise them.

Preparing for the Future

Emergency management has become a more prominent government function during the last several years with the arrival of a pandemic disease and increased weather incidents. As Whatcom County grows and evolves, it must build a strong, vibrant framework to respond to such events. Unity of effort is a key component of ICS and is often the determining factor between a successful operation and one that is awkward and contentious.

The recommendations in this report focus on building internal County capacity to prepare for future disasters. County emergency management staff can also build stronger relationships with non-profit and private organizations to have a larger support network in a future response effort. Training and exercises can extend to these organizations and County staff can be trained on effectively using volunteers.

As the County prepares for future disasters, it should focus on building a robust organizational structure to avoid the confusion experienced in the first few months of the COVID-19 response. Having a strong emergency response and practiced framework will enable leaders to coordinate public resources and effectively draw on the support of an engaged community.

It is clear that the County is supported by committed leaders and dedicated staff. Focusing on the maturation of the County's response framework will enable these leaders and staff to respond to future events even more effectively.

Contents

Introduction 1

 Purpose and Scope of Review 1

 Whatcom County – General Information..... 1

 National Incident Management System.....2

 Incident Summary3

Roles and Responsibilities7

 County Council7

 County Executive7

 Health Board.....8

 Public Health Advisory Board8

 Health Officer.....9

Observations 10

 Planning..... 10

 Relationships..... 11

 Policy Roles, Responsibilities, and Authorities 11

 Staffing, Volunteers, and Donations..... 13

 Information Management 14

 Regional Collaboration..... 16

Recommendations 18

 Planning, Training, and Exercises..... 18

 Policy Roles and Responsibilities..... 20

 Staffing 23

 Financial Authority during Disasters 25

 Information Management 26

Preparing for the Future 28

 Type 3 Incident Management Team 28

Appendix A: Recommendations Summary	A-1
Appendix B: Incident Timeline	B-1
Appendix C: Proclamation of Emergency.....	C-1
Appendix D: Whatcom Unified Command	D-1
Appendix E: Delegation of Authority for Scott McCreery	E-1
Appendix F: Delegation of Authority for Erika Lautenbach	F-1
Appendix G: Interviews.....	G-1
Appendix H: Pandemic Related Spending.....	H-1
Appendix I: Sample Situation Report	I-1
Appendix J: Acronyms	J-1

Introduction

Purpose and Scope of Review

The Whatcom County Council approved [Ordinance 2021-045](#) in July 2021 to direct a review of the County's response to the COVID-19 pandemic.² The ordinance calls out five primary areas to review: the membership of the County Health Board, Unified Command, the County Emergency Management Plan, County policy related to communications with the public, and the expansion of the designated senior County emergency advisory positions and the community sectors represented. An additional element of this report is a summary of pandemic-related spending during the study period. This report focuses on roles, responsibilities and authorities, operational coordination, planning efforts before and during the response, and information sharing both internally and externally with the public. It does not discuss other topics in-depth, including testing or vaccination programs, the ability of portions of the County to work remotely, the acquisition and distribution of personal protective equipment, and many other topics.

Whatcom County hired BERK Consulting, Inc., partnered with Eric Holdeman and Associates (EHA), to review the response effort and develop recommendations. The timeframe covered in this report is January 1, 2020 to July 31, 2021 and draws on the following inputs:

- Review of documents such as pre-disaster plans; daily situation reports; County Council, Health Board, and Public Health Advisory Board meeting minutes; and Council policies. Many of these documents were provided by Whatcom County staff, available online, or accessed using the County's Incident Action Plan (IAP) software.
- In-depth interviews conducted with 24 employees and stakeholders who were key participants in the response. Interviews were conducted virtually using Microsoft Teams and lasted approximately 60 minutes. Interviewees received questions prior to the interview. Follow-up questions and clarification of information were accomplished in writing or during additional conversations.

This report is organized into the following sections: Introduction, Roles and Responsibilities, Observations, Recommendations, Considerations for the Future, and Appendices with supplemental information including a summary of pandemic-related spending.

Whatcom County – General Information

Whatcom County is in the northwest corner of Washington State. Its borders are Canada to the north, Skagit County to the south, Okanogan County to the east, and the Salish Sea to the west. At 2,107 square miles in size, Whatcom County is the 12th largest county in Washington by total area, though about two-thirds of the land is part of either the Mt. Baker National Forest or the North Cascades National Park. The County seat, Bellingham, is the largest city in Whatcom County with about 40% of the county's total population of 226,847. Median household income in the county is \$65,420.³

² The ordinance establishing an independent review of the community response to the COVID-19 pandemic is Ordinance 2021-045, adopted on July 13, 2021. It was subsequently amended by Ordinances 2021-064 and 2022-019.

³ 2020 American Community Survey 5-year Estimates.

Whatcom County operates under a Home Rule Charter adopted by the voters of the County in 1978. The County Council, which consists of five members elected by districts and two members at large, is the policy-determining and legislative body of the County. The Council levies taxes, appropriates revenues, and adopts budgets for the County. The County Executive is an elected position, whose responsibilities include recommending an annual budget to County Council and supervising administrative offices and executive departments.⁴

The Whatcom County Sheriff is an elected position and has been designated as the Emergency Management Director by the County Executive by [Ordinance 1989-115](#) and in accordance with [RCW 38.52](#). Emergency Management is a division within the Sheriff's Office. Interlocal agreements for the provision of many emergency management services are in place with all incorporated cities within the county except for the City of Bellingham, which has its own emergency management program.

The Whatcom County Health Department is housed in the executive branch of the County government, with the Health Director in charge of operational and administrative functions. The Health Officer is a separate position appointed by the County Executive that has specific powers and duties as described in the Roles and Responsibilities section of this report.

National Incident Management System (NIMS)

The National Incident Management System (NIMS) guides all levels of government, nongovernmental organizations, and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents. NIMS defines operational systems that guide how personnel work together during incidents.⁵

One component of NIMS is the Incident Command System (ICS), which is a standardized approach to the command, control, and coordination of on-scene incident management that provides a common hierarchy for staff representing multiple organizations. ICS specifies an organizational structure for incident management that integrates and coordinates a combination of procedures, personnel, equipment, facilities, and communications. Using ICS for every incident helps hone and maintain skills needed to coordinate efforts effectively. ICS is used by all levels of government as well as by many NGOs and private sector organizations. ICS applies across disciplines and enables incident managers from different organizations to work together seamlessly. This system includes five major functional areas: Command, Operations, Planning, Logistics, and Finance/Administration.

ICS is used throughout Washington State and must be addressed in Comprehensive Emergency Management Plans for local jurisdictions.⁶ Whatcom County receives preparedness grants from the Federal Emergency Management Agency (FEMA) that are passed through Washington State Emergency Management Division. These include Emergency Management Preparedness Grant (EMPG) and State Homeland Security Program (SHSP) grants. As recipients and subrecipients of federal preparedness

⁴ Whatcom County Charter, Sections, 2.20 and 3.22.

⁵ National Incident Management System, Third Edition, October 2017. https://www.fema.gov/sites/default/files/2020-07/fema_nims_doctrine-2017.pdf.

⁶ RCW 38.52.070(1).

grant awards, jurisdictions and organizations must achieve, or be actively working to achieve, all NIMS components.⁷

Incident Summary

The first reported cases of COVID-19, a disease caused by a new coronavirus, were found in China in late 2019. By January 2020, the virus had spread to many countries, including the United States. One of the first patients in the US lived in nearby Snohomish County. Epidemiologists noted that the virus appeared to be highly transmissible and its impact on certain groups such as the elderly or those with compromised immune systems resulted in unusually high levels of hospitalization and death.

The Health Department began addressing the public health crisis that was materializing throughout the world in late 2019. Given the health-related nature of the emergency, when COVID-19 arrived in Washington State, the County Health Department was named lead agency to lead the response effort, in accordance with the Whatcom County Comprehensive Emergency Management Plan. The virus officially arrived in Whatcom County on March 10, 2020, when a woman who was treated at a local hospital was confirmed to have COVID-19. On that same date, the County Executive signed a Proclamation of Emergency (see Appendix C: Proclamation of Emergency) that authorized Whatcom County departments to do the following:

- “Enter into contracts and incur obligations necessary to combat such emergency situations to protect the health and safety of persons; and,
- Provide appropriate emergency assistance to the victims of such disaster; and,
- Other actions, as deemed appropriate by the Health Officer and the Director of Emergency Management or his designee.”

Additionally on March 10, 2020, the County Council approved an appropriation of general fund dollars to support the emergency response. The Council initially approved \$150,000, which was increased to \$250,000.

Isolation and Quarantine Facility

In an effort to address the growing number of COVID-19 cases and resulting public health concerns in the community, the Health Officer issued Order 20-01 on March 30, 2020. This order identified the need for non-congregate housing/shelter for unhoused individuals who tested positive for COVID-19, were symptomatic, were pending testing, or were in close contact of confirmed cases. The Motel 6 located on Byron Avenue in Bellingham was identified as a necessary and appropriate non-congregate isolation and quarantine shelter to be maintained as long as necessary but not beyond the end of the emergency declaration. Negotiations between the owners and Whatcom County resulted in a contract signed on April 6, 2020 for the motel to be used as an isolation and quarantine facility. At the end of the County’s lease of the facility in March 2022, it was determined that this quarantine and isolation facility would no longer be necessary and was closed.

⁷ FEMA Manual 207-22-0001, Fiscal Year 2022 Preparedness Grants Manual.
https://www.fema.gov/sites/default/files/documents/fema_fy-2022-preparedness-grants-manual.pdf

Shuksan Healthcare Center Support

In March 2020, COVID-19 started to impact vulnerable populations and those who serve them. PeaceHealth supported Shuksan Healthcare Center by providing temporary staff and meal service when 32 COVID-19 cases were identified at the Center, including staff, which resulted in staffing shortages. Whatcom Transit Authority agreed to transport meals prepared by PeaceHealth staff to the facility for several weeks.

Move to Whatcom Unified Command (WUC)

On March 10, 2020, County councilmembers acting as the Whatcom County Health Board met and were briefed by staff of the Health Department, Prosecuting Attorney's Office, and Division of Emergency Management. The Health Board passed a motion that recommended that the Administration direct the Health Department to transition from the current Incident Command Structure (ICS) to Unified Command.

Whatcom Unified Command (WUC) is led by the Whatcom County Sheriff's Office and worked from the Emergency Coordination Center (ECC) from mid-March 2020 through much of 2021, with staffing expanding and contracting throughout the incident. Individuals staffing the Incident Commander (IC) position changed often due to shift rotations, with each individual bringing different skills, opinions, and decisions to their role. A single Incident Commander was hired in mid-April 2020 to provide consistent staffing for the position and to provide a single point of contact for the Unified Command Executive Board, which took on the role of making policy decisions for response efforts.

The transition from the Health Department leading the initial response effort to the implementation of WUC did not go smoothly. There was confusion as to how the new structure would work and, more specifically, who was the ultimate decision-maker. The IC position was staffed by individuals who understood concepts of the ICS but had no public health subject matter expertise, which caused concerns among Health Department leadership given that it was a public health event. Though Unified Command was in place, the Health Department maintained its own Incident Command operations in a separate building. From the Health Department's perspective, the primary mission of the response was preventing spread of the disease and reducing mortality. WUC has additional missions such as coordinating an isolation and quarantine facility, collecting and distributing donations, and reducing the economic impact on the community.

During the first few months of 2020, there was a disconnect and animosity between leadership in the Health Department and those in WUC that centered on decision-making and authority, such as what information to release to the public and to County leadership.

Though efforts were at times disconnected, the Health Department and WUC shared common objectives as noted in the IAP software utilized in WUC. A summary of Incident Objectives is provided below with more details available in Appendix D: Whatcom Unified Command.

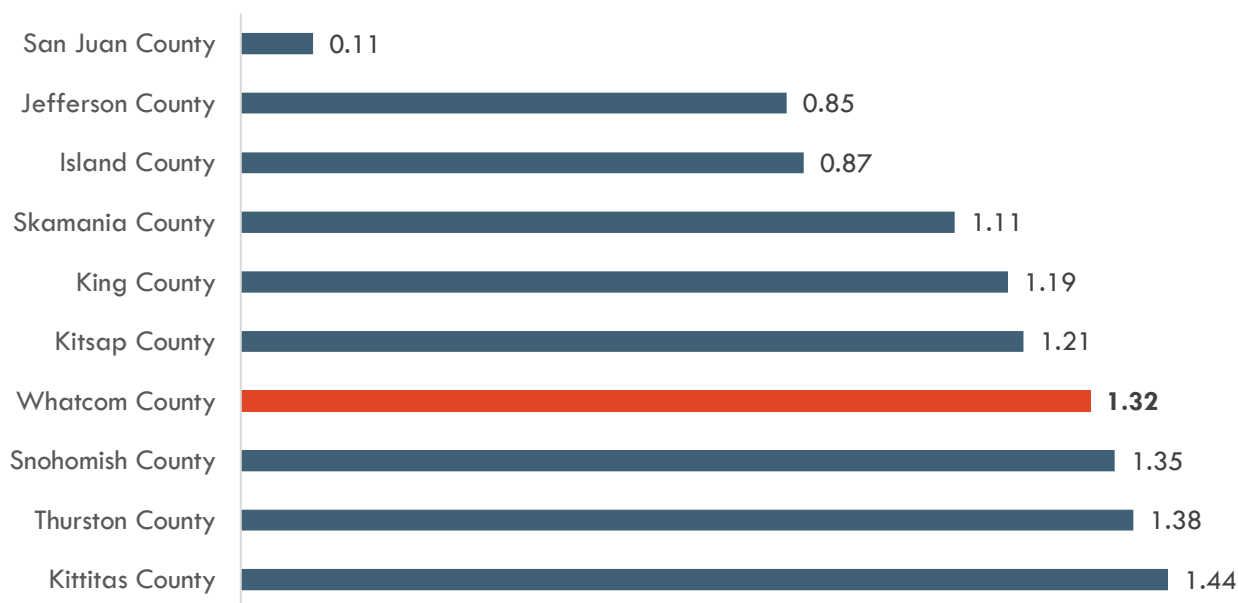
1. Prevent and mitigate the spread of COVID-19.
2. Provide for the most vulnerable members of the community.
3. Ensure adequacy of First Responder personnel resources.
4. Provide resources and supplies to healthcare facilities as requested.
5. Maintain essential services.

6. Monitor and mitigate economic impacts on the community.
7. Keep the public, stakeholders, and the media informed of response activities.
8. Manage a coordinated interagency response effort that reflects the makeup of Unified Command.

Health Outcomes

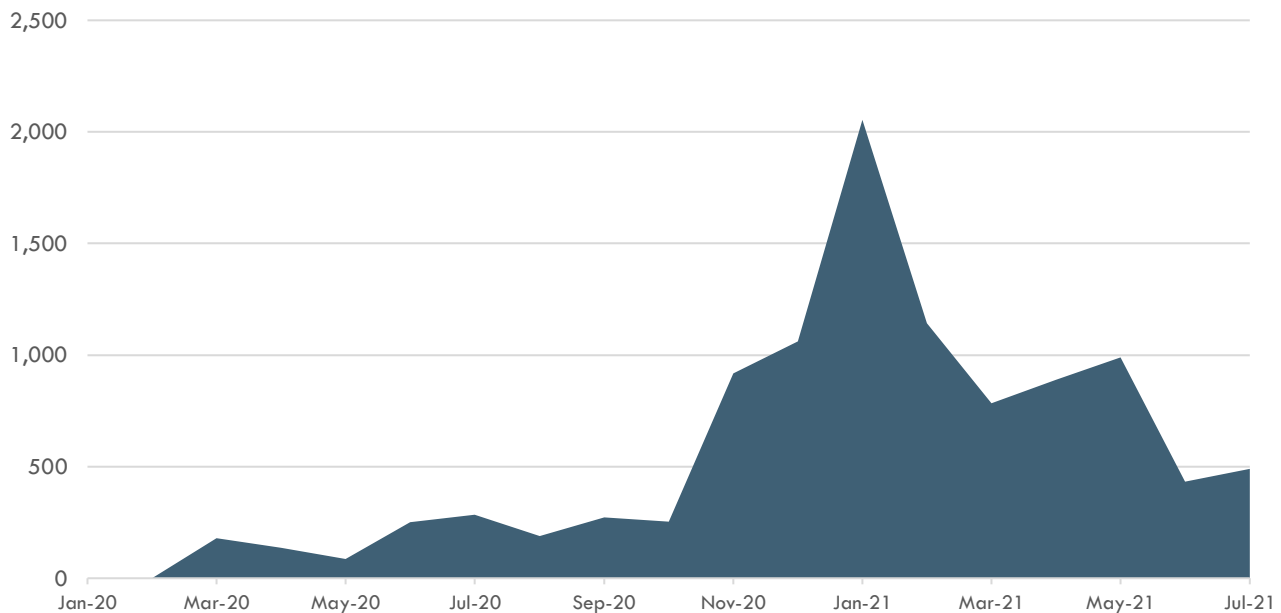
Despite early coordination challenges, Whatcom County's efforts resulted in positive health outcomes. Whatcom County had the seventh-lowest mortality rate from COVID-19 of Washington's 39 counties. Exhibit 1 shows the 10 lowest county mortality rates in Washington. Exhibit 2 shows the case counts from January 2020 to July 2021.

Exhibit 1: County Mortality Rates from COVID-19, Deaths per 1,000 Population



Sources: Washington State Department of Health COVID-19 Data Dashboard, 2021; WA Office of Financial Management April 1 Population Estimates, 2021; BERK, 2022.

Exhibit 2: Whatcom County COVID-19 Case Counts, by Specimen Collection Date



Sources: *Whatcom County Health Department COVID-19 Data Dashboard, 2021; BERK 2022.*

Other Successes

Regional collaboration efforts were successful, including the establishment of an International Task Force that included high-level officials from Canada and the United States and addressed issues related to the international border closure. Other successes include the establishment of a drop-in center for people experiencing homelessness, collection and distribution of donations, and development of a task force that focused on mitigating the economic impact on the community.

Roles and Responsibilities

There were several elected and appointed groups and individuals who played an essential role in the response effort. A description of key roles is provided here for context and as a basis for recommendations. The responsibilities of each position or group are taken from the Whatcom County Charter or the Whatcom County Code as noted below.

County Council

The County Council is the legislative body for the County and is granted powers in the Whatcom County Home Rule Charter. The County Council shall exercise its legislative power by adoption and enactment of ordinances or resolutions. The County Council's role is to set policy for the County. As described in the powers below, the County Council sets the priorities for the County and establishes the administrative structure to carry out County operations.

The County Council has the power:

- "To levy taxes, appropriate revenue, and adopt budgets for the County.
- To establish the compensation to be paid to all County officers and employees and to provide for the reimbursement of expenses.
- To establish, abolish, combine, and divide by ordinance, non-elective administrative offices, and executive departments and to establish their powers and responsibilities.
- To adopt by ordinance comprehensive plans, including improvement plans for the present and future development of the County."⁸

The County Charter further describes the relationship between the County Council and the County Executive, noting that

*"[T]he County Council, its staff, and individual councilmembers shall not interfere in the administration of the executive branch. They shall not give orders to or direct, either publicly or privately, any officer, or employee subject to the direction and supervision of the County Executive, executive branch, or other elected official."*⁹

County Executive

The County Executive is the Chief Executive Officer of Whatcom County and is also granted powers in the Whatcom County Home Rule Charter. As Chief Executive Officer,

*"[T]he County Executive shall have all the executive powers of the County which are not expressly vested in other specific elective officers by this Charter."*¹⁰

⁸ Whatcom County Charter, Chapter 2.20.

⁹ Whatcom County Charter, Chapter 2.24.

¹⁰ Whatcom County Charter, Chapter 3.22.

The County Executive's role is to manage the operations of County departments, monitor the annual budget, and respond to concerns and requests from residents.

Health Board

The County Council serves as the Health Board for the County. The Whatcom County Health Board is the policy-making body responsible for public health policies. The Health Board has the following powers, in accordance with state statute

- “Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof;
- Establish fee schedules for issuing or renewing licenses or permits for such services as are authorized by the law and the rules and regulations of the State Board of Health or as recommended by the executive; such fees for services shall not exceed the actual cost of providing any such services;
- Make recommendations to the executive on matters affecting public health.”¹¹

Public Health Advisory Board (PHAB)

The County has a Public Health Advisory Board (PHAB), which serves in an advisory capacity to the Health Board and the Health Department Director.¹² The PHAB is comprised of nine to 13 members, who are appointed by the County Executive and confirmed by the County Council. The PHAB is expected to be broadly representative of the County and “shall consist of a balance of persons with expertise, career experience, and consumer experience in areas impacting public health and with populations served by the health department.”¹³ The PHAB has the following responsibilities:

- “Recommend public health policies;
- Recommend public health priorities;
- Provide community forums/hearings as assigned by the health board;
- Establish community task forces as assigned by the health board;
- Review and make recommendations for annual budget and fees;
- Present an annual report to the health board.”¹⁴

As of the writing of this review, the Health Board is considering changes to the composition of the Health Board and/or the PHAB in order to comply with [RCW 70.05.035](#), which was amended by [HB 1152](#) in the 2021 state legislative session. This new legislation identifies additional membership requirements for boards of health of home rule counties.

¹¹ RCW 70.05.060.

¹² Whatcom County Code, Chapter 24.01.051.

¹³ Whatcom County Code, Chapter 24.01.051.

¹⁴ Whatcom County Code, Chapter 24.01.051.

Health Officer

In accordance with state statute, the County Executive appoints a Health Officer. The Health Officer has the following powers and duties, derived from state statute:

- “Enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations, and ordinances within his or her jurisdiction.
- Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;
- Control and prevent the spread of any dangerous, contagious, or infectious diseases that may occur within his or her jurisdiction;
- Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion, and improvement of health within his or her jurisdiction;
- Prevent, control, or abate nuisances which are detrimental to the public health.”¹⁵

The Health Officer shall not be removed from office until after notice is given and an opportunity for a hearing before the County Executive as to the reason for the officer’s removal is provided.

Whatcom County Code ([24.01.040](#)) was amended in 2020 to include language regarding the disclosure of information in a public health emergency. The Health Department must disclose all information requested by the Division of Emergency Management, County Executive, or County Health Board that is required to perform their respective duties effectively. The Health Department must also provide a brief daily update to the public in a format and level of detail as approved by the supermajority vote of the County Health Board. The Health Department is not required to release confidential information protected by state or federal privacy laws.¹⁶

¹⁵ Whatcom County Code, Chapter 24.01.040; RCW 70.05.070.

¹⁶ Whatcom County Code, Chapter 24.01.040.

Observations

The observations described below summarize findings in the areas of planning; relationships; policy roles, responsibilities, and authorities; staffing and volunteers; information management; and regional collaboration. These observations highlight many successes in the response effort as well as opportunities for improvement. They are the basis for recommendations, which are described in the following section.

Planning

Pre-disaster planning for Whatcom County includes plans and procedures developed by departments and stakeholder organizations, as well as planning conducted by the Division of Emergency Management. Planning for disasters provides an opportunity for individuals from various disciplines and organizations to discuss and document what is likely to happen and how the jurisdiction will respond. Relationships and trust are built during these planning sessions. Testing plans through training and exercises identifies strengths and weaknesses in plans, and allows individuals to further build relationships, skills, and knowledge. Established relationships and trust often lead to successful resolution of conflicts during disasters. The consulting team requested any plans from the Division of Emergency Management and the Health Department relating to pandemic response and continuity of operations. Staff provided the Whatcom County Unified Comprehensive Emergency Management Plan (2017), the Whatcom County Health Department Emergency Response & Continuity of Operations Plan (2016), and the Whatcom County Sheriff's Office Pandemic Plan (Draft 2019).

Comprehensive Emergency Management Plan (CEMP)

The Whatcom County Comprehensive Emergency Management Plan (CEMP) provides the framework for countywide mitigation, preparedness (including prevention and protection), response, and recovery activities throughout the county and contract cities. The plan in effect during the COVID-19 response was last updated in 2017 and uses an all-hazards approach. It identifies authorities, functions, and responsibilities to establish coordination among local, state, tribal, federal, public, and private organizations. The CEMP is designed to ensure that all jurisdictional members of the Emergency Management Interlocal Agreement have the capability to respond to emergencies and disasters, though planning efforts did not envision incidents that would extend weeks, months, and even years, as was the case with COVID-19. The CEMP includes 10 Annexes including one titled Emergency Support Functions (ESF) 1-15.¹⁷ Emergency Support Function (ESF) #5: Emergency Management, describes the roles and responsibilities of the Division of Emergency Management and the organization of Whatcom Unified ECC. It describes the coordination of activities of the ECC including incident management, incident planning, use of resources, and emergency financial management. Some of the statements in this ESF are not consistent with the basic plan, which could cause confusion to those who seldom work in the ECC.

¹⁷ Annexes are parts of the CEMP that provide specific information and direction. They focus on operations: what the function is and who is responsible for carrying it out.

An update of the CEMP is currently in progress with approval anticipated later in 2022. The current Director of the Division of Emergency Management stated that ESFs will no longer be included in the CEMP since disaster response throughout Whatcom County utilizes the NIMS and ICS.

Other Planning Efforts

A Continuity of Operations Plan (COOP) provides an overview of an organization's approach to maintaining critical operations and services. It details continuity and organizational policies, describes the organization, and assigns tasks. Whatcom County continuity of operations planning is delegated to each County department and should include orders of succession and delegation of authority, identification of essential functions and continuity personnel, vital records management, and alternate facilities. The Health Department provided its Emergency Response & Continuity of Operations Plan, written in 2016. It combines emergency response and continuity of operations planning into one document.

The consulting team requested pandemic plans from the Health Department and the Division of Emergency Management. Pandemic disease is mentioned in the CEMP, as well as other planning documents, specifying that the Health Department is the lead agency. In December 2019, Emergency Management staff developed a pandemic plan template and presented it to department directors during a training session in February 2020. The Draft Pandemic Plan template provided guidance specific to a pandemic response, including continuity of operations sections related to essential functions, orders of succession, delegations of authority, continuity communications, essential records, devolution of control and direction, and reconstitution. The Sheriff's Office completed the Whatcom County Sheriff's Office Pandemic Plan prior to the arrival of COVID-19 in Whatcom County.

Relationships

It is important to note that several key members of the elected and appointed leadership were new to their positions in early 2020, at the beginning of the pandemic. Both the Mayor of Bellingham and the County Executive were newly elected, as were two County councilmembers. The Health Department Director was also newly appointed, having only been hired after the beginning of the County's response to the pandemic and initiation of WUC.

A frequently cited requirement for successful disaster response work is to have established relationships with all major players. While some individuals in the County may have known one another for many years, their relationship and interactions should respect the boundaries of their current elected or appointed positions. Emergencies and disasters give individuals in specific positions special authorities by law. When people are new to their positions, they may not yet understand their own authorities, the limits of those authorities, and the authorities of their colleagues.

The working relationship between the Health Department and the Division of Emergency Management was strained. During the response effort, there were numerous points of disagreement that included the delineation of responsibilities between the two organizations, what public health information was to be shared and with whom, and how the two organizations would work together.

Policy Roles, Responsibilities, and Authorities

During the pandemic response, roles, responsibilities, and authorities were not well understood or adhered to by some senior level participants during the pandemic. Individuals took on tasks

inappropriate for their position. This caused unnecessary work and confusion, which created inefficiency in the response effort. One of the outcomes from this behavior is that people developed a lack of trust in others, which in turn led to a lack of information sharing and coordination of activities.

Role of the County Council and Health Board

During the pandemic, the Whatcom County Council also served as the County Health Board as established by [RCW 70.05.035](#) and [Whatcom County Code 24.01.050](#). The Council's role as the Health Board had never been tested as it was during the early months of the pandemic.

Early in the response, the Health Board discussed its responsibilities and sought clarification from County staff. It is not clear that Health Board members and staff achieved a common understanding. One challenge was that the Health Board's authority may infringe on decisions normally made by members of the Executive Branch of government. The Health Board made several recommendations that were operational in nature, such as recommending the administration immediately move to Unified Command.

Another observation is the participation of County councilmembers in WUC. Some councilmembers wanted to assist with operational issues or participate in the decision-making process, which was the role of the executive agencies. WUC participants appreciated their desire to help, but councilmembers' presence in the ECC was a deterrent to open discussions and brainstorming of ideas. In general, councilmembers working on operational issues was described as uncomfortable and sometimes disruptive. All operational personnel interviewed cited County councilmembers' participation in and presence at the WUC as disrupting the functioning of WUC as a whole.

Whatcom Unified Command (WUC)

The County Executive signed an emergency proclamation on March 10, 2020, after the first confirmed case of COVID-19 in the county. Whatcom Unified Command (WUC) was staffed on March 16, 2020 to coordinate Whatcom County's regional response to COVID-19. WUC works from the Whatcom Unified ECC and provides an organizational structure for responding to emergencies and disasters (Appendix D: Whatcom Unified Command). It is managed by the Sheriff's Office Division of Emergency Management and utilizes traditional ICS to manage the overall response to an emergency. The ECC currently uses a pure ICS format. This style of organizing was originally developed for field operations and works well for that situation.

Whatcom County Health Department
Mission Statement: "To lead the community
in promoting health and preventing
disease."

The initial intent was that the Health Department would join Unified Command with the City of Bellingham and the Sheriff's Office to coordinate all aspects of the response to COVID-19. Prior to the initiation of Unified Command, the Health Department led response efforts since late December 2019 to prepare for a health emergency in Whatcom County. The Health Department had an internal organizational structure and processes in place that did not necessarily reflect an ICS, so moving to WUC was not an easy transition. Additional challenges included a new Health Department Director who started employment on March 18, 2020, rapidly changing data that required hours of staff time to accurately gather and record, a move to the ECC, and the personal impacts of the pandemic.

Within one month following the WUC activation, leadership determined that the current situation with multiple incident commanders was not working and decided to modify the organizational structure. Unified Command changed to a single IC. The single IC would work closely with the Health Department

Director to continue focusing on non-health tasks, such as establishing an isolation and quarantine facility, moving the Drop-In Center for those experiencing homelessness, and managing the donations and PPE distribution center. An individual who had been working as the Planning Section Chief was provided a delegation of authority to perform the role of IC. He served in that role from April 20, 2020 to November 1, 2020. The Health Department maintained its own organizational structure and continued to work on specific health related issues independently.

WUC established an Executive Board that included the Deputy County Executive, the Emergency Manager representing the Sheriff's Office, the Mayor of Bellingham, and a representative of the Lummi Tribal Nation. The Executive Board reviewed policy level decisions and advised the IC. The Health Director, or her representative, worked as a liaison between the IC and the Executive Board. The Executive Board adopted a consensus decision-making process.

Dual Response Efforts

Two parallel response efforts occurred – one in the Health Department and one in WUC. The Health Department left WUC in April 2020 and continued to work independently within its department command structure. Health Department staff believed they could perform their duties more effectively working outside of WUC. While efforts were coordinated in some cases, having this dual effort led to confusion and disagreement over policies and objectives.

The IC of WUC believed participants should be present at the ECC, despite recommendations to social distance. The Health Department quickly moved to remote work, primarily to keep its staff safe but also to model behavior as the lead health agency in the county. Nationally, there were multiple approaches taken in response to the need for social distancing or remaining physically at one location.

Staffing, Volunteers, and Donations

Employees and volunteers worked hard during the response effort, but they were not immune to the cascading effects of the pandemic such as business and school closures, and stress experienced by many individuals throughout the nation. Volunteer burn-out from working during the pandemic impacted their availability to volunteer for subsequent disasters. When disastrous flooding occurred during the winter of 2021-2022, there were not enough County staff or volunteers available to fill positions usually staffed during flood events.

Whatcom County Employees

During the past two years, County staff in all departments have done their best to adjust to unusual and often difficult circumstances. Many County employees were limited in their ability to take vacation and spent many additional hours beyond their normal work hours planning, coordinating, and executing procedures to address consequences caused by the pandemic. The Executive recommended and the Council approved extensions of personal leave accruals.

Many interviewees highlighted the rapid shift to remote work as a success. Decisions about remote work were left up to County department directors, who were permitted to organize remote work in a way that met their unique business needs. County services continued to be available via remote access and scheduled in-person appointments. This flexibility has not been observed in all other jurisdictions facing similar challenges.

As days turned into weeks and months, staffing needs for the WUC required that some positions be filled with individuals who did not have appropriate training for the positions they occupied. People who initially responded did not anticipate the duration of the emergency and despite negotiations between WUC and city and County departments, there was significant attrition of experienced ICS staff as they were recalled or returned to their parent organizations.

Volunteers

Volunteers played a critical role during the Whatcom County response to COVID-19. Some of these volunteers came from local employers, who donated thousands of hours of staff time so employees could participate in staffing WUC and Health Department efforts. Other volunteers were registered emergency workers in accordance with [WAC 118-04](#), and were managed by the Division of Emergency Management and the Health Department.

In a media release dated April 20, 2021, the Health Department and WUC recognized the contributions of volunteers during National Volunteer Week. At that time, over 21,000 volunteer hours had been donated. By March 2022, volunteers not only worked on COVID-19 tasks but also supported communities during serious flooding events, contributing over 51,000 hours since 2020.

Early in the pandemic, when essential protective equipment was greatly needed, volunteers sewed masks for the public so that N95 masks could be reserved for frontline workers. Volunteers supported food banks by making deliveries throughout the county and supported other efforts that served vulnerable populations. They staffed positions in WUC and the donations distribution center, allowing County staff to focus on other essential tasks.

Donations

WUC coordinated the receipt and distribution of donations through their Logistics Section and a distribution center co-located at the ECC. The distribution center received, inventoried, and initially isolated donations before distribution. The single point of donation and distribution was well organized and efficient. Protocols were in place to ensure the safety of workers and to limit donations to specific items including PPE, sanitary wipes, and hand sanitizer.

Community members and local businesses came together to provide donations. BP Cherry Point refinery in Ferndale donated \$60,000 in software and training that helped WUC coordinate its response to COVID-19. In addition, the refinery donated more than 3,000 Tyvek suits, 300 lab coats, 5,700 gloves, 1,500 booties and, in partnership with Northwest Solutions, 100 gallons of hand sanitizer. Petrogas Ferndale Terminal and Axon donated PPE to healthcare providers and to first responders. Additionally, many private citizens donated generously to food banks and other organizations engaged in the response.

Information Management

Documentation

When a COVID-19 patient was identified in Snohomish County on January 21, 2020, the Health Department stepped up to address the seriousness of the disease. At that time, the Health Department was leading the response effort. Documentation of response efforts toward fighting COVID-19 is limited from that time. Staffing and role changes within the Health Department in early 2020 emphasize the need to document activities and decisions so they can be re-created in the future when new personnel are

in place. Some documentation is available in County Council and Health Board minutes, but not dates or attributions of significant decisions.

The consulting team requested various documents including situation reports, significant events, and pre-disaster plans. The Health Department and Division of Emergency Management provided some of the requested documents. The consulting team received access to The Response Group (TRG) IAP software, utilized by WUC, which contained hundreds of documents, some of which were long and detailed. An example of WUC Incident Objectives dated April 5, 2020, remained in place throughout 2020 (Appendix D: Whatcom Unified Command). Though the team reviewed documents, the actual reconstruction of significant events, actions and decisions was accomplished through media releases and interviews with those working in WUC, County departments, and other agencies.

Situational Assessment

As COVID-19 spread throughout the nation, information about the disease was constantly evolving and uncertainty was prevalent. Information from various sources, including politicians and health officials, seemed contradictory or confusing at times. Community members were often stressed and unsure how to negotiate the new requirements forced upon them. Local officials had no control regarding federal and state mandates such as masking, social distancing, the closure of the international border with Canada, and school and business closures. People turned to local elected officials for answers. Councilmembers felt left in the dark about the status of the response operation to the pandemic. There was a demand for information and assistance that was not always available. Situational awareness or assessment is often less complex during a local disaster such as river flooding or a winter storm. Those impacts are often predictable, and resolution has some obvious paths based on similar situations experienced in the past. This was not true during the early stages of COVID-19, when there was little previous experience to draw on and an unpredictable future.

County employees, including those in charge of pandemic response, gathered information and discussed actions that could be taken based on the available information. Some information needed to remain private until potential consequences could be evaluated. Unfortunately, early in the event, information about the first death in the county was shared through social media before it was made available through official sources. The result was mistrust among agencies, organizations, and people responding to the pandemic. Once trust is lost, it is very difficult to restore. Hoarding information that others feel should be shared is equally destructive to building positive relationships. Members of the Health Department, WUC, and elected officials all experienced trust issues at various points regarding the sharing of information. In a climate where national experts could not agree on facts, individual opinions varied, which made working together even more difficult.

As time passed and working relationships developed, staff achieved agreement on what information should be gathered and shared and what could be gathered but held tightly to select individuals. Rebuilding relationships, refining how information is to be shared, and establishing trust are recommended goals for the future.

Joint Information Center (JIC)

The Health Department Joint Information Center (JIC) was established in January 2020 to ensure the dissemination of timely, accurate, accessible, and actionable information to the public. Accurate and timely information helps individuals determine a proper course of action for their situation. The JIC

disseminated information using media releases, websites, Facebook, and NewsFlash postings on the County website. Initially, Daily Hot Sheets provided guidance for public information officers to share information updates, upcoming priorities, and key messages. Public information officers were physically working from the ECC.

The WUC JIC was established on March 16, 2020, with the Sheriff's Office Public Information Officer designated as the JIC Manager. During that week, most of the JIC was working from the ECC. As time went on and social distancing became more accepted, some of the members of the JIC either worked remotely or from their original department offices.

Two separate public information efforts developed at WUC. A public health team dealt with health issues and the other WUC JIC staff worked all other subject areas. The two efforts worked from different rooms but communicated with each other and developed a coordinated, but not necessarily seamless, effort on behalf of Whatcom County.

Information Sharing of Sensitive Health Information

One issue that came up during the response was the release of individual health information, such as the location of COVID-19 cases within the county. Working within the boundaries of the Health Insurance Portability and Accountability Act (HIPAA), Health Department staff did not believe certain individual or organizational information on cases and their locations should be shared with the public or even other County or city departments. The Health Department also did not have the resources to manage the collection and dissemination of this data. Health Department and WUC staff disagreed as to what information should be shared for the safety of community members or responders, and what should be withheld for the protection of an individual or a business. While the Whatcom CEMP states that Emergency Management is the ultimate decision maker on what information is to be made available, this was not the position that the Health Department took regarding the release of COVID case information. Additional clarity is needed to ensure all parties agree as to the process and ultimate authority for the release of public health information.

Regional Collaboration

Whatcom Community Foundation and Resilience Fund

The Whatcom Community Foundation has been active in the county for the past two and a half decades and contributed to the community and the County's response to the pandemic. Individuals from the Community Foundation worked with County officials on food security issues and managing a resilience fund that served community members affected by COVID-19 and flood events over the past two years.

International Task Force

With the closure of the international border between Canada and the United States announced March 18, 2020, WUC established a task force that included representatives from U.S. Customs Border and Protection, the Canada Border Services Agency, Point Roberts Fire Department, Washington State Governor's Office, both Washington State U.S. Senators' Offices, and PeaceHealth St. Joseph Medical Center. Other stakeholders were also involved as additional issues were identified. Initial concerns identified in the first remote meeting included:

- Challenges for Point Roberts residents, including receiving County services.

- Healthcare workers who cross the border for work.
- Commercial drivers.

All parties worked together to ensure that public services could continue to be provided to Point Roberts, even with the border closure.

COVID-19 Employer Support Task Force

The PHAB, with collaboration and support from the Health Board and the Health Department, created the COVID Employer Support Task Force to provide tools, best practices, and guidance for bringing businesses back to work while maintaining infection control and social distancing. The Task Force worked under the framework of Washington's Safe Start approach for reopening businesses.

Over 140 individuals from various business sectors of the community expressed interest in joining the Task Force and all were accepted as members. This Task Force demonstrates the value of various groups working together toward a common goal for the community. By late summer 2020, peer-to-peer sessions were delivered on four health related sessions:

- Let's Talk about Masks.
- My Employee Has Symptoms - What Now?
- How Do we Support Employees During the Stress of COVID-19?
- How Do We Connect with Young Employees About COVID-19?

In addition, the group initiated a campaign titled "Safer. Stronger. Together." This group remains active into 2022.

Drop-In Center/Base Camp

Whatcom County, the City of Bellingham, and Light House Mission Ministries worked together to move the Drop-in Center (a congregate shelter facility) which could not comply with COVID-19 safety recommendations. It moved temporarily to Bellingham High School as a more permanent site was prepared, located on Cornwall Avenue in Bellingham. By the end of summer 2020, this new location, called Base Camp, provided a more suitable facility for those needing shelter and other services during the pandemic. It can shelter 200 individuals and provides services such as meals, public restrooms, and laundry facilities. Many different government and non-governmental organizations support this new community hub for those experiencing homelessness in Bellingham.

Recommendations

The recommendations in this section are based on the opportunities for improvement identified under Observations. They are organized into the following topics:

- Planning, Training, and Exercises
- Policy Roles and Responsibilities
- Staffing
- Finance Support during Disasters
- Information Management

Planning, Training, and Exercises

The basis of a successful disaster response is dependent on solid planning, training, and exercises. Through these activities, individuals build relationships and develop trust.

Comprehensive Emergency Management Plan

One of the requirements of receiving Emergency Management Performance Grant (EMPG) funds is to have a Comprehensive Emergency Management Plan (CEMP) that includes specific requirements. The Whatcom County Unified CEMP is due for an update in 2022 and must comply with new state and federal requirements to ensure that EMPG funds remain available to Whatcom County. The 2017 CEMP “Annex #11 – Hazard Specific Plans, Standard Operating Guides, Checklists” references several hazard specific plans that have occurred or are anticipated in Whatcom County. Pandemic disease is not included.

Washington State Emergency Management Division has developed tools to help with CEMP updates such as a review checklist and different templates depending on a local jurisdiction’s organizational preference. Staff from the Planning Section also offer planning and technical assistance.

Recommendation #1: Take advantage of Washington State Emergency Management planning tools such as templates and technical advice as the CEMP is updated.¹⁸ New requirements in the last few years require that plans include methods of communicating and providing information to individuals with disabilities, those who are not proficient in English, and other underserved community members. As the CEMP is updated, review and modify “Annex #10 – Emergency Support Functions” so the content is consistent with the rest of the plan. Add an annex on pandemic disease to “Annex #11 – Hazard Specific Plans, Standard Operating Guides, Checklists.”

Recommendation #2: Address inconsistencies in the CEMP and County Charter, such as who has authority in the absence of the County Executive and who will serve as the lead agency for specific disasters. Clarify the distinction between who has authority in the absence of the County Executive and who has delegated authority to manage government functions.

¹⁸ Washington State Emergency Management Division, Emergency Planning Resources, <https://mil.wa.gov/planning-resources>.

Other Emergency Management Plans

In Whatcom County, some disaster plans are developed by emergency management personnel and others, such as Continuity of Operations Plans (COOPs), are assigned to individual departments. While internal department planning is critical, there are some components that require coordination with others. It is important to consider interdependencies such as information technology. For example, when employees were told to work from home, did they have the proper equipment and cybersecurity in place to perform their work? Finance and budget staff must have secure remote access. Could those processes be streamlined? Did software need to be installed on some individual personal computers?

Recommendation #3: Emergency Management and all County departments should annually review disaster plans including COOPs to ensure that they include all relevant information, are up to date, and are not contradictory. For example, a common problem in other jurisdictions is that multiple departments or groups will name one facility as an alternate work area when the space can only accommodate one of many functions identified. There are likely additional disaster plans in departments and offices within County and contract city organizations that need to be reviewed and updated. Particular attention should be paid to orders of succession where individuals in key positions have been replaced.

Training and Exercises

One of the cornerstones of emergency management is to have an established plan to train staff and elected officials and provide them an opportunity to practice their roles via a variety of exercise formats ranging from seminars, tabletop exercises, functional exercises, drills, and then perhaps, full scale exercises. This plan-train-exercise format provides an opportunity for individuals to become comfortable in their roles and responsibilities during disasters. Joint trainings and regional exercises can involve appropriate city and community individuals who will have a role in disaster response and recover efforts.

Emergency managers can find it difficult to engage elected officials and senior staff in training and have them participate in a meaningful way during exercises. It requires a commitment from senior staff to drive the organization to ensure participation at the highest levels.

Interviews with some individuals who worked in WUC during the pandemic response revealed that they felt they had neither the training nor experience to successfully complete their work assignments. They did not normally respond to the ECC for assignments and had not attended training or exercises specific to the assignment they were asked to perform. Emergency management conducted many training and exercise sessions in recent years. However, a number of staff who responded to WUC had never performed duties there in the past and stated that they were totally unfamiliar with the functioning of the WUC and their expected roles. The provision of existing individual position checklists to personnel reporting to the ECC would assist them in fulfilling the responsibilities that they are assigned.

Recommendation #4: Provide more countywide training and exercise opportunities. Provide an orientation to newly elected officials on their role during disasters as well as major concepts of emergency management plans. It might be beneficial to have a subject matter expert from outside the jurisdiction facilitate these discussions. These joint training and exercise sessions will help build understanding, relationships, and trust.

Recommendation #5: If the County continues using ICS to manage incidents, a much more concerted effort must be established to implement ICS at the ECC in the future. To do so will require representation from every County department, with multiple individuals being trained to a much higher level of

proficiency than what was experienced in the pandemic response. Multiple departmental representatives are needed to have a broad representation of the divisions that make up different departments and to allow for personnel turnover and individuals' inability to be present due to sickness, vacations, or family emergencies without stripping a department of representation. In addition, individuals from other organizations as well as volunteers should also receive the same level of training and exercises as County staff.

Recommendation #6: Develop just-in-time training aids that help individuals fulfill their ECC roles, including documents such as position-specific tasks and expectations. Short videos that explain the ECC, ICS, and WUC roles may also be useful to both new participants and as a refresher for occasional workers. Training on the IAP software used in WUC will also be helpful. Leadership in the ECC or WUC should ensure that individuals assigned to the facility or function have an orientation to the facility and basic training on key software and their role.

Policy Roles and Responsibilities

Building Trust

During the COVID-19 response, a lack of trust developed between organizations within the executive branch of government as well as between the legislative and executive branches. To achieve an effective and efficient working relationship, trust must be established between individuals first and ultimately between organizations.

Recommendation #7: Conduct training for councilmembers on crisis communications. This training would include an understanding of information flows coming from the ECC and their role in sharing information with the public as elected officials.

Recommendation #8: The respective leaders of public health and emergency management should determine how they will work together and be supportive of their mutual working relationship. All levels of County leadership must work to establish healthy working relationships during non-disaster times so that trust between organizational elements exist when disasters do strike.

Role of Councilmembers

It is natural for “can do” people to want to help and contribute to the operational work of the County. However, it was detrimental for elected officials to insert themselves into operational matters. Interviewees found these actions a hinderance to the functioning of WUC.

Councilmembers must recognize that they cannot divorce themselves from their elected positions. When they enter unified command, they are not seen as an individual or a volunteer, but as a councilmember. County staff will behave differently around them; the discussions being held will not be as straight forward or informative if they are present.

Recommendation #9: Councilmembers should not participate in an operational role in WUC. The only time a councilmember or Health Board member should visit the ECC or WUC is when they have been invited or have coordinated their visit with the County Executive and IC. Their purpose should not be to work in the response but to provide a morale boost to those working there by showing their support for the work being done. All briefings to councilmembers should be accomplished during regular council or health board meetings or special sessions called by the Council Chair. The Council should also receive all

communications going to all County employees and copies of the Daily Situation Report that is generated by WUC.

Recommendation #10: As the County addresses the membership of the Health Board, it should revise the language in the County Code to define the Board's powers and responsibilities clearly. Include elected officials in training and exercises to include discussions regarding the dividing line between policy matters that are their responsibility and operational areas that are the responsibility of another entity.

Recommendation #11: Councilmembers have a role during disasters and can help the County be successful in establishing unity of effort. As the Executive provides situation reports and updates, the Council can help keep constituents informed and collect information from them to assist the Executive in response efforts. However, it is important that everyone stay in their lane and do not leak information prematurely or make promises that cannot be realized. Sharing information before a course of action is developed, adopted, and implemented can create a situation that leads to confusion, contributes to distrust, and can cause unforeseen challenges.

Health Board Role and Membership

During the pandemic period, the Whatcom County Council fulfilled its responsibilities as both the Council and the Health Board. During this time, it was not clear that the members of Council fully understood the separation of their duties as it pertained to each of their roles. The roles of the two organizations are different. While the Health Board has specific approval roles for some decisions made by the Health Officer, there were times when its decision making may have interfered with what is traditionally the role of the executive branch of government.

The County must change the membership of either its Health Board or its PHAB to comply with recent updates to state statute. This presents an opportunity to expand the membership of the Health Board to both add public health and/or medical expertise and create a governing body with a different makeup from the County Council.

Recommendation #12: A Health Board with members representing a wider diversity of professions and perspectives would enhance its functioning during a health emergency. Having members with public health and/or medical expertise could help keep the focus on public health issues. Members can also hear from peers on the Board rather than only County staff. Further, changing the composition of the Health Board could help distinguish the roles of that entity and the County Council.

The County Council should also consider expanding or reconfiguring the elected members of the Health Board. It may be desirable to add or replace some County elected positions with elected officials from the City of Bellingham or other municipalities within the county. The number of elected officials may not be greater than the number of non-elected members, so the Council should be mindful of the total size of the Board.

Incident Command System (ICS)/Whatcom Unified Command (WUC)

After discussions among Whatcom County leadership, the Health Department took the lead and stepped into the role of IC for this emergency in January 2020, after the first case of COVID-19 was discovered in Snohomish County. As the disease spread, Whatcom County leadership recognized that this emergency would require coordination and resources beyond those available within current Health Department resources.

WUC was set up and staffed in mid-March 2020 with the intent that the Health Department would join the ICS. The Health Department initially joined WUC and then resumed their operations separately in mid-April 2020, resulting in two separate efforts working in parallel. As a result, there was some duplication of effort until separation of roles and responsibilities was determined. WUC and the Health Department did manage to coordinate activities into several positive outcomes as noted in the Observations Section. However, having two different departments in charge of similar operations was awkward and is incongruent with the NIMS and ICS principles.

FEMA describes three potential models for ECC organization.¹⁹ The first model is ICS, which requires extensive training for those using it. ICS works well for managing field operations. A different model called “Departmental Structure” incorporates department representatives into the ECC and allows participants to perform in an ECC environment with less training than ICS. This model works well for events that have broad impacts such as a pandemic, power outage, or winter storm where there may not be a specific geographic location.

Recommendation #13: Explore the use of different models for ECC organization depending on the disaster. If a future disaster is similar in scope and breadth to the COVID-19 pandemic, the Departmental Structure model is recommended.

Recommendation #14: During training, the ICS Command and General Staff Section Chiefs should meet with the WUC Policy Group and clearly discuss roles and responsibilities, to include what types of issues will be escalated to the Policy Group.

Recommendation #15: Expand the WUC Policy Group and come to a clear understanding of which issues will be forwarded to that group for a decision. It is essential that the individuals serving on this board recognize the need to work together toward a common goal.

Recommendation #16: During a crisis, leaders must work together toward common goals. If the Executive and Sheriff’s Office make the decision to manage the incident using the ICS organizational structure and principles, it is critical that everyone accept that decision and work within the structure. If there are sections or areas that are ineffective, it is important that solutions be implemented within WUC to avoid duplication of effort or failure to address issues. In this case, both of the parties responding to the incident were under the authority of the County Executive and this arrangement should not be allowed to happen again in the future. The County Executive should direct departments to work within the WUC framework if multi-disciplinary, multi-agency coordination is necessary. When it is no longer necessary, the lead agency should resume incident command for the duration of the incident.

Emergency Coordination Center (ECC)

There was a divergence of opinion and actions nationally when it came to operating an emergency response facility during a pandemic. Early in the pandemic, most governments called for an activation of their emergency centers with staff responding in-person as they normally do for any other natural hazard event. Once social distancing measures were announced, some agencies and jurisdictions commenced with remote operations, with the majority of staff working from home. WUC faced challenges in areas of technology, staffing, and ICS knowledge that made moving to a fully remote operation infeasible. WUC

¹⁹ “National Incident Management System Emergency Operations Center How-To Quick Reference Guide”, FEMA, August 2021.

encouraged staff to follow recommended public health practices while they worked at the ECC. In the future, it could also be possible to have a hybrid ECC operation with selected staff working at the ECC and others working from home.

The demands of COVID-19 created tasks in the ECC and WUC that could be met by many County or city workers if they had appropriate training and were prepared to work during emergencies. Various County staff shared that when they were assigned to WUC and the ECC they found it a very confusing place to work. Not everyone was thoughtfully integrated into the operation of the facility. Some reported that they looked to contribute where and when they could but found it difficult to track who oversaw which function.

The Whatcom County CEMP uses the term Emergency Coordination Center (ECC) and Emergency Operations/Coordination Center to describe the physical location where disaster response operations are coordinated. However, the common words used to describe the facility used in this event were Emergency Operations Center (EOC). There should be consistency between the plan and common usage to describe the facility.

Recommendation #17: WUC should develop and practice a virtual operational capability. Other jurisdictions were successful in doing so during the pandemic, some without significant prior planning, so it is possible to achieve. The proficiency and utilization of the incident management software being used in the disaster response becomes critical in remote coordination.

Recommendation #18: Synchronize the terms and function of the facility being used to better describe the purpose of the physical space. The concept that the physical space has different names is confusing to people who only occasionally utilize the space. Consistency in the name of the facility would be helpful to most people coming to work in the building.

Staffing

County Department Commitment

For the pandemic response in Whatcom County, the level of commitment from County departments in fully supporting WUC was lacking. Staffing the ECC should not be considered optional by departments.

Recommendation #19: The County Executive should take more a direct leadership role during a declared disaster and direct departments to support the ECC as needed. Departments must designate multiple individuals to be their ECC representatives. These representatives must have authority to commit resources from the department to support the disaster response. These representatives must also have a direct communications channel back to their department directors. The representatives must then attend monthly training sessions and participate in exercises so that they are familiar with ECC operations and can be effective when responding.

Council Support of the Public Health Mission

Throughout the pandemic experience, incredible pressures have been brought to the public health profession and its staff. In the first 12 months of the pandemic, many senior public health officials around the country resigned, retired, or were fired from their positions. Much of this turmoil in leadership was brought on by a contentious atmosphere between political and public health leadership, who tried to lead health efforts using the best science available at the time. Jurisdictions around the county

experienced this tension. The politics of the pandemic changed the dynamics of how people engaged with the public health profession.

Public health response programs are not just paper and budgets. They involve real people who were working very hard for an extremely long period of time—much longer than any normal disaster scenario—and under very stressful conditions.

Recommendation #20: Elected officials at every level of government must recognize that they serve multiple roles. They represent their constituents and the County government and the staff who make up that government. While the Council acts to hold the Executive accountable and speak for the community, it should respect and support the efforts of staff to carry out programs and services to the best of their ability under stressful conditions.

Health Department Staff

Nationally, public health has been underfunded for many years. Following the anthrax attacks of September 2001, federal funding for state and local public health agencies increased. Additional funding allowed them to expand their staff and enhance program capabilities. Over time, this federal funding has waned, and once again, public health agencies struggle to accomplish all of their many responsibilities. The Whatcom County Health Department began the pandemic in January 2020 with 87 full-time positions. The Health Department added positions to respond to the pandemic and currently has 113 positions and almost 60 temporary positions.

Recommendation #21: Evaluate the needs and conduct strategic planning to determine the future direction and resource needs of the Health Department. Determine if some temporary or part-time positions should be continued or if new positions should be identified and filled to meet long term objectives. Determine what permanent changes will lead to a better and more effective response to future disease response.

Emergency Management Staff

The Division of Emergency Management is comprised of four staff, including the Deputy Director. Skagit County, smaller in area and population, also has an emergency management team of four. Kitsap County, which is 10% larger in terms of population, has a staff of six. This incident revealed that additional staff are required to increase the level of planning, training, and exercises. A minimum of two additional positions would significantly help prepare the County for future disasters.

Recommendation #22: Add two positions to the Division of Emergency Management, one planning position and one public information officer. A planning position can keep existing plans up to date and support the Continuity of Operations Planning being done by departments. Federal Building Disaster Resilient Infrastructure (BRIC) funding will become available to local jurisdictions for hazard mitigation projects, but significant prior planning is necessary to prepare grant documentation.

An emergency management public information officer can help the division develop JIC procedures and train a cadre of County employees who can serve as JIC staff and provide the needed 24/7 staffing for major events. The training and exercising of these people will be key to success in future disaster responses. This position would work with the Executive's communications staff on staff training and coordinating with other organizations to lead a more unified response in a future disaster. This position could also assist with the disaster public education function.

Organizational Placement of Emergency Management

Emergency management programs in the other three home rule counties have moved their emergency management programs within the organization. In King County, emergency management is part of the Department of Executive Services, which provides other countywide functions such as Human Resources and Facilities. In Pierce and Snohomish counties, emergency management is in a department directly under the Executive's Office.

One advantage of moving the program out of the Sheriff's Office is to elevate the status of the emergency management program, particularly if it is moved directly under the County Executive. During disasters, it is critical that the Executive demonstrate leadership through effective management of the disaster and its consequences. As a stand-alone department or office directly under the Executive, there is no question as to who is responsible for major policy decisions, which could make regional coordination efforts easier to accomplish.

Recommendation #23: Evaluate the costs and benefits of repositioning the emergency management function outside the Sheriff's Office. It may be its own department under the County Executive, added to a department that provides countywide services, or an entity that serves the emergency management needs of all communities in Whatcom County.

Financial Authority during Disasters

There are several reasons that a Proclamation of Emergency is made by a County Executive. One key provision is to allow for extraordinary measures to be used to finance and support the County's response to a disaster. Typically, this includes the waiving of competitive bid requirements for contracts or purchases and other normal limits on purchasing authorities for individuals. WUC staff requested purchases to support emergency activities, but some were questioned, or staff were told that they needed to follow standard bidding procedures. Even with the emergency proclamation in place and the Delegation of Authority to the IC providing defined financial authority, individuals were not allowed to exercise that authority to make emergency purchases, which hindered the speed of the response effort.

As COVID-19 spread and the Health Department needed additional staff, Department leadership could not move as quickly as they wanted because Council had to approve the spending authority for temporary help and approve grant-funded positions.

Recommendation #24: Provide additional training on emergency procurement processes to Finance Department personnel so that they provide the needed support for the response effort. Provide emergency procurement authority during the entire duration of a future event.

Recommendation #25: Consider alternatives to standard procedures during a disaster response. During proclaimed emergencies, there is often a need for quick decisions and flexibility in administering policies and procedures. In this instance, it would have been more appropriate and effective for Council to have given a blanket budgetary approval for a certain number of additional Health Department staff.

Information Management

Public Health Policy for the Release of Health Information

There was a consistent and continuing disagreement between WUC and the Health Department concerning what information on COVID-19 cases should be released to the public or even shared within government circles.

WUC leaders expected, and even demanded, that more detailed information be shared to enhance their situational awareness on the status of the disease in Whatcom County. The Health Department had internally debated the correct amount of information to be released to protect the identity of individuals, businesses, and other entities. They believed a more restrictive standard for the release of what they considered sensitive information was the correct path.

The Whatcom County CEMP states that the Health Department will provide information to WUC when requested. County Council also amended the County Code to direct the Health Department to provide information in an emergency.

Recommendation #26: The Health Department should develop a general policy that can be applied to the release of health information. This policy should be coordinated with all responsible parties internal to the County. The policy should be also coordinated with the PHAB and the Health Officer, requesting their input to the policy.

The Health Department should produce a formal coordination document that allows reviewers to concur or not concur with the policy as drafted and to provide their rationale for non-concurrence. The Health Department should then either amend the document or specify why they do not accept the rationale for non-concurrence.

A final version of the policy statement and a summary of stakeholder input should be presented to the Whatcom County Health Board. The Health Board should then approve or cause the policy to be amended to meet their guidance. A final version of the policy will then be distributed to all parties and operationalized when needed.

Internal Information Sharing

A comment shared by several interviewees was that they felt they were not kept informed. Internal information sharing within WUC and between departments was not always evident. Additionally, there were instances where key staff within WUC were sharing information inappropriately outside of the normal information sharing channels. This created trust issues within WUC. There were legal issues such as HIPAA to consider and policy decisions made by individuals that caused tension between departments.

During disasters, the collection of information is not always perfect. At times, information comes in that is incomplete, but not known to be incomplete. There may also be information that is common knowledge and or not properly vetted but is necessary for those working the disaster to anticipate future problems or issues. Thus, when information is shared within an ECC, it might merely be a “heads up” for key players who will develop a strategy for what to do with the information. If that information is inaccurate and then widely shared, it could lead to premature decisions or actions that derail response efforts or cause harm needlessly. On the other hand, not sharing key information with those who need it to effectively make decisions or deliver their actions can result in poorly executed actions, and cause tension and mistrust between individuals or organizations.

Recommendation #27: Develop procedures to ensure that appropriate personnel receive information that keeps them informed. All employees should be receiving general updates regarding the ongoing disaster, particularly issues that may impact their ability to perform work assignments. Distribution of the information can take many forms including social media or normal employer to employee communication methods. Reports that contain confidential or sensitive information should be clearly marked and distributed only to those individuals who need the information to perform their role.

Recommendation #28: Improve incident information sharing by establishing a Situation Report (SITREP) format and distributing it widely during events. A SITREP should be produced each 24-hour period at minimum. Its purpose is to share information about an incident including the impacts of the disaster and how agencies are responding. Councilmembers and others responding to the disaster should receive a copy of the daily SITREP. The information recommended for a SITREP is provided in Appendix I: Sample Situation Report.

Joint Information Center

The Joint Information Center (JIC) is a parallel organization that functions under the auspices of the ECC. It is the organization responsible for distributing information to the media and directly to the public. For the JIC to be effective, it must have total access to the operational and situational picture being constructed by the ECC. Besides using the traditional news releases and news conferences, the use of social media tools will reach a wider audience. By the JIC maintaining a social media presence, it can assist the operational side of the ECC with situational awareness, and countering rumor control, misinformation, and disinformation. A close working relationship between the EOC Director and the JIC Manager must be maintained.

The manager of the JIC was a Sheriff's Office employee who focused on working community efforts while the Health Department representative focused on health-related issues. Roles and responsibilities were not clear initially, which resulted in one effort being led by the Sheriff's Office as part of WUC and another effort in a separate room dealing with Health Department issues. Both groups did good work and the leaders worked to effectively communicate with each other. An integrated effort, typical of a JIC organization, might have been more effective.

Recommendation #29: Establish one JIC with members assigned clear roles and responsibilities. A JIC procedures manual would support individuals who are not familiar with this type of effort. Job aids such as one-page sheets with check lists and key information would be helpful. The addition of a public information FTE to the emergency management function, as described in recommendation #15, could establish JIC processes and procedures and orchestrate training and exercise participation by a wide range of County staff with the necessary public information skill set.

Recommendation #30: Provide training and exercises to department Public Information Officers (PIOs) so they understand the functions of the JIC and the role they will play. PIOs working in the JIC need to come from County departments and may benefit from mutual support from PIOs and communications staff from other public agencies and even business when appropriate. It may be necessary to augment the public information function with County staff who are not PIOs but have skills and abilities that are complementary to the work of the JIC.

Preparing for the Future

Whatcom County is a highly desirable area for outdoor enthusiasts, retirees, college students, and those who seek the advantages of city amenities as well as country living. Day travelers to the area include those shopping from Canada as well as individuals arriving from other parts of Washington State to enjoy the unique qualities of the area. As the ninth most populous county in the state, it is growing, and with this growth comes more challenges common to urban areas. Complexity is also added by the county's role as a major international crossing between the United States and Canada.

Emergency management has become a more prominent government function during the last several years with the arrival of a pandemic disease and increased weather incidents. As Whatcom County grows and evolves, it must build a strong, vibrant framework to respond to such events. Unity of effort is a key component of ICS and is often the determining factor between a successful operation and one that is awkward and contentious.

The recommendations in this report focus on building internal County capacity to prepare for future disasters. County emergency management staff can also build stronger relationships with non-profit and private organizations to have a larger support network in a future response effort. Training and exercises can extend to these organizations and County staff can be trained on effectively using volunteers.

In addition to the recommendations in this report, Whatcom County Council and staff should consider an additional factor that could enhance the emergency management function and strengthen future response efforts. This option should be seen as part of Whatcom County's continued evolution and the strengthening of its emergency management function as it readies for a future that will likely require more sophisticated responses to more frequent and more complex emergencies.

Type 3 Incident Management Team

Whatcom County has many natural and man-made hazards that can impact people and property. The County has adopted the use of the ICS for all of its emergency and disaster response needs. This is particularly appropriate for field operations of all types that require an incident commander to coordinate and direct field operations.

Nationally, many local jurisdictions have established Type 3 All Hazards Incident Management Teams (AHIMT). The U.S. Fire Administration states:

"A Type 3 AHIMT is a multi-agency/multi-jurisdictional team used for extended incidents. It is formed and managed at the local, state, or tribal level and includes a designated team of trained personnel from different departments, organizations, agencies, and jurisdictions. Type 3 AHIMTs are deployed as a team of 10-20 trained personnel, representing multiple disciplines who manage major and/or complex incidents requiring a significant number of local, state, or tribal resources. They manage incidents that extend into multiple operational periods and require a written Incident Action Plan. A Type 3

AHIMT may initially manage more complex incidents that later transition to a national level AHIMT.”²⁰

Given its use of ICS, it would be appropriate for Whatcom County to expend the financial resources to form, train, and sustain a Type 3 IMT that is all-hazards focused. Previous efforts to have a Whatcom County Type 3 IMT have not succeeded due to a lack of resources and consistent priority.

The County Council should investigate what it would take in funding to form and sustain a functioning County-funded Type 3 AHIMT.

²⁰ U.S. Fire Administration – IMT Overview, https://www.usfa.fema.gov/training/imt/imt_overview.html.

Appendix A: Recommendations Summary

Issue/Area for Improvement	Recommended Corrective Actions
1. Planning, Training, and Exercises. The Comprehensive Emergency Management Plan (CEMP) is due for an update.	Update the CEMP to ensure it complies with current federal and state requirements. Consider using Washington State Emergency Management Division assistance, either on-line tools or technical support. Add a Pandemic Annex.
2. Planning, Training, and Exercises. Plans and County Code are inconsistent regarding who has authority in the absence of the County Executive and who will serve as the lead agency for specific disasters.	Address inconsistencies in the CEMP and County Code regarding authority in a disaster and line of succession.
3. Planning, Training, and Exercises. All disaster planning efforts throughout County government should be updated regularly. Plans reviewed were several years old or in draft form.	All County Departments should review and update Continuity of Operations Plans annually with particular attention to orders of succession and delegations of authority whenever personnel changes affect key positions.
4. Planning, Training, and Exercises. One of the cornerstones of emergency management is to have a robust disaster training and exercise program.	Develop and update plans, procedures, and job aids to build a stronger capability to respond to and recover from disasters. Conduct training and exercise programs for all levels from elected officials to all those working within or supporting unified command.
5. Planning, Training, and Exercises. It was difficult to cover all Whatcom Unified Command (WUC) positions for the duration of the activation. There was a lack of depth at various positions in WUC for an incident of this size and duration.	If the County continues to use Incident Command System (ICS), a much more concerted effort must be established to implement ICS at the Emergency Command Center (ECC). To do so will require representation from all the County departments, as well as other agency representatives and volunteers, with multiple individuals being trained to a much higher level of proficiency than that which was experienced in the pandemic response.
6. Planning, Training, and Exercises. Some individuals assigned to work in the ECC or WUC were unfamiliar with the responsibilities of their assigned positions.	Ensure job aids, videos, or other just-in-time training materials are available to orient first-time responders to the facility, processes, and their assigned positions.
7. Policy Roles and Responsibilities. A lack of trust developed between organizations within the executive branch as well as between the legislative and executive branches.	Conduct training for councilmembers, elected officials, and department heads on crisis communications. This would include an understanding of information flows coming from the ECC and sharing information with the public via their role as elected officials.

Issue/Area for Improvement	Recommended Corrective Actions
8. Policy Roles and Responsibilities. The working relationship between the Health Department and the Sheriff's Office was strained.	County leaders must work to establish healthy working relationships during non-disaster times so that trust between organizational elements exist when disasters do strike.
9. Policy Roles and Responsibilities. Councilmembers worked or dropped in at the ECC regularly participating in operational discussions. These actions were considered disruptive by employees working in WUC.	Councilmembers should not work or drop by unannounced at executive work areas, including the ECC, during disasters. Protocols should be established, and appropriate training delivered.
10. Policy Roles and Responsibilities. Roles and responsibilities of elected officials during disasters were not clear.	Review the language in the County Code to define the Health Board's powers and responsibilities clearly. Include elected officials in disaster preparedness training and exercise activities to include roles and responsibilities during disasters.
11. Policy Roles and Responsibilities. Roles and responsibilities of elected officials during disasters were not clear.	Councilmembers can help the County be successful in establishing unity of effort. If the Executive provides situation reports and updates, the council can help keep constituents informed and collect information from them to assist the Executive in response efforts.
12. Policy Roles and Responsibilities. Health Board membership includes only elected officials and no members representing the public health or medical fields.	Expand Health Board membership to include representatives from public health/medical fields. Consider adding elected officials from cities. Update Whatcom County Code to reflect changes.
13. Policy Roles and Responsibilities, WUC. ICS may not have been appropriate for use as command and control of countywide operations.	Explore the use of different models for EOC organization depending on the disaster. If a future disaster is similar in scope and breadth to the pandemic, a Departmental Structure model is recommended.
14. Policy Roles and Responsibilities, WUC. One common challenge faced by ECCs is what decisions are operational and what are policy level.	During training, the ICS Command and General Staff Section Chiefs should meet with the Policy Group and clearly discuss roles and responsibilities, to include what types of issues will be escalated to the policy group.
15. Policy Roles and Responsibilities, WUC. One common challenge faced by ECCs is what decisions are operational and what are policy level.	Expand the Policy Group and come to a clear understanding of which issues will be forwarded to that group for a decision.

Issue/Area for Improvement	Recommended Corrective Actions
16. Policy Roles and Responsibilities, WUC. When the County Executive proclaimed an emergency and directed the use of unified command, the Health Department determined it would continue to work independently under its own incident command.	There should be just one organizational structure. Once that executive-level decision is made, individual departments need to work together within that unified structure toward common goals.
17. Policy Roles and Responsibilities, ECC. WUC did not conduct fully remote operations. There is a natural aversion to transitioning a physical disaster response to a virtual one by personnel who have never employed a virtual response methodology.	WUC should develop and practice a virtual operational capability. and develop social distancing guidelines in the ECC. If space becomes an issue, consider some functions that may be able to work off-site or remotely.
18. Policy Roles and Responsibilities, ECC. There is not a common term for the facility housing WUC. Some documents reference Emergency Coordination Center (ECC) while others say Emergency Operations Center (EOC).	Those working in the facility should use common terminology. Choose the name and refer to the facility by that name in documentation, training, exercises, and incidents.
19. Staffing. The level of commitment from County departments in fully supporting WUC was lacking.	The County Executive should take more a direct leadership role during a declared disaster and direct departments to support the ECC as needed.
20. Staffing. During this pandemic, County employees worked hard for months while experiencing disaster impacts along with their community. Many experienced disruptions at home as well as at work. Some employees felt that they had little support from their elected officials.	Elected officials are not only accountable to constituents but must be leaders and cheerleaders to County employees. Small gestures can improve performance and turn a difficult situation into one that is better.
21. Staffing. Over the past 20 years, federal funding for public health agencies has waned, resulting in the public health function struggling to accomplish all of its many responsibilities. Whatcom County started the pandemic with 80 employees and two years later it is now staffed with 113 positions, plus over 50 temporary positions.	Maintaining Health Department staffing at levels able to perform mandated requirement as well as support community expectations will benefit Whatcom County as they recovery from this disaster.
22. Staffing. The Emergency Management function currently has a staff of four which is not adequate for the needs of the community. The pandemic demonstrated the need for additional staff in planning and public information positions.	Add one public information position and one planning position to the emergency management staff.
23. Staffing. Moving the Emergency Management function to the Executive would elevate the status of the program.	Evaluate the costs and benefits of repositioning the emergency management function.

Issue/Area for Improvement	Recommended Corrective Actions
24. Financial Authority. A proclamation of emergency has been in place for over two years. WUC requested purchases to support emergency activities, yet some were inappropriately questioned or were told by individuals working in Finance that they needed to follow standard bidding procedures including getting three bids. Emergency powers includes the ability to waive standard bidding procedures during a proclaimed disaster.	Conduct training on emergency procurement policies and procedures.
25. Financial Authority. Health Board and Council decisions at times slowed down executive-level activities specifically in hiring approval for the Health Department.	Health Board / Council members should consider alternatives to standard procedures when a more timely model will improve disaster response.
26. Information Management. Health Department and WUC disagreed on some aspects of COVID-19 case information that should be shared internally as well as with the public. Protocols for sharing information with elected officials were not in place resulting in some information being shared in public forums before official statements were made.	Public Health should develop and then achieve concurrence on a policy regarding sensitive health information.
27. Information Management. Internal information sharing within WUC and between departments was not always evident. Additionally, there were instances where key staff within WUC were sharing information inappropriately outside of the normal information sharing channels.	Develop procedures to ensure appropriate personnel receive information that keeps them informed.
28. Information Management. Councilmembers did not feel informed about the response effort.	Improve incident information sharing by establishing a Situation Report (SITREP) format and distributing it widely during events.
29. Information Management. The Joint Information Center (JIC) was really two separate efforts; one that focused on health-related activities and the other focused on non-health issues generated by response to the pandemic. They worked in two separate spaces and efforts were not fully coordinated.	Establish a single JIC that is managed by a single individual. Develop procedures, train to them, and exercise them.

Issue/Area for Improvement	Recommended Corrective Actions
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| 30. Information Management. JIC activities were not fully coordinated, and roles and responsibilities were not clear. | Provide training and exercises to department Public Information Officers so they understand the functions of the JIC and they role they will play. |
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Appendix B: Incident Timeline

Date	Decision / Action
1/21/2020	First COVID-19 case confirmed in the United States in Snohomish County, WA
1/21/2020	Whatcom County Health Department leads health response to COVID-19
2/28/2020	First known U.S. death due to COVID-19
2/29/2020	Governor signs statewide Emergency Proclamation
3/10/2020	Whatcom County Proclaims Emergency with first confirmed case of COVID-19
3/13/2020	State orders all schools to close by 3/17/2020 for in-person instruction through the end of April – several extensions occur through 2020
3/13/2020	U.S. President signs nationwide Major Disaster Declaration
3/16/2020	Whatcom Unified Command stands up
3/16/2020	Whatcom County Executive signs Executive Order limiting “in-person” services as much as possible beginning March 18, 2020
3/17/2020	State shuts down bars, restaurants for in-person service, and bans large gatherings – other state mandates follow within days
3/18/2020	State issues moratorium on residential evictions for rent non-payment and lapse of lease
3/18/2020	International border between U.S. and Canada closed – First virtual meeting of the International Task Force
3/19/2020	First Whatcom County resident dies from COVID-19
3/23/2020	State signs “Stay Home, Stay Healthy” order
3/30/2020	Motel contracted by County to provide shelter for homeless persons as needed to prevent the spread of COVid-19
4/3/2020	Whatcom County Health Department drive through testing site available for high-risk populations
4/23/2020	Whatcom Unified Command moves to single Incident Commander and delegates authority to Scott McCreery
6/5/2020	State approves Whatcom County to move to phase 2 of State’s Safe Start
7/7/2020	Whatcom County Public Health Advisory Board launches “Safer, Stronger Together Campaign” to support businesses – multiple organizations participating
8/4/2020	Health Officer recommends that schools continue remote learning to school superintendents
11/2/2020	Whatcom Unified Command transfers delegation of authority to Erika Lautenbach
3/13/2021	COVID-19 vaccination center opens to the public at Bellingham Technical College
3/13/2021	Last Situation Report filed by WUC

Appendix C: Proclamation of Emergency

WHATCOM COUNTY PROCLAMATION OF EMERGENCY

WHEREAS, the Whatcom County Health Department and the Whatcom County Sheriff's Office Division of Emergency Management has reported to the Whatcom County Executive, beginning January 21, 2020, that operations and planning for the expanding outbreak of COVID-19 is occurring in Whatcom County, and,

WHEREAS, this incident is a threat to life and public health, and demands immediate action, and,

WHEREAS, persons and public health will be at risk of a massive breakout that requires further efforts be taken to expand operations and planning actions to reduce the threat to life and public health, and

WHEREAS, this constitutes an emergency as defined by the Whatcom County Comprehensive Emergency Management Plan and necessitates the utilization of powers granted pursuant to the Whatcom County Charter and RCW 38.52.070(2); therefore,

BE IT PROCLAIMED BY THE WHATCOM COUNTY EXECUTIVE that an emergency exists in Whatcom County; therefore, Whatcom County departments are authorized to do the following:

- (1) Enter into contracts and incur obligations necessary to combat such emergency situations to protect the health and safety of persons; and,
- (2) Provide appropriate emergency assistance to the victims of such disaster; and,
- (3) Other actions, as deemed appropriate by the Health Officer and the Director of Emergency Management or his designee.

Each Whatcom County department is authorized to exercise the powers vested under this proclamation in the light of the exigencies of an extreme emergency situation without regard to time-consuming procedures and formalities prescribed by law (excepting mandatory constitutional requirements). This Proclamation shall remain in effect until the issuance of a Termination Proclamation by the Whatcom County Executive.

Dated this 10th day of March 2020.


Satpal Singh Sidhu, Whatcom County Executive

Recommended by:

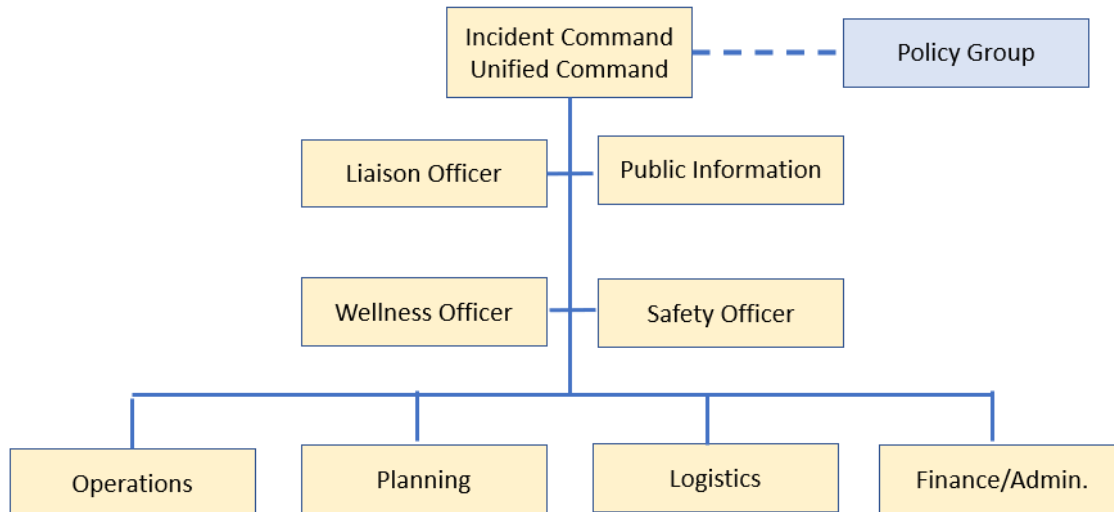

Sheriff Bill Elfo
Director of Emergency Management

Approved as to Form:


Deputy Prosecuting Attorney

Appendix D: Whatcom Unified Command

Whatcom Unified Command Organizational Chart



Whatcom County Unified Command, Incident Objectives – April 5, 2020

1. Prevent and mitigate the spread of COVID-19
 - a. Provide essential medical screening and care
 - b. Establish isolation facilities to meet countywide demand
 - c. County Health Officer to provide data-driven decisions on public health strategies
2. Provide for the most vulnerable members of the community
3. Ensure adequacy of first responder personnel resources
4. Provide resources and supplies to healthcare facilities as requested
5. Maintain essential services
 - a. Identify critical functions/services (e.g., utilities, continuity of essential government services, public transportation etc.)
 - b. Maintain childcare for essential personnel
 - c. Monitor health of essential personnel
 - d. Minimize staffing in EOC
 - e. Establish surge capacity capability
6. Monitor and mitigate economic impacts on the community

- a. Assess agricultural, aquacultural, fishery and farming impacts
 - b. Monitor and assess impacts to board restrictions
 - c. Monitor and assess impacts on local government ensuring compliance with state and FEMA guidance
- 7. Keep the public, stakeholders, and the media informed of response activities
 - 8. Manage a coordinated interagency response effort that reflects the makeup of Unified Command

Appendix E: Delegation of Authority for Scott McCreery



WHATCOM UNIFIED COMMAND

Whatcom County COVID-19 Emergency Delegation of Authority/Delegation of Responsibilities

Date: April 20, 2020

To: Scott McCreery, Port of Bellingham

Subject: Delegation of Authority

You are hereby delegated authority to represent the undersigned Whatcom County agencies as Incident Commander for response to the COVID-19 disease outbreak in Whatcom County caused by the SARS-CoV-2 novel coronavirus pandemic. You have full authority and responsibility for managing the Whatcom County COVID-19 incident, including managing the activities of the Whatcom County COVID-19 Incident Management Team and committing the resources of the undersigned agencies as necessary to support the Whatcom County COVID-19 incident response within the framework of law, agency policies, the broad direction provided in this Delegation of Authority, and additional policy and priority guidance provided by the COVID Emergency Executive Board.

In your role as Incident Commander, our specific expectations are that you will:

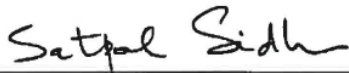
1. Provide for the safety of responders and the public.
2. Coordinate with existing agencies and resources to meet overarching objectives set forth by the Executive Board to prevent the spread of COVID-19 and mitigate the impacts posed by the epidemic.
3. Communicate with the Executive Board at least daily, unless agreed otherwise, or anytime a significant change in the status of the incident response occurs.
4. Submit a Daily Situation Report to the Executive Board no later than 1700 each day.
5. Provide logistical support to response agencies, local public health organizations, health care provider organizations, and other government and non-governmental agencies as directed by the Executive Board.
6. Coordinate with other emergency management officials for shared situational awareness and planning for response, demobilization, and transition to the recovery phase.

7. Maintain close coordination with the Whatcom County Sheriff's Office Division of Emergency Management (DEM) regarding access and use of FEMA and State resources and regarding State and FEMA reimbursement for COVID-19 related expenses, for which DEM has responsibility.
8. Manage the incident cost-effectively. Your financial delegation of authority is limited to \$40,000 per individual transaction; all individual expenses greater than \$40,000 require authorization by the Executive Board or their financial approval designee.

Specific situations in which you are to report to the Executive Board immediately include:

- Injury to an IMT member that requires hospitalization or death of any IMT member
- Any issues of a sensitive nature such as COVID-19 outbreak clusters, claims, litigation or political impacts
- Negative media coverage or public perception
- Serious shortfalls of critical resources

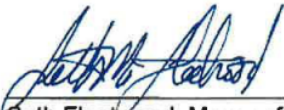
This delegation is effective at 0900 on April 23, 2020, and will remain in effect until command is transferred to a relieving Incident Commander or until the need for Incident Command is no longer necessary.



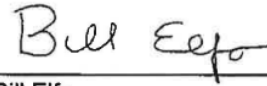
Satpal Singh Sidhu
Whatcom County Executive



Lawrence Soloman
Chairman, Lummi Nation

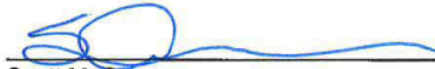


Seth Fleetwood, Mayor of Bellingham
Mayor of Bellingham



Bill Elfo
Whatcom County Sheriff

Accepted by:



Scott McCreery

Date: APRIL 20, 2020

Appendix F: Delegation of Authority for Erika Lautenbach



WHATCOM UNIFIED COMMAND

Whatcom County COVID-19 Emergency Delegation of Authority/Delegation of Responsibilities

Date: November 2, 2020

To: Erika Lautenbach, Whatcom County Health

Subject: Delegation of Authority

You are hereby delegated authority to represent the undersigned Whatcom County agencies as Incident Commander for response to the COVID-19 disease outbreak in Whatcom County caused by the SARS-CoV-2 novel coronavirus pandemic. You have full authority and responsibility for managing the Whatcom County COVID-19 incident, including managing the activities of the Whatcom County COVID-19 Incident Management Team and committing the resources of the undersigned agencies as necessary to support the Whatcom County COVID-19 incident response within the framework of law, agency policies, the broad direction provided in this Delegation of Authority, and additional policy and priority guidance provided by the COVID Emergency Executive Board.

In your role as Incident Commander, our specific expectations are that you will:

1. Provide for the safety of responders and the public.
2. Coordinate with existing agencies and resources to meet overarching objectives set forth by the Executive Board to prevent the spread of COVID-19 and mitigate the impacts posed by the epidemic.
3. Communicate with the Executive Board at least monthly, unless agreed otherwise, or anytime a significant change in the status of the incident response occurs.
4. Submit a Daily Situation Report to the Executive Board no later than 2100 each week day.
5. Provide logistical support to response agencies, local public health organizations, health care provider organizations, and other government and non-governmental agencies as directed by the Executive Board.
6. Coordinate with other emergency management officials for shared situational awareness and planning for response, demobilization, and transition to the recovery phase.
7. Maintain close coordination with the Whatcom County Sheriff's Office Division of Emergency Management (DEM) regarding access and use of FEMA and State resources and regarding State and FEMA reimbursement for COVID-19 related expenses, for which DEM has responsibility.

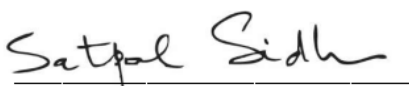
8. Manage the incident cost-effectively. Your financial delegation of authority is limited to \$40,000 per individual transaction; all individual expenses greater than \$40,000 require authorization by the Executive Board or their financial approval designee.

Specific situations in which you are to report to the Executive Board immediately include:

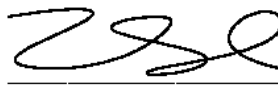
- Injury to an IMT member that requires hospitalization or death of any IMT member
- Any issues of a sensitive nature such as significant COVID-19 outbreak clusters, claims, litigation or political impacts
- Negative media coverage or public perception
- Serious shortfalls of critical resources

This delegation is effective at 0900 on November 2, 2020, and will remain in effect until command is transferred to a relieving Incident Commander or until the need for Incident Command is no longer necessary.

Sincerely,



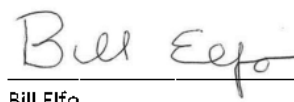
Satpal Singh Sidhu
Whatcom County Executive



Lawrence Solomon
Chairman, LIBC



Seth Fleetwood
Mayor, City of Bellingham



Bill Elfo
Whatcom County Sheriff

Accepted by:



Erika Lautenbach

Date: 11/5/20

Appendix G: Interviews

In addition to gathering written documentation of County activities, 24 individuals were interviewed from the following organizations:

- Whatcom County Health Department
- Whatcom County Sheriff's Office (including Emergency Management)
- Whatcom County Human Resources Division
- Whatcom County Executive's Office
- Whatcom County Council / Health Board
- Port of Bellingham
- City of Bellingham
- Public Health Advisory Board
- Whatcom Community Foundation
- City of Ferndale
- City of Nooksack

General Questions

1. Briefly explain the role you played in responding to the pandemic. Did your role change over time? Who had authority over you and who did you personally report to on a day-to-day basis? Did that ever change?
2. What do you think your department or County leaders did well during the first twelve months following the announcement of COVID-19 in Whatcom County?
3. What do you think your department or County leaders could have done better in the first twelve months following the announcement of COVID-19 in Whatcom County?

Operational Coordination

4. Were the roles of the County Executive, County Council, Health Officer, and Board of Health clear?
5. What role, if any, did the Public Health Advisory Board assume during the pandemic?
6. Generally, there is an Incident Commander that oversees policy and strategy but in Unified Command there are multiple organizations that must work together to set policy and strategy. How did that work? When was Unified Command initiated?
7. How were decisions made concerning actions to be taken in response to the pandemic? Were there official votes? Was it consensus decision making or another style?

Emergency Workers/Volunteers

8. How did you utilize emergency workers such as the Medical Reserve Corps, CERT, Search and Rescue, etc., during the pandemic? What roles did they perform? Were they all registered emergency workers through Whatcom County?
9. How did you prioritize the work of volunteers?

Planning

10. Did existing disaster plans such as the Continuity of Operations Plan or Comprehensive Emergency Management Plan provide sufficient guidance for the pandemic? Were your role and responsibilities clear? Do you think any roles or responsibilities should change in a future emergency response?
11. How did disaster exercises conducted in the past help you and your staff respond to COVID-19?
12. Describe any other planning efforts that were used before COVID-19 arrived and then once it was detected in this country in January 2020?

Situational Assessment

13. When did you first become concerned about COVID-19? How were you notified and what were your first thoughts and actions?
14. What information helped you make good decisions?
15. How did you determine essential elements of information that were needed to help policy makers provide the best course of action to maintain county services while ensuring the safety and wellbeing of employees? What information helped you make good decisions?
16. How did changing federal and state public health decisions and recommendations impact your actions?

Public Information and Warning

17. Was there a Joint Information Center (JIC) or Joint Information System (JIS) established? If so, how was it staffed and how many hours a day? As the situation changed, how did the JIC/JIS change?
18. Were multiple departments sending messages to the public regarding COVID-19 through traditional media outlets or social media?
19. How did federal and state public health messaging impact your own public health and governmental messaging?
20. What social media tools did you use for messaging? Did you use them for rumor control purposes? What was your approach to dealing with misinformation and outright disinformation?

Health and Safety

21. What adjustments were made to ensure that county personnel who delivered essential services to the community remained safe and observed appropriate safety protocols? (Examples: plastic dividers, sanitizing work areas, PPE, social distancing)
22. What were the criteria for employees who were either directed to or given permission to work from home during the pandemic? Did Whatcom County provide necessary equipment such as cell phones or laptop computers? Were employees expected to work certain hours while at home or were work hours flexible?

23. What types of challenges did you experience when working with other jurisdictions such as tribal nations, cities, special purpose districts, neighboring counties, state, and federal agencies?

Logistics and Supply Chain

24. Were there any stockpiles of Personal Protective Equipment (PPE) in any Whatcom County Department? If so, how long was the supply expected to last? How long did it last?
25. Which agency took the lead in collecting the resource needs of the county as a whole and then transmitting them to the state, and lastly managing the receipt and distribution of PPE? How was that all worked out?
26. How were resource requests from the county to the State EOC initially managed? When did you realize that normal resource requesting processes through the State EOC were not working well enough to meet your immediate needs? What measures did you take to obtain necessary PPE for essential workers?

Appendix H: Pandemic Related Spending

Spending Summary

This summary provides an overview of federal relief funds received and spending to support the response to the COVID-19 pandemic. The expenditures are from the period January 1, 2020 to July 31, 2021. Funding detail is taken from the County's financial system. A "cost category" label has been added to each line item to assist with categorizing expenses into groups (e.g., personnel costs, contractual services).

Federal Relief Funds

Whatcom County received over \$20 million from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which was signed into law on March 27, 2020. The amounts listed in Exhibit 3 are from Whatcom County's 2020 Comprehensive Annual Financial Report.

Exhibit 3: CARES Funding Received as of December 31, 2020

Whatcom County Fund Name	Federal Agency Name	Expenditures	Passed through to subrecipients
District Court-AOC CARES	U.S. Department of the Treasury / Administrative Office of the Courts	\$35,149	
CARES Act-Box in the Virus	U.S. Department of the Treasury / WA State Department of Health	\$1,089,287	
FY20 COVID Local CARES	U.S. Department of the Treasury / WA State Department of Health	\$2,263,800	\$333,386
COVID-19 Emergency Res.	U.S. Department of the Treasury / WA State Department of Commerce	\$16,897,500	
Total Funding		\$20,285,736	\$333,386

Sources: Whatcom County Comprehensive Annual Financial Report, 2020; BERK, 2021.

Expenditures

Whatcom County used several funds to track expenditures related to the pandemic response. A summary of expenditures in each fund by cost category and/or cost center is provided in this section.

In total, the County spent \$26.3 million on COVID-19 response efforts during the period January 1, 2020 to July 31, 2021. Exhibit 4 provides an overview of total expenditures by fund and expenditures by fund for each year. The majority of spending occurred in 2020.

Exhibit 4: Expenditures by Fund and by Year

Fund Name	Total Expenses	2020 Expenses	2021 Expenses
Administrative Services Fund	\$691,394	\$562,283	\$129,111
Covid-19 Emergency Response Fund	\$10,661,633	\$10,115,403	\$546,230
Emergency Management Fund	\$106,697	\$96,405	\$10,292
General Fund	\$13,452,549	\$8,542,350	\$4,910,198
Homeless Housing Fund	\$1,403,712	\$820,026	\$583,686
Total	\$26,315,984	\$20,136,467	\$6,179,517

Sources: Whatcom County Finance Department, 2021; BERK 2022.

General Fund

The General Fund is the general operating fund of the County. It accounts for all financial resources of the general government, except those required to be accounted for in another fund.²¹ The exhibits below provide a breakdown of General Fund expenditures based on cost category and cost center. As shown in

Exhibit 5, 62.8% of total expenditures were for personnel (staff salaries, benefits, overtime, temporary help).

Exhibit 5: Total General Fund Expenditures by Cost Category

Cost Category	Total Expenditures	Percent of total
Personnel	\$8,449,101	62.8%
Contractual Services	\$1,912,021	14.2%
Other Miscellaneous	\$1,600,658	11.9%
Space Rental	\$500,004	3.7%
Equipment	\$387,676	2.9%
Transfers Out	\$250,000	1.9%

²¹ Whatcom County 2020 Annual Comprehensive Financial Report, page 36.

Cost Category	Total Expenditures	Percent of total
Supplies	\$193,760	1.4%
Advertising	\$83,343	0.6%
Misc. Communications	\$68,956	0.5%
Equipment Rental	\$4,401	0.03%
Repairs/Maintenance	\$1,624	0.01%
Utilities	\$1,005	0.01%
Total	\$13,452,549	100%

Sources: Whatcom County Finance Department, 2021; BERK 2022.

Exhibit 6 shows General Fund expenditures by cost center. As shown in Exhibit 7, nearly 90% of total expenditures were for the Health Department's response. Expenditures in individual departments, such as the Assessor or the County Clerk, were for personnel or computer and software purchases.

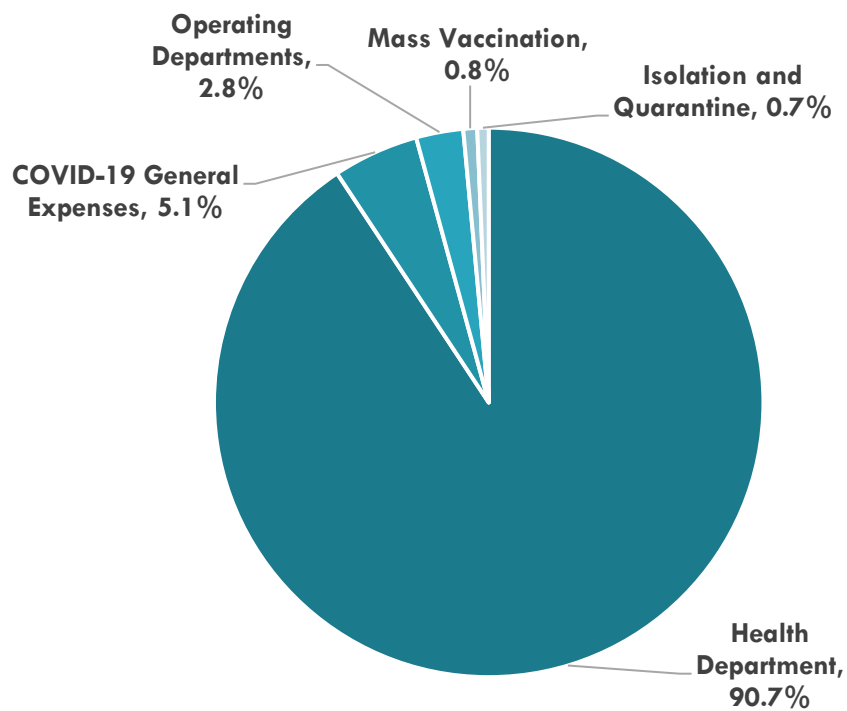
Exhibit 6: Total General Fund Expenditures by Cost Center

Cost Center Name	Total Expenditures
Assessor	\$22,213
Auditor	\$17,519
CARES Act/CARES Act ELC	\$1,839
County Clerk	\$47,095
County Executive	\$7,258
COVID-19	\$566,473
COVID-19 EMS Supplies	\$38,869
COVID-19 Event	\$74,183
District Court	\$89,437
District Court Probation	\$16,292
DOH Con Con COVID Response	\$541,276
Health - 2019-nCoV Outbreak	\$4,193,653
Health - CARES Act-Box in the Virus	\$1,071,753
Health - COVID ELE ELC	\$257,433
Health - FY20 COVID Local CARES	\$6,136,266
Isolation & Quarantine Facility	\$89,851
Juvenile Court	\$70,132

Cost Center Name	Total Expenditures
Mass Vaccination Reimbursement	\$109,857
Parks & Recreation	\$16,393
Planning & Development Services	\$50,837
Prosecuting Attorney	\$692
Public Defender	\$4,389
Superior Court	\$20,360
Treasurer	\$8,477
Total	\$13,452,549

Sources: Whatcom County Finance Department, 2021; BERK 2022.

Exhibit 7: Total General Fund Expenditures by Category



Sources: Whatcom County Finance Department, 2021; BERK 2022.

COVID-19 Emergency Response Fund

The COVID-19 Emergency Response Fund was established in 2020 to track expenditures related to the response.

Exhibit 8 provides a summary of COVID-19 Emergency Response Fund expenditures based on cost center. The information in “Brief Description of Uses” is based on the description attached to each line-item expenditure.

Exhibit 8: COVID-19 Emergency Response Fund Expenditures by Cost Center

Cost Center Name	Total Expenditures	Brief Description of Uses
Business Grants	\$3,301,432	Grants to businesses, between \$1,000 and \$15,000
Emergency Management Expenditures	\$1,446,683	Personnel, equipment, and contractual costs eligible for CARES funding
Schools-Digital Infrastructure	\$1,386,689	\$230,000 provided to each school district
Child Care Grants	\$697,261	Grants to childcare providers, between \$1,000 and \$50,000; \$346,372 paid to YMCA
Tiny Homes	\$506,619	360 Modular Building
Rental Assistance	\$502,967	Grants to individuals and property owners, between \$575 and \$16,900, grants to Opportunity Council and Salvation Army
Bellingham Food Bank	\$476,861	Payment of \$475,000 to Bellingham Food Bank
Isolation Quarantine Motel 6	\$471,980	Payment of \$100,560 to Lighthouse Mission Ministries; security and cleaning services
Behavioral Health	\$415,687	Payments to providers such as Opportunity Council and Catholic Community Services
Bellingham High School	\$401,471	Homeless shelter in partnership with Lighthouse Mission Ministries; payments to Lighthouse Mission and Bellingham High School
COVID-19 Emergency Response Operations	\$390,617	Supplies, equipment, payment of \$236,707 to Port of Bellingham
Tech Assistance COVID-19 Mitigation	\$279,744	Consulting services, staff salaries and benefits
County Technology	\$131,302	Computer hardware and software
Mobile Testing	\$125,074	Payment of \$94,428 to Whatcom Co. Fire District, signage, security, pro-card purchases
NW Ambulance	\$38,870	Payment of \$37,977 to NW Ambulance
Donated Mask Program	\$21,853	Payment of \$18,503 Bellingham Makerspace, cleaning services
Media-related Services	\$21,610	Radio and TV services

Cost Center Name	Total Expenditures	Brief Description of Uses
Van Retrofit for COVID Transport	\$19,710	Vehicle work orders, staff salaries and benefits
Comm & Enforce PH Measures	\$12,764	Staff salaries and benefits
County Technology Non-CARES	\$9,688	Software to facilitate remote work
Misc. Homeless Supplies	\$2,751	Pro-card purchases
Total	\$10,661,633	

Sources: Whatcom County Finance Department, 2021; BERK 2022.

Homeless Housing Fund

The Homeless Housing Fund is used to collect a ten-dollar surcharge on each recorded document. The amount collected provides funding for homeless housing programs.²² Exhibit 9 provides an overview of expenditures in this fund by cost category.

Exhibit 9: Homeless Housing Fund Expenditures by Cost Category

Cost Category	Total Expenditures	Brief Description of Uses
Contractual Services	\$328,823	Payments to service providers (Opportunity Council, YWCA, Lydia Place, NW Youth Services)
Equipment	\$328,171	Furniture
Other Miscellaneous	\$746,719	Payment to Bellingham City Finance
Total	\$1,403,712	

Sources: Whatcom County Finance Department, 2021; BERK 2022.

²² Whatcom County 2020 Annual Comprehensive Financial Report, page 92.

Emergency Management Fund

The Emergency Management Fund was created to carry out federal and state mandated programs to prepare the community (emergency services systems and the public) to respond to emergency disasters beyond the capacity of regular emergency services.²³ Exhibit 10 provides an overview of expenditures in this fund by cost category.

Exhibit 10: Emergency Management Fund Expenditures by Cost Category

Cost Category	Total Expenditures	Brief Description of Uses
Equipment	\$3,387	Computer equipment
Equipment Rental	\$186	Birch Equipment Co.
Personnel	\$101,846	Salaries and benefits for Emergency Management staff
Supplies	\$1,278	Amazon, Office Depot, pro-card purchases
Total	\$106,697	

Sources: Whatcom County Finance Department, 2021; BERK 2022.

²³ Whatcom County 2020 Annual Comprehensive Financial Report, page 93.

Administrative Services Fund

The Administrative Services Fund is an internal service fund used to finance the central services of Whatcom County. These activities include finance, human resources, information services, and records. This fund also accounts for the County's self-insurance activities, tort claims, and facilities management.²⁴ Exhibit 11 provides an overview of expenditures by cost category and Exhibit 12 provides an overview by cost center.

Exhibit 11: Administrative Services Fund Expenditures by Cost Category

Cost Category	Total Expenditures	Brief Description of Uses
Contractual Services	\$161,943	Engineering, electrical, security, cleaning services
Equipment	\$18,510	Computer equipment, pro-card purchases
Equipment Rental	\$2,123	Birch Equipment Co.
Misc. Communications	\$303	Pro-card purchases
Other Misc.	\$39,544	WA State Employment Security Dept., DocuSign
Personnel	\$264,544	Staff salaries and benefits
Repairs/Maintenance	\$4,499	Doorman Commercial, staff salaries and benefits
Supplies	\$199,928	Building and office supplies
Total	\$691,394	

Sources: Whatcom County Finance Department, 2021; BERK 2022.

Exhibit 12: Administrative Services Fund Expenditures by Cost Center

Cost Center Name	Total Expenditures	Brief Description of Uses
AS 210 Camp	\$12,798	Security contract, supplies, equipment rental
AS Admin-COVID-19	\$5,686	Staff salaries and benefits
AS COVID-19	\$502,903	Cleaning, security services, building and office supplies, staff salaries and benefits
AS Finance-COVID-19	\$128,600	Staff salaries and benefits, computer equipment
AS HR-COVID-19	\$5,040	Staff salaries and benefits, pro-card purchases
AS Unemployment-COVID	\$36,366	WA State Employment Security Dept.
Total	\$691,394	

Sources: Whatcom County Finance Department, 2021; BERK 2022.

²⁴ Whatcom County 2020 Annual Comprehensive Financial Report, page 97.

Appendix I: Sample Situation Report

- **The situation to date.**
 - A brief summary of “startup details” (date, place, time, who).
 - Summary of the overall situation to date.
 - Significant events in the reporting period.
 - Weather forecast.
 - *Note: Old information is deleted*
- **Actions to date.**
 - Brief reporting of actions completed to date.
 - A table format may be used for repeat actions and/or progressive totals (e.g., destruction statistics, number of properties visited).
- **Actions to be completed.**
 - Brief reporting of scheduled/planned actions – typically for the period covered by the SITREP.
 - As mentioned above, a table may be used for repeat actions.
 - Where the operation expects to be by the next SITREP.
- **Issue(s)**
 - Brief description of issue(s) that are known/reasonably expected to arise before the next SITREP is issued (e.g. a shortage of a given resource).
 - Acknowledgment of achievements or failures.

Appendix J: Acronyms

Term	Definition
BRIC	Building Disaster Resilient Infrastructure
CEMP	Comprehensive Emergency Management Plan
CERT	Community Emergency Response Team
COOP	Continuity of Operations Plan / Continuity of Operations
COVID-19	Coronavirus Disease 2019
EEI	Essential Elements of Information
EMD	Washington State Emergency Management Division
EMPG	Emergency Management Performance Grant
EOC/ECC	Emergency Operations/Coordination Center
FEMA	Federal Emergency Management Agency
HIPAA	Health Insurance Portability and Accountability Act
IC/UC	Incident Command / Unified Command
ICS	Incident Command System
IMT	Incident Management Team
JIC/JIS	Joint Information Center / Joint Information System
PHAB	Public Health Advisory Board
PPE	Personal Protective Equipment
RCW	Revised Code of Washington
WUC	Whatcom Unified Command