



**POPULATION
HEALTH TRUST**
ADVISORY COMMITTEE

Skagit County Board of Health

Peter Browning, Chair
Ron Wesen, Commissioner
Joe Burns, Commissioner

PHT Meeting Minutes
August 6, 2026, 8:30-10:00 am

Chinook Meeting Room

Members: Chris Baldwin, Thomas Boucher, Patty Codd, Alex Gee, Andrew Gill, Keren Gott, Linden Jordan, Howard Leibrand, Rachel Lucy, Julie Merriam, Maureen Pettitt, Howard Liebrand

Staff: Kas Church, Sarah Hinman, Monica Negrila, Neil Panlasigui

Guests: Brandy MacFarland, Gisella Kestler, Dale Patrick, Jill Sprouse

Welcome/Steering Update

Kas welcomed the group and provided an overview of the day's agenda. Bill shared updates from the most recent Steering Committee meeting. Key topics of conversation during the meeting were, the CHIP on youth wellness, the Skagit Trends website, and the Powerful Partnerships event.

Youth Wellness Panel

The Trust was joined by special guests to learn more about youth wellness in Skagit. The information collected during the panel presentation will help to inform the current Community Health Improvement Plan. Given this, detailed notes were taken of the conversation (see end of this document).

Fee Schedule Update

Monica provided an overview of proposed changes to public health fees and services. With ongoing county-level budget challenges, departments that charge fees for their services are now required to recoup the full cost of these services through fees. Previously, some of those costs, such as administrative expenses, were offset by grants or general funds. The fee increases will impact services related to vital statistics (birth and death certificates, permits for food establishments, and septic systems). Though there will be increases, county staff are mindful of the impact on community members, especially those already financially burdened. There are plans to engage the community later in the process to request feedback before the proposed fees are approved by the Board of County Commissioners.

Next Meeting

The next PHT meeting is on **September 3rd**. The Trust will be joined by special guests, Dr. Connie Davis and Renee Nelson, to learn more about the health and wellbeing of older adults in Skagit.

Population Health Trust Youth Panel Discussion

08/06/2026

Panelists

- Panelist A: Skagit/Island Head Start (early childhood, health)
- Panelist B: Skagit/Island Head Start (bilingual family services, Latino community)
- Panelist C: Northwest ESD (children and youth mental health)
- Panelist D: Sedro-Woolley RISE (youth substance use prevention, youth coalitions)

Q1. What are the biggest health/mental health concerns you're seeing among the youth you serve? Have these concerns changed over the past few years? If so, how?

Panelist A

- Head Start performance standards, health perspective.
- Access to vision care, ages 20 months to 5 years.
- Post-pandemic decline in pediatric ophthalmology; families traveling far. Two centers in Oak Harbor will not take new patients. Equity concern: kids with ASD.
- Only 18 were able to get glasses. Gap in 4- to 5-year-old kindergarten readiness.
- Fear of immigration enforcement and of driving a vehicle, but care is in Anacortes. Apple Health.
- Head Start not impacted yet. The federal administration is expected to overhaul performance standards. The language might change to say "we do not need to support students with disabilities." No plan to change standards locally. Comment period to come.

Panelist B

- Latino community: up and down. Cancelling appointments, delaying care.
- State insurance with coordinated care. Having to switch between state and coordinated care every 30 days for different types of appointments.
- Language barrier to accessing care. Don't want to go in, don't want to call, no interaction.
- Increased IEPs, and behavioral health aggression, social/emotional concerns, increase in foster children. Some kiddos don't have an adult that has been there from birth through childhood.
- Emotional dysregulation.
- In-house behavioral specialist, mental health consultant for families, bilingual support (trust through language).
- Even where resources exist, families will wait or delay connection due to safety and immigration concerns. ICE.

Panelist C

- Lack of sites that provide medication. PCP works 75% of the time for psych. The only way to get medication is through a community health clinician. We need more people who serve children and youth mental health.
- Trauma among kids is a concern, guess that about 50% of the kids ESD serves have experienced trauma.

Panelist D

- United General District 304: youth substance use prevention, youth coalitions in high schools.
- Disordered eating among young boys. "Find What Moves You" is for girls. How about boys?
- Trauma bonding over mental health concerns.

- Stress and anxiety in about 50% of the kids served.
- Seeing more CPS families, tier 1, 2, 3.
- Suicidality in parents, with impacts on children.
- Queer kids: seeing a lot of resilience and support among queer youth. Very out with pronouns.

Q2. What strengths and resiliencies do you see among youth?

Panelist D

- "Sources of Strength," evidence-based suicide prevention that doesn't mention the word suicide.
- Youth come up with the campaign based on the wheel of supports. They lead the campaign every month.
- Cascade Middle School in Sedro-Woolley: "You Can Sit With Us" campaign, pink t-shirts. Youth are interested in making things better for each other.
- "Cubs Advocating for Mental Health and Prevention," not an actual camp. Inclusive, accepted, and safe.
- VIV: varsity letter in volunteering.

Panelist B

- Engaging in conversations with staff, building safe space, families and caregivers accepting of health. Follow-up is good.
- Shifting living situations and arrangements are disruptive, though.
- Family service coordinator helps, one at each center. Staying on top of resources is a job on its own, since the funding environment is rapidly shifting. Not just resources, but a warm handoff.
- Decrease in mental health stigma.
- Better representation of themselves in the community: professionals, jobs, leaders. They refer each other to supports.
- Good that families are open to receiving supportive resources, but hard when they don't take insurance.

Panelist C

- Seeing a decrease in stigma around mental health.
- Schools are doing more to include Social Emotional Learning (SEL) in curriculum.
- LGBTQ+ Advocacy and support in schools.
- Decrease in mental health stigma.
- Better representation of themselves in the community: professionals, jobs, leaders. They refer each other to supports.

Q5. Which organizations do you partner with when youth need additional support?

- Help Me Grow (HMG) intake for connection to resources and services. Good general resource.
- Parental and youth emotional support, Brigid Collins: only takes state insurance; also has a parent support program and a kinship program.
- "WISE" wraparound services: play therapy involving parents.
- Panelist C: YGO program.
- Panelist D: NAMI Skagit. Coach on mental illness, presentations, funds for a youth conference, funding for snacks, adult resource to support the kids.
- BHASO

Q7. If you could improve one aspect of the community health/mental health system to support youth, what would it be?

- Meet them where they're at: school, Boys & Girls Club, etc.
- Therapy dogs. A little thing can make a big difference.
- Telehealth.
- Advocates in appointments. Bilingual support.
- Vision.
- More time in the school day for social and emotional learning. Decompress. Time with each other. It's an unfunded requirement in schools that doesn't always happen.
- After-school activities increase school attendance. A way to participate, and to get there and get home, would be the magic wand.
- More nutrition providers and more bilingual providers in general to meet with families.