Overview

The Bellevue Human Services Needs Update for 2013-2014
The City of Bellevue publishes the Human Services Needs Update at the beginning of each two-year human services funding cycle. Since 1989, this report has offered a summary of trends within Bellevue, East King County, the Puget Sound region, Washington State and the nation. Through this report, we hope to provide a broad vision and context for understanding human service needs, and for inspiring actions that will ameliorate barriers to achieving a high quality of life for all Bellevue residents.

Methodology
Some of the multiple sources of information that support the conclusions of the Needs Update include:

• A phone/online survey of 624 Bellevue residents (138 by phone, 486 online)
• A written survey of almost 200 consumers of human services in Bellevue translated into five languages in addition to English
• Online surveys completed by 43 human services providers
• Key informant interviews with 11 administrators or community representatives
• Meetings with City of Bellevue staff, such as Neighborhood Outreach, Police, Fire, Civic Services and Development Services
• Over 20 Community Conversations with Bellevue residents and providers of human services
• Reports, studies and online databases covering a wide range of service areas and issues, as well as data from the United States 2010 Census, and data from the 2008-2011 American Community Survey (ACS)

Bellevue: Community Profile

• In 2013, Bellevue’s population was estimated to be 132,100. This is compared to a population of 109,569 in 2000, and 86,874 in 1990. Average household size is increasing after a decreasing trend. In 1970 there was an average of 3.4 persons per household, dropping to 2.4 in 1990, and 2.37 in 2000. According to the 2010 Census, Bellevue’s average household size is back up to 2.41.
• The 2010 Census data shows that 5.6% of Bellevue residents were under age five, 17.5% were 5-19, 36.5% were age 20-44, 26.5 age 45-64, and 13.9% age 65 and older.
• Since 1980, the proportion of Non-White residents in Bellevue has more than quadrupled from about seven percent of the population to 40.8% in 2010. Bellevue’s Asians and Hispanics are the fastest growing racial and ethnic group in the city.
• Even though a larger proportion of Bellevue’s households fell within the highest income categories in 2012, overall median household income did not keep pace with inflation and the percentage of individuals living in poverty rose. The gap between rich and poor in Bellevue, therefore, appears to have widened.
• Bellevue saw significant increases in poverty levels since 2000. Families with incomes below the poverty level rose from 3.8% in 2000 to 7.5% in 2012. However, some families, such as households headed by females with children under age 18 are more likely to earn incomes below the federal poverty level (FPL).

Quality of Life in Bellevue
Nearly all (96%) of respondents to the phone/online survey said that the quality of life in their community was “excellent” or “good”. Respondents were asked to rate each of 35 problem areas as a major, moderate, minor or not a problem in their community. The majority of respondents to the 2013 phone/online survey (53%) rated at least five of the 35 community problem issues asked about as a major or moderate problem in their community. This is similar to the results in 2011 when 55% rated it as such. Four issues received a “major” or “moderate” rating from at least three out of ten (30%) respondents:
• Lack of affordable housing (51%)
• Lack of affordable medical insurance (41%)
• Lack of affordable medical care (40%)
• Inadequate public transportation (35%)

Groups of residents who perceive more problems in the community included households with incomes less than $25,000, and residents who are 55-64 and age 65 and older. The more problems experienced in residents households the higher the average number of problems rated as major or moderate in the community.

**Accessing Services**

- In 2013, the majority (55%) of those taking the phone/online survey believe that people in the community have adequate access to services, a significant shift from 2009 when 76% believed there was adequate access though not significantly higher than in 2011 when 61% rated it as such. The percentage of respondents saying they were unsure if there was adequate access was about the same in 2013 as in 2011. Those responding online were significantly more likely to say they were unsure, possibly due to the fact that they were more likely to be newer Bellevue residents.

- The 9% who indicated that there was inadequate access to human services most frequently mentioned the following areas: housing services, counseling/mental health, services for seniors, and shelter for the homeless, and employment and transportation. Lack of information about services was mentioned less than in past surveys.

**Special Focus Area**

The Affordable Care Act: Implications for Bellevue

**Key Issues**

- In early 2010 Congress passed the Affordable Care Act (ACA) bringing sweeping changes to the way Americans receive health care.

- “The Individual Mandate” component of the ACA requires most citizens and legal permanent residents to have individual health coverage as defined by the federal government. States must form health coverage “Exchanges” from which individuals may purchase health coverage or use the federal Health Care Exchange. People whose incomes are between 138%-400% of the federal poverty level may purchase coverage this way. Some states, including Washington State, expanded Medicaid eligibility to include all people with incomes up to 138% of the federal poverty level. This expansion will be funded by the federal government 100% in 2014, decreasing that support to 90% in 2020. King County estimates that about 100,000 residents will not be covered by expanded Medicaid so they will need to use the Washington Health Benefits Exchange (www.wahbexchange.org) to enroll in a health insurance plan.

- Undocumented immigrants are not eligible for insurance through Medicaid or the Health Exchange. Legal immigrants must be in the US for five years before they would be eligible for Medicaid, but they are able to purchase health insurance without a subsidy through the Health Exchange.

**Connectedness in Bellevue Communities**

A number of City efforts contribute to the high quality of life that Bellevue residents enjoy. Some of these include:

• Neighborhood Outreach Program works with neighborhood leaders and residents to build up the health, livability and community connections, such as Mini-City Hall, Neighborhood Liaisons and Neighborhood Forums;

• Downtown Livability Initiative is a targeted review of regulations that guide land use and development within Downtown Bellevue;

• Bellevue Diversity Initiative explores the connections between diversity in Bellevue and economic development, human services, public safety, cultural competence and civic engagement;

• Diversity Focus Group is comprised of concerned and involved community members that are committed to improving the relationship between the Bellevue Police Department and Bellevue’s diverse community.
• Beginning in 2015, employers with 50 employees or more must offer health coverage to their employees or face tax penalties.
• About one million people aged 19-64 in Washington State (15%) do not have health insurance; 16% of adults age 19-64 in King County do not have health insurance; and in Bellevue about 14% or 11,500 adults do not have health insurance.
• Beginning in 2014, there will be tax penalties for not having health insurance, to increase gradually over time (from approximately 1% of family income to 2.5% of family income in 2016). This penalty may act as an incentive to seeking out the best health care coverage option available to them.
• Open enrollment began October 1, 2014 and will go through March 31, 2014. Outreach efforts have been extensive, in particular to people with limited English proficiency or computer skills. Trained staff, known as “In Person Assisters” is being used to reach the most vulnerable uninsured populations. Many of these staff is bi-lingual in order to overcome language and cultural barriers that exist for many eligible residents. Public Health-Seattle & King County was awarded federal funds to assist in the extensive outreach enrollment efforts by partnering with community based non-profits such as SeaMar and Youth Eastside Services.
• The City of Bellevue has been working with staff from Public Health to partner in providing free space at Bellevue City Hall, Mini-City Hall and community centers throughout the City for In-Person Assistors to enroll people in health insurance.

Community Goals and Specific Populations

Goal #1: Food to Eat and a Roof Over Head

Key Trends

• The percentage of students receiving free and reduced-cost lunch can also help measure community food security. According to Bellevue School District, the total percentage of students qualifying for free and reduced price lunch assistance remained relatively steady at 21.6% as of October 2012. This compares to 22.2% in October 2013.
• Local emergency financial assistance providers, like the Salvation Army, Catholic Community Services, Solid Ground and Hopelink, reported that they provided services to more than 1,400 people in Bellevue in 2012, largely through one-time rental or mortgage assistance to avoid eviction or foreclosure. They also aided with utility bills, car repairs, prescription drug costs and food vouchers.
• About 37% of renters and 38% of homeowners in Bellevue are cost burdened, paying more than 30% of their household income for housing. This indicates a cost of housing that is not in proportion with what people earn, significantly impacting people’s ability to maintain a stable housing situation.
• In 2013, the One Night Count of homeless found 197 unsheltered individuals in Urban East King County (including portions of Bellevue, Kirkland and Redmond). Compared to the 138 individuals counted in 2012, this represents a 43% increase.
• On the Eastside, there are 162 units of transitional housing offering 547 beds. In Bellevue, there are 54 units with 180 beds. All Bellevue units are limited to either families or pregnant single women. Similarly, the majority of transitional housing units on the Eastside are targeted towards families.

Gaps Include

• Emergency financial assistance for basic needs, such as rent, food, mortgage or utilities assistance.
• Year-round emergency shelter for homeless individuals and families, with expanded nightly shelter during the winter months.
• Affordable housing for low and moderate income individuals and families, including those leaving homeless shelters or housing programs.

Implications for Action

• While governments, foundations, and service providers agree that rapid re-housing
interventions are effective for certain segments of the homeless population, service providers note that further improvements in the assessment process for homeless families are needed to screen for barriers and make sure that the housing placement matches are appropriate. They also believe that short-term rental subsidies, e.g. 3 months, are not long enough for most families to stabilize. Given the relatively low percentage of homeless families who have been placed through Family Housing Connection to date (13%) and the large numbers still awaiting placement reinforces the ongoing need for interim housing and/or shelter coupled with client engagement, until such a time as the homeless housing system has sufficient unit production and maintenance to meet the existing need.

- The lack of affordable housing continues to be perceived by residents as the top community problem in Bellevue. Housing prices have begun to rise again and this trend is likely to continue in the future.
- There is a significant need for housing affordable for moderate-income households (also termed workforce housing) on the Eastside as well as housing for low-income (30% of median income or below). There is also a need for a dedicated location for the Eastside Winter Shelter which will take several years to implement. In the interim, finding suitable sites for the shelters continues to be very challenging, even with the assistance of staff from Eastside cities. Partnerships with the private sector to address this community need should be explored.
- While the need for food remains high, it is now viewed by some providers more as a supplemental support rather than a crisis intervention service for some families.

Goal #2: Supportive Relationships within Families, Neighborhoods and Communities

Key Trends
- Social support for individuals and families is especially important during hard economic times. In a survey conducted countywide in 2011 for Communities Count: Social and Health Indicators Across King County, people with incomes of $75,000 or more reported higher levels of support than people with lower incomes, as did people who were White, and those who lived as a married or unmarried couple rather than as a single person. Single parents may also have more need for support. In the 2013 Bellevue phone/online survey, 15% of respondents reported that stress, anxiety and depression was a major or moderate problem in their households, about the same as in 2011. Seven percent of respondents to the 2013 survey rated the need for parent or caregiver support as a household need, about the same as 2011.
- Research has shown how important quality early learning is for young children to succeed in school and in life. Programs that support parents, such as Healthy Start and Parent Child Home Program, both evidence based home visiting programs, and groups for family, friends and neighbors who are watching young children in their homes while their parents work, are important resources, especially for some families who are new to this country and culture.
- Eastside Pathways (EP) is a “cradle to career” collective impact effort that mobilizes the community to achieve a common goal: ensure that every child in the Bellevue School District (BSD) has the support to thrive in school and in life. EP was launched in 2011. Partners include the BSD, the City of Bellevue, the Bellevue School Board, Bellevue College, foundations, nonprofit agencies, and community volunteers. One of its pillars of the National Campaign for Grade Level Reading that EP has formed a collaborative for is school readiness.
- There are many indications that requests for information about resources continue to be in high demand in the county and in Bellevue. In King County, between 2010-2012 the number of calls for assistance decreased by 5,300 calls at the Crisis Clinic, the designated Washington Information Network agency for 2-1-1, the Community Information Line. Staff report that this was due mainly to funding cuts and staff turnover.
In 2012, 93% Bellevue 2-1-1 Community Information Line callers who disclosed their incomes lived below the poverty level. The biggest change from 2010-2012 is related to calls for housing: in 2012 calls for permanent housing jumped to 253, almost double that in 2010. During the first six months of 2013, staff at the City of Bellevue’s Crossroads Shopping Center Mini City Hall received 14,693 contacts from consumers requesting resource information, with about 45.5% related to human service needs. This is on pace to meet or exceed 2012 with 27,893 contacts. In the 2013 phone/online survey, 9% of respondents said that people in Bellevue do not have enough access to human services; 28% said that it was due to cost while 21% said they did not know where to look.

- Statewide client demand for low-cost legal aid increased 30% between 2005-2008. That trend is reflected locally. Eastside Legal Assistance Program reports that as a result of the economic downturn, more people are seeking help with evictions and foreclosures, family law (including domestic violence), and credit card and debt issues. There is a shortage of volunteer attorneys to help clients beyond a forty five minute, free consultation. Another service in high demand is help with immigration issues.

**Gaps Include**

- Support for parents and caregivers who want to assist in their children’s development, from birth through college or career, particularly people new to this culture and language, including parenting education and home visiting programs.
- Adequate funding for the 2-1-1 Community Information Line to maintain services especially in the face of increasing community needs and information in other languages than English to meet the demands of a growing diverse population
- Low-cost legal services.

**Implications for Action**

- As the economy still is recovering, many Bellevue families need social support for raising their children, caring for aging or disabled loved ones, or a combination of the three. Family, friends and neighbors will be even more important components in caregiving plans because funding has been cut for many formal services, such as chore services and adult day health centers.
- The need for information about resources provided in languages other than English continues to grow as the Puget Sound Region and East King County become more diverse. Human service providers, local government and the business community will need to work together to meet this need in the community.
- Many residents still do not have easy access to computers and rely on the phone or print media. Multi-modal forms of dispensing information to the Bellevue community are needed. The Crisis Clinic’s 2-1-1 Community Information Line is one way to help fill this critical information gap. However, funding for its operation needs to continue. A second way of filling this information gap is to partner with non-profit agencies, cities and faith communities to include information about resources through printed media, public TV access, and through neighbors sharing information with neighbors.
- Low-cost or free civil legal services are a growing need for many residents especially during the economic downturn. There is a major gap for services for direct representation, especially for survivors of domestic violence, immigration issues, foreclosure and credit counseling.

**Goal #3: A Safe Haven from All Forms of Violence and Abuse**

**Key Trends**

- Only a small percentage of survivors of personal violence access formal services, according to national and local data. Survivors, who do not speak English, have limited economic means, who are elderly or who have a disability are even less likely or able to seek support services. Local providers continue to report an increase in the number of limited-English speaking clients. The Bellevue Police Department’s Domes-
tic Violence Victim Advocate averaged a caseload of 22 misdemeanor cases a month in 2007, and 24 in 2008. In 2009 and 2010, the average caseload dropped again to 22, increased to 25 in 2011, only to drop again to 21 in 2012.

- Reported sexual assault incidents show some decline nationally and locally. Long term effects of sexual assault and rape include mental health issues, substance abuse and suicide. Harborview Crisis Response Center and King County Sexual Assault Resource Center provide a wide range of services to survivors of sexual assault, including counseling, legal advocacy and referrals to other services. Community education about the identification and prevention of sexual assault is an important component of their work.
- Providers of services for survivors of both sexual assault and family violence also report that more clients are in need of basic needs when they seek help. Safe housing is one such need. There are a limited number of shelter beds in all parts of the County, but LifeWire (previously known as the Eastside Domestic Violence Program) is the only agency in East King County offering a confidential shelter. Overall, for every family they have the capacity to serve, 18 are turned away.
- National experts believe that older adult abuse, which includes physical and sexual abuse, neglect and exploitation, is greatly underreported; it is estimated that for every case reported, about five go unreported. Exploitation is the most frequently reported category of adult abuse in Washington State. Bellevue Police receive 80-100 reports of older adult abuse annually; in King County as a whole, there are about 3,000 annually.

Gaps Include (for both survivors of family violence and sexual assault)
- Low-cost legal services.
- Transitional and low-cost permanent housing.
- Low-cost mental health counseling.
- Accessible community education about sexual assault and family violence.

Implications for Action
- Service trends and demographic changes in Bellevue indicate that the need for culturally relevant and linguistically appropriate services for survivors continues to grow. Appropriate services are needed to keep up with the demand.
- Survivors of sexual abuse and family violence often have multiple needs including treatment for substance abuse, parental support and childcare, legal aid, and transitional and permanent housing. The high cost of housing makes it especially difficult for victims of violence who want to remain in the community to maintain both their jobs and systems of support. More shelter beds as well as more permanent housing options are needed.
- Even during times of funding cuts, it is prudent to support community education about family violence, sexual assault, rape and child sexual abuse, as decreased staff levels at many agencies may make it harder for survivors to find and get help.
- As more low income or uninsured individuals receive healthcare coverage with the roll out of the Affordable Care Act, the ability of individuals to receive services will increase. Individual and group counseling services for survivors and offenders will be more available as insurance coverage increases. Having services ready and available for this possible increase in demand will best serve those who need them.

Goal #4: Health Care to be as Physically and Mentally Fit as Possible

Key Trends
- Health care reform under the Affordable Care Act (ACA) beginning in 2014 will provide the uninsured adult population aged 19-64 opportunities to enroll in expanded Medicaid or through the Washington Health Plan Exchange, depending on their incomes.
• Children will continue to be eligible for the State Apple Health for Kids Program; those up to 200% of the federal poverty level will get insurance at no cost; those between 200-300% will be eligible for low-cost insurance. Children from undocumented households will also be covered.
• In the East Region of King County, between 2006-2010 6% of residents report that they could not take care of their medical needs due to cost. In Bellevue between 2006-2010, on average, 8% of adult residents could not take care of their medical needs due to cost.
• National and countywide data indicates that disparities exist for health and access to healthcare and insurance for people of color. For example, in King County, African American infant mortality rates are 6.6 per 100,000 compared to 3.6 for Whites. Low economic status and high rates of mental health problems are also linked.
• Eastside health care providers report serving increased numbers of patients with no insurance, many due to recent job loss, and more patients for who English is not their first language.
• In 2013, 41% of Bellevue phone/online survey respondents rated lack of affordable medical insurance as a major/moderate community problem, a statistically significant decrease compared to 2011 but still the second highest rated problem. In the consumer survey, 52.5% stated that not being able to pay for or get medical insurance was a major/moderate problem.
• Substance abuse, particularly use of heroin, is on the rise in Washington State and King County. Providers of services to both youth and adults in East King County report this trend, as well as more multi-problem clients who have both addictions and mental health problems.
• The Crisis Clinic 24-Hour Crisis Line responded to 7,240 calls from Bellevue residents in 2012, a 44% increase compared to 2011.

Gaps Include
• Accessible and low-cost health care and treatment services for under-insured or uninsured people, especially dental care and mental health services. This gap should be addressed for a large portion of the population due to Health Care Reform, but not for undocumented adults.
• Affordable prescription drugs, hearing aids, and eye care for low-income people, even for those who have insurance because these needs may not be covered adequately if at all.
• Health services and resources provided in culturally appropriate and linguistically competent ways.
• Support for children, youth and adults who are experiencing frequent mental distress due to lack of income, social isolation, or Adverse Childhood Experiences.

Implications for Action
• With the implementation of the Affordable Care Act expansion of Medicaid and new Health Care Exchange, there is great potential for residents to gain improved health and well-being as soon many will have health insurance.
• Funding cuts still may impact access to mental health services, even though now health insurance plans are required to provide these services. For some people, there may continue to be gaps in their mental health coverage to fit their needs.
• The increase of immigrants and people who are English Language Learners in the community requires that providers are able to offer culturally competent health care in order to meet the needs of their client base. Becoming a culturally competent service provider can involve staff training, the provision of interpreter services and translated materials, and restructuring programming to better serve a culturally diverse client population. These services are critical to help address the health disparities that exist in many communities.
• Substance abuse among youth and adults is on the rise. Continued community education about the need and the causes, such as early exposure to Adverse Childhood Experiences and access to sufficient treatment are needed.
Goal #5: Education and Job Skills to Lead an Independent Life

Key Trends

• King County and Bellevue residents are well educated for today’s economy. 44% of King County and 61% of Bellevue residents hold a bachelor’s degree or higher and almost 98% of King County and 98% of Bellevue residents have graduated from high school. However, the ongoing economic downturn with higher unemployment rates has made it challenging for even people with advanced degrees to find work, especially at wages they earned in the past. Washington State’s unemployment rate in November 2011 was 8.3% compared to 4.6% two years ago. Bellevue’s unemployment rate during the same period was 8.3% compared to 3.9% two years ago. In November 2013, the rates have dropped to 5.6% but some residents are still struggling to make ends meet.

• In the 2013 phone/online survey, 17% of Bellevue residents ranked “not being able to find work that supports yourself and your family” as a major/moderate household problem, similar to the percentage who rated it as such in 2011.

• Surveys of people who are unemployed who used up all of their unemployment benefits found that only 25% had found work and 8 in 10 were earning less than they did prior to becoming jobless.

• While Washington State’s minimum wage in 2013 at $9.19/hour is the highest in the country, it is not a living wage. An adult making the minimum wage and supporting two children is under the federal poverty level (FPL), $19,530 for a family of three. It is estimated that for a single adult with a school aged child and a toddler, a living wage for King County is $30.37 an hour ($64,145 annually).

• In 2012, of all job openings in Washington State, 42% pay less than the $16.13/hour living wage needed for a single adult; 74% pay less than the $28.71 needed for a single adult with two children.

• Childcare availability, affordability and quality are a concern for many working parents/caregivers, especially for lower-wage workers. Childcare in East King County costs more than in other parts of the County, costing $22,932 and $29,744 a year for an infant and a pre-school child, respectively. In addition to licensed childcare programs, an increasing number of families, many from immigrant and refugee communities, rely on family, friends and neighbors to care for their children. In 2011 the State Department of Early Learning rolled out Early Achievers, a voluntary, no-cost program to increase the skills of early learning professionals.

• Across the board cuts to the federal Head Start Program also impacted local providers of this very successful early learning program. In Bellevue, one Head Start provider had to decrease transportation services and others may also need to cut staff hours if cuts continue.

• Access to employment and training programs are critical in order to assist unemployed residents in increasing their skills to find higher paying jobs or to transition to jobs that are currently available in the marketplace. Local colleges, community-based agencies and government programs provide English-as-a-Second-Language classes, job skills and training classes, and job placement services in Bellevue. Many of these organizations report experiencing increased demand especially for increased skills to get higher paying jobs and more difficulty finding jobs for people over age 45 years old.

• Bellevue residents increasingly report that finding public transportation is a problem, which includes getting to work as well as accessing human services and social support. More than one-third of 2013 Bellevue phone/online survey respondents rated “inadequate public transportation” as a major or moderate problem in their community; in the same survey, this issue was the top household problem in Bellevue in 2009, 2011, and 2013. In 2013, 26% of respondents to a consumer survey reported having difficulty finding public transportation to get to work or other places.
Gaps Include
• Jobs that pay a living wage with benefits.
• Affordable, quality childcare for low-income families.
• Affordable and accessible job training opportunities teaching “new economy” job skills and ESL classes.
• Affordable and accessible transportation options especially for public transportation.

Implications for Action
• The economic downturn shows that Bellevue workers are not immune to job cuts. Many individuals receiving unemployment insurance are dependent upon the payments for a majority of their living expenses. Additional support is needed as the length of unemployment for many workers spans beyond the period of benefits.
• The decrease in middle-income job opportunities makes it harder for people at lower incomes to access better job opportunities. There are more low-income job opportunities, but along with these come financial instability, dependence on public supports that are dwindling due to budget cuts and less of a chance to obtain additional training to increase skills to find a better job. A living wage for a family living in Bellevue is higher than in other parts of King County partly due to high childcare and housing costs. It will be important to attract business and industry to the community that pay living wages.
• Barriers to employment such as lack of affordable and flexible childcare, limited English language skills, the absence of coordinated transportation and lack of training to secure higher wage jobs are key issues that must be addressed to help people improve their economic conditions and the quality of their lives.

Specific Populations

Older Adults

Key Trends
• People age 65 and older represent 13.9% of Bellevue’s population. People 65-74 years of age comprise the largest portion of this population (51.3%), followed by those 75-84 years of age (33.1%) and those 85 years of age and older (15.6%). This last age cohort is the fastest growing segment.
• People are living longer, with life expectancy in King County at 77.8 years of age. As a result, more are likely to need some type of long term care supports during their lifetimes. Many adults say they wish to retire and live at home, and some will likely use an increasingly diverse range of services to maintain their independence, including adult day programs, home modifications and assistive technologies. Fewer people live in nursing homes which are the most expensive option, costing $93,000 or more a year in Washington State; consequently, the overall number of beds, residents and occupancy rate have all remained static or declined in the last ten years. There is increasing demand for in-home services and assisted living residences. As the number of “older elderly” age 75+ grows, more of these housing options will be in demand.
• There are an estimated 600,000 family caregivers in Washington State who provide over 600 million hours of care annually, valued at over $5.4 billion. Yet, many of these caregivers experience health and mental health issues themselves and lose income due to their caring for their family members. Respite care and other supports for family caregivers is insufficient now for the growing need; in fact, some programs for this purpose are being threatened with additional cuts.
• Medicare, a health insurance program for people 65 and older and for people under 65 with certain disabilities, does not cover dental or eye care. High costs of these services may prevent many older adults from accessing preventative care and treatment. An ongoing concern is that low Medicare reimbursement rates are beginning to limit the number of older adults some doctors will serve. Another concern is that certain groups of older adults are at risk for depression, and suicide, such as those who live alone. In King County over a five year period, 20% of suicides were committed by people over age 60 that make up 15% of the population.
• The cultural diversity of Bellevue’s population as a whole is also apparent amongst its older adult residents. Asian residents who are 65 and older are the next largest racial group represented after Caucasian.

• Fewer than half of today’s workers have pension coverage on their jobs that pay a defined benefit. During the prolonged economic downturn, the number of people age 65 and older in the workforce is increasing as they stay in their jobs longer, many by necessity. In 1985 10.5% of people aged 65 and older were in the labor market; in 2013, there are 18.3%, compared to 17.4% in 2000.

• Older Bellevue residents, people 65 years and older, are less likely to have a vehicle (13%) than Bellevue adults 35-64 years old (3%). Volunteer programs that provide rides for older adults to doctor appointments and for other basic needs have waiting lists. In response to the growing need for better transportation options for older adults, people with disabilities and low-income people on the Eastside, a group of government and non-profit agencies created the Eastside Easy Rider Collaborative, and are working to improve access to public transportation and other transit options.

• The need for affordable housing for the growing older adult population in King County continues to surpass the supply. It is estimated that more than 9,000 additional units of affordable senior housing units are needed per year until 2025 when the percentage of people older than 65 years of age will be 23% of the population. Reports are increasing of more older adults represented among those who are homeless in shelters or living in their cars. In Bellevue there are only 322 affordable units for low-income older adults.

Gaps Include

• Low-cost dental and eye care and hearing aids for low-income older adults.
• Job training and job placement for those who need to or want to work after retirement.
• Access to accessible transportation options.
• Support for family caregivers, including grandparents raising grandchildren.

• Mental health services that are specifically designed to address aging issues.
• Affordable and accessible housing with services, including long term care, for older adults.

Implications for Action

• The effects of the prolonged economic downturn are impacting older adults. More older adults are delaying their retirement and working beyond the traditional retirement age of 65, primarily because they can’t afford to retire. More support for older adults to find employment may be needed, such as computer training for new types of jobs. Volunteer transportation and Senior Information and Assistance provided through State funding for the Senior Citizens Services Act are critically needed.

• The demand for services for older adults from other countries newly settled here will continue to increase. These services include English and citizenship classes, culturally sensitive healthcare, and activities that will utilize their many gifts and talents.

• Coordinated transportation for older adults in the community should become a major focus. Modes of transportation other than single-occupancy vehicles such as shuttles and buses will be increasingly important. Many older adults will give up owning their own vehicles and will need ways to get around to their jobs, to medical appointments, and to other activities essential to daily life.

• Providing support for family caregivers is critical. This is a wise economic investment given the enormous cost-savings to the Medicare, Medicaid and long-term care systems in addition to the positive impact on the disabled and older adult’s quality of life. Providing information and resources such as affordable respite care and support groups can help to reduce their stress.

• A cooperative effort is needed to look at new housing options for older adults to address the huge shortfall of affordable housing that is evident now, and will peak by 2025.

• Dental and vision services, which are not covered by Medicare, will continue to be
more in demand from older adults, and put increased pressure on community-based agencies to provide. Access to mental health counseling remains a critical gap for older adults.

- Using technology to help improve the quality of life applies now more than ever for older adults. From Looping for those who are hard of hearing to assistive devices to help those with mobility issues, such technology can help older adults to live rich, full lives.

**People with Disabilities**

**Key Trends**

- Approximately 7% of Bellevue’s population age 5 and older, about 4,300 people, report having at least one disability, including employment-related, mental, physical and sensory. Older adults are the age group most likely to have a disability.

- In Washington State, the majority of people with developmental disabilities (97%) live in the community, most with their families. A national report on the cost of rental housing affordability in the U.S. found that for people with disabilities relying only on their Supplemental Security Income, market rate housing is not an option due to cost. For those who can’t live independently, supported living services that offer instruction and support to persons who live in their own homes in the community are available. However, more subsidized housing options for people with developmental disabilities are needed.

- Medicaid waivers, agreements between the State and the Federal agency responsible for Medicaid, provide support services for people with developmental disabilities and their families; in King County in 2013, only 53% age 21 years and older of those eligible for waivers were able to receive them due to lack of State funding.

- Services for children birth to three with developmental delays or disabilities are underfunded, at a time when more children are being identified with these needs. Kindering Center reports that over the past five years, their enrollment has doubled. Early identification and intervention has shown to be effective; over half of children who receive early intervention services do not need special education services later in life.

- Transition services for youth with developmental disabilities leaving high school increases their success in the community, including finding and retaining employment. Efforts by local non-profits and the Bellevue School District have provided a limited number of students such services.

- The high unemployment rate in the State has made it even more challenging for people with disabilities to find jobs. Despite this challenge, in 2012 AtWork! placed 100% of the students they work with in positions at graduation.

**Gaps Include**

- Limited housing opportunities for people with disabilities who prefer to live independently.

- Respite care for aging parents whose adult children with disabilities still live at home.

- Services for caregivers of children with disabilities, including childcare and after-school programs.

- Coordinated, accessible transportation options for people with disabilities.

- Funds for early identification of children with disabilities, including continuing the existing outreach to families whose first language is not English to provide screenings and services.

- Lack of available paid and volunteer positions for people with developmental disabilities.

**Implications for Action**

- Funding for services to people with all types of disabilities continues to lag behind the growth of this population. The result is that there are wait lists for certain services such as housing and family support from King County. And for those programs in which waiting lists are not allowed, agencies are strapped to find additional resources to fill the funding gap. This trend is predicted to continue over the next several years due in part to the higher life expectancy of the aging disabled population, the increase of referrals of children with dis-
abilities, and the continued development of medical procedures that now save the lives of those who in the past may not have survived trauma or complications at birth.

- Lack of affordable housing is as much of a problem for people with disabilities as for the rest of the population, if not greater. The need is growing faster than housing stock is produced. It is especially critical for people with disabilities to find housing in familiar neighborhood settings, near support systems and convenient amenities, in order to maintain their independence to whatever extent they are able.

- Another growing need in the community is for more paid employment and volunteer opportunities for people with developmental disabilities.

- Early intervention services for children birth to three with disabilities are under-funded. Research clearly shows that early intervention saves costs later; for some children whose special needs are identified when they are older, critical time is lost. All sectors of the community-medical, business, education, public and non-profit-need to increase their efforts to promote early screening and make it easier for parents and caregivers to find help.

- Childcare for children with special needs continues to be in very short supply in the community, as are programs appropriate for children age 12 and older. Community-based organizations already providing such services to typically developing children could, with training and support, help to fill this gap.

- Inclusion of people with all disabilities in all communities needs to be a priority. Research has shown that people with disabilities who experience inclusion early in their lives are more likely to live in and actively contribute to their community as adults.

**Refugees and Immigrants**

**Key Trends**

- In 2012 in King County, 2,608 refugees were screened through Public Health/Seattle & King County, compared to 1,894 refugees in 2010. The biggest group was from Iraq followed by people from Burma. In Bellevue, some of the new groups arriving are from Bhutan, Burma, Iran and Iraq. The largest group of immigrants, based on the 2010 Census data, in Bellevue are Hispanic/Latino, Asians including Chinese, Korean, Japanese and people from East Indian countries.

- The diversity represented in the schools is increasing just as the city as a whole. As of October 2013, 84 languages and dialects were spoken by Bellevue School District students. Local organizations and colleges offer courses for English Language Learners to help adult refugees and immigrants learn English especially to increase their access to jobs in this tight job market. Agencies report that language barriers are the biggest issue for newcomers from other countries to find work.

- The City, in addition to local coalitions, has been working on ways to make information about resources more available to non-English speaking residents. Resource guides and websites in multiple languages and bilingual staff answering phone information lines all aid non-English speakers in identifying and accessing much needed resources. A Diversity Focus Group was created in 2009 to help build bridges and share ideas between the Bellevue Police Department and the diverse community.

- Access to health care, including mental health and dental care, has become increasingly difficult for many adult immigrants, even those who are here legally. Some state health insurance programs have been eliminated or reduced that were once accessible to this population. At Eastgate Public Health Clinic, staff reported a decline in the number of interpreted visits, not due to lack of need, but because Public Health programs like immunizations and Maternity Support Services have been cut. Other needs that are frequently mentioned are legal assistance for landlord-tenant and immigration issues, and services for survivors of domestic violence.

**Gaps Include**

- ESL and job training programs for non-English speaking residents.
• Free and low-cost legal assistance for immigration and family law issues provided in languages other than English.
• Low-cost health and dental care for immigrants who do not have health insurance.
• Information about resources in languages other than English.
• Support for refugee and immigrant parents with children of all ages.

**Implications for Action**

• The need for more culturally and linguistically competent human services staff grows each year. Throughout the community, there is a need for information to be available in languages other than English, such as that provided through the Cultural Navigator program. Increased needs for employment, health insurance, basic needs and legal assistance continue, amongst immigrants and refugees who have not previously needed to ask for help before.
• Culturally appropriate mental health counseling for recent immigrants or refugees is in demand. Use of mental health care can be unfamiliar and unacceptable. Providing culturally acceptable care which takes into account cultural background is essential for this demographic.
• Requests for English-as-a-Second-Language classes at all levels for adults are increasing, a result of larger numbers of refugees and immigrants living in Bellevue as well as a greater demand for better language skills to secure jobs in this era of high unemployment. More opportunities for people to learn English, especially those that offer childcare, are needed.
• Non-English speaking parents need assistance helping their children in school. This can include having more bilingual staff, materials for parents translated in their native languages, and events to educate parents about the school system and culture in the U.S. so they can learn skills to advocate for themselves.
• Increased opportunities are needed for people to have cultural events and activities to increase awareness in the community about the richness of these cultures and engage new Americans meaningful dialogue. There are more ways yet untapped to utilize the strengths and assets that the many immigrant and refugee groups have brought here with them, to enrich and strengthen the community.

**School-Aged Children and Youth**

**Key Trends**

• The student body in the Bellevue School District (BSD) is becoming more diverse. In 2013, 44.4% of students were White, compared to 71.4% in 1996. Asian Pacific Islander students comprised 31.2% of the district’s student population. In the past sixteen years, the percentage of Hispanic students has almost doubled. African American student numbers have remained relatively stable in the past few years.
• Approximate 855 Bellevue households have students that attend school in the Issaquah School District. District-wide, Issaquah had 64.1% White students, 22.7% Asian, 6.9% Hispanic, and 2% Black/African American. In the Issaquah School District, about 10% of students are eligible for free and reduced price lunches.
• With the economic downturn affecting many people who never had to ask for help before, there is increased anxiety, depression and stress within families, which children and youth exhibit in school. The mental health of school-aged children and youth is a major concern expressed by teachers and school based counselors. Bellevue mental health providers report challenges in meeting all of the need for mental health and substance abuse treatment.
• Teen pregnancy rates increased slightly in King County in 2011 (14.8 births per 1,000 girls) from 13.8 births per 1,000 girls in 2009. The rate in Bellevue is one of the lowest in the county (3.45 births per 1,000 girls). Health and sexuality education is still needed, however, to curtail increasing rates of Sexuality Transmitted Disease which are increasing throughout King County.
• Housing for homeless older youth age 18-24 years continues to be a need throughout King County. Providers who work with these youth report the majority have experienced significant trauma due to physical or...
sexual abuse, and/or have aged out of the foster care system or have run away from dangerous situations. As a coping mechanism, many of these youth abuse substances and can develop serious addictions.

Gaps Include

- Detection and treatment of youth mental health problems, including depression and anxiety.
- Supportive services and programs for all diverse youth include those with disabilities, from other cultures and ethnicities, and Lesbian, Gay, Bisexual, Transgender and Questioning youth.
- Emergency shelter and transitional living programs for homeless youth, including older youth up to age 24.
- Mentor programs, quality after-school programs and other opportunities for positive interaction with adults in the community.

Implications for Action

- Access to programs for children and youth to ensure their health and well-being is even more important in a weak economy. Lack of these resources can put children and youth at risk for poor outcomes, and eventually take an economic toll on the community.
- With the growing diversity in Bellevue, there is a need for more culturally sensitive programs and activities for school-aged children and youth and their families who may be coping with adjusting to a new country or to gender-based differences. Efforts such as Eastside Pathways are critical to ensure that all children reach their full potential.
- After school programs that enhance relationships and build community are proven supports for success for children and youth. Building upon and expanding access to current programs in order to reach more children can prevent many problems down the road.
- There is a gap in the “safety net” for homeless youth and young adults, up to age 24. More low-barrier housing with services and outreach to this at-risk population is needed to help them move on to productive lives. Some have “aged out” of the foster care system; others are employed or going to school, but lack family or community support.

Veterans

Key Trends

- The 2010 American Community Survey estimates that about 127,000 veterans live in King County, about 6.6% of the population, down from 2000, when there were 163,815, or 9.43% of the population. About 117,205 are men and 9,984 are women. This decline is thought to be due to the large number of veterans aged 65 and older and less recruitment. Overall, the number of women in the military has increased, as has the proportion of veterans who are persons of color. It is estimated that 28,000 veterans live in East King County, 22% of the total in the county, compared to 20% estimated in 2007. In Bellevue, it is estimated that 7,723 people are veterans, slightly higher than in 2010.
- Consistent with national trends, the number of older veterans is increasing in the state and county. Close to two-thirds, 80,000 veterans, living in King County are over the age of 55 with 30,700 between 55 and 64. In Bellevue, the largest group of veterans are age 55-75+. In contrast, veterans 18-34 years old make up only 10%.
- The unemployment rate in King County for post 9/11 vets was 11.3% but has decreased to about 8% in 2013, similar to the rate for the population as a whole. However, veterans who are women and people of color tend to have higher rates of unemployment.
- Homelessness and lack of affordable housing are major issues for many vets and their families, both nationally and locally. In response, U.S. Department of Veterans Affairs has partnered with states, counties and local providers nationally to focus on a Five Year Plan to End Homelessness for Veterans. In 2011, King County released such a Five Year Plan. In the 2012 One Night Count of homeless people in King County, about 10% were veterans. County data suggests that veteran families account for approximately three percent of all homeless families, and that 1,734 homeless veterans
were served in King County shelters in 2011.

- Nationally, veteran suicides increased by 26% between 2005 and 2007. Despite efforts by the Veterans Administration (VA) to increase access by veterans to mental health services and supports, suicides continue to increase. The VA projects that in 2013, each day 22 veterans will commit suicide up from previous estimates of 18/day. Local agencies also report an increase in veterans who struggle with substance abuse as well as mental health issues.

- While vets from all periods of service have experienced a range of mental health issues from the trauma experienced in combat, Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) have emerged as two signature injuries of the Iraq and Afghanistan wars. PTSD is a severe reaction to war that includes hyper-alertness, nightmares and depression. It may be triggered by reminders of combat, such as fireworks or television scenes of violence. In King County, it is estimated that as many as 25,000 veterans from all war eras could be affected, and that about half of them will not seek treatment.

- The need for services for families of vets, such as for counseling, childcare, vocational retraining, employment counseling, transportation, adult day health and domestic violence are beginning to increase as more vets return from combat. More research is being done on best practices to help veterans transition from the military to civilian life as more troops are being withdrawn from Afghanistan. One finding is that the role of a supportive family is key suggesting that this is where the Department of Defense could increase its efforts.

- The Crisis Clinic 2-1-1 Community Information Line saw a dramatic increase in veterans asking for financial assistance between 2008 and 2010, overall in King County, with callers from East King County showing a 378% increase during that period. The King County Veterans Program provides a number of comprehensive services to low-income vets, including a number of new programs as a result of funding from the Veterans and Human Services Levy passed in 2006 and which was renewed for another six years beginning in 2012.

- As more women increase in the military, more services are needed tailored to their specific issues. One area is related to sexual assault. Reports of sexual assault, ranging from unwanted sexual contact to rape, called Military Sexual Trauma (MST), continue to grow. Data from the VA indicates that up to 23% of women and 1.2% of men had experienced MST.

Gaps Include

- Employment services including job training and assistance with re-entry into the job market.
- Mental health services including substance abuse treatment tailored to meet the needs of returning veterans with specific disorders, such as PTSD and physical issues such as TBI; support services for their spouses and children.
- Affordable housing, especially for homeless veterans.
- Support services for woman veterans who have been sexually traumatized as well as general health care services specific to their needs.
- Supportive services for families of veterans to help with their transition to civilian life.
- Information about eligibility about vets benefits and other services for vets and their families.
- Services for aging veterans (long term care) and their caregivers as well as those caring for younger vets returning from the wars severely disabled.

Implications for Action

- Continued, ongoing partnerships between federal, state and county programs for veterans and human services agencies need to continue to ensure that vets are aware of the benefits for which they are eligible. Training for community based providers on Veteran’s Culture is important so services meet specific veterans’ needs.
- Efforts to improve access to services for veterans, avoiding confusion and duplication, are critical. Some ideas that have emerged from stakeholders include creating a Vet-
eran’s One-Stop Hub in collaboration with the VA and a Veterans’ Coordinating Council. Another key effort by King County, the Regional Veterans Initiative, is also focusing on coordination to improve access with a detailed Action Plan covering the next several years.

- Coordination and alignment of funding for veterans programs with emerging strategic plans such as the King County Plan to End Homelessness and the Five Year Plan to End Homelessness Among Veterans is important to ensure that services are based on best practices and sound research and are effective in addressing the needs.

**Bellevue Adult Misdemeanant Probation**

**Key Trends**

- The adult offender population impacts all levels of government and communities in multiple ways. There is no organized advocacy working to sustain the public’s attention on the needs of this unique population. Identifying this diverse group as a special population with specific needs is a first step in formulating a collaborative plan to work along the entire human services continuum to collectively work toward the shared goal of reducing recidivism.

- Defendants who are guilty of misdemeanor offenses committed in Bellevue are supervised by Bellevue Probation. Typical offenses include: driving under the influence, domestic violence assault, theft, possession of stolen property, driving with a suspended license and various felonies amended to misdemeanors.

- Bellevue Probation is part of the larger regional criminal justice system that deals with adult misdemeanor offenses. Other system components include Bellevue Police, Bellevue Prosecutor, King County District Court and King County and regional jail providers. Probation represents the ideal place along the continuum where real, meaningful interventions can occur to effectively change the lives of the defendants.

- Bellevue provides adult misdemeanor probation services for approximately 1,000 individuals per year with an average daily population of about 500 supervision cases and 300 administrative cases. Cases by charge type include driving under the influence (60%), domestic violence (14%), theft (13%), assaults/disorderly behavior (5%), and drug offenses (2%).

- Of the 2013 Probation case load, 52% have chemical dependency issues, 22% are unlicensed and 18% are unemployed.

- Some of the issues that the Bellevue adult probation misdemeanor offenders experienced in early life (Adverse Childhood Experiences, or ACEs) have contributed to their interaction with the criminal justice system. Mental health issues are increasingly common in the offender population.

- Bellevue Probation adheres to a best practices mandate to assist individuals in meeting the conditions set by the court. Some examples of intervention strategies utilized include: using an empirically validated assessment tool; License Support Program helping an individual who has lost driving privileges; colocation of a Sound Mental Health forensic staff to aid with mental health services; Stipulated Order of Continuance Program to divert first time offenders to probation; and the Electronic Home Detention Program providing a cost effective alternative to jail.

- Implementing a collective impact approach to services is a key element and vision to support and treat adult misdemeanor offenders. The City of Bellevue supports many human services organizations that provide services but none targeted for the criminal offender. Bellevue meets regularly with criminal justice partners, service providers and the Probation Advisory Board on issues to address and progress made but does not always result in a common agenda. To effect a meaningful reduction in recidivism requires elevating the needs of this special population to develop additional, effective and collaborative interventions.

**Gaps Include**

- Funding for entry level programs for domestic violence, mental health, anger management and chemical dependency treatment
• Lack of appropriate evaluations
• Cognitive restructuring programs
• Parenting programs
• Educational/vocational programs and job searches
• Re-licensing assistance
• Health insurance and funds for basic needs like housing
• Interpreters to address the increasing linguistic diversity in Bellevue
• Collective impact interventions to develop effective and collaborative interventions

Implications for Action
• While Bellevue Probation has incorporated many best practices into its program, resources are limited and access for these and other human services is an ongoing issue. Regularly, offenders have a demonstrated need for one or more services, such as substance abuse treatment and housing find they have just enough income to be ineligible for public funding but not enough to pay for these services.
• Increased access to subsidized health and human services are key to preventing recidivism and increasing the offenders’ chance of successful re-entry into society.
• With the growing ethnic population in Bellevue, it is not unexpected that the offender population is becoming more diverse. Staff report that about 10% of their clients are English Language Learners and the need for interpreters is increasing.