

Community Engagement



Research Framework and Collaboration

Zilo International Group implemented a comprehensive, equity-centered research framework to conduct the needs assessment in close collaboration with City of Bellevue Human Services. The approach integrated both quantitative and qualitative methods to ensure thorough understanding of the community needs. From the outset, the project emphasized cultural competence, inclusivity, and practical utility ensuring that data collection was not only methodologically sound but also responsive to the diverse experiences of Bellevue residents.

Planning began in early 2025 with the development of a detailed Public Engagement Plan, which outlined the outreach strategy and timeline. To ensure continuity and comparability with past efforts, the survey instrument from previous years was retained with little modification. Throughout the process, Zilo and City maintained close coordination to ensure outreach efforts were inclusive, and community-informed. The methodology was designed to meet standards of validity and reliability,





Community Survey

A comprehensive Community Needs Survey served as the primary tool for gathering input from Bellevue residents. Designed to be both representative of the community and statistically valid, the survey ensured that its results could reliably inform future policy decisions. It included questions across key human service domains, such as housing, food security, healthcare, mental health, employment support, child care, and senior services. We asked residents to identify the most pressing needs, share any challenges they have faced in accessing services, and highlight perceived gaps or barriers within the current system.

The survey also gathered key demographic information, including age, household size, presence of children, race/ethnicity, primary language, and income level. This enables analysis across various community subgroups



and ensure that diverse perspectives were accurately represented.

Eligibility criteria were intentionally broad to promote inclusive participation; any adult with a connection to Bellevue, whether through residency or employment, was encouraged to participate. To further enhance accessibility, the survey was offered in both online and paper formats. All materials were proactively provided in English and Bellevue's eight other most commonly spoken languages; in addition, translations into other languages was provided on request to minimize language-related barriers and reinforce the City's commitment to equity.

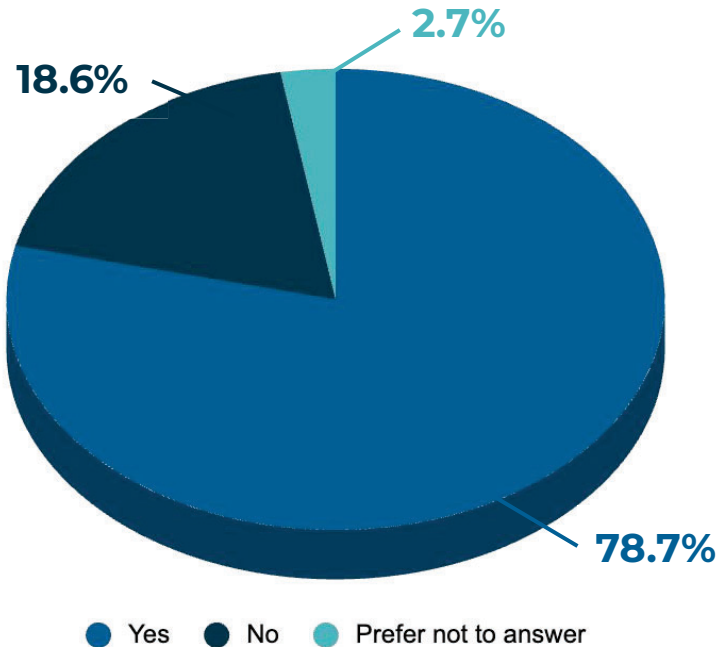
To maximize outreach and ensure broad community engagement, the City collaborated with local nonprofits, city-sponsored events, cultural groups, and community-based organizations. These partnerships were instrumental in raising awareness and encouraging participation across Bellevue's neighborhoods and demographic segments.

Participation in the survey was entirely voluntary and anonymous. Respondents were informed they could skip questions or exit the survey at any time, and no personally identifiable information was collected, fostering an environment of trust and candor.

The survey closed in June 2025 with 535 completed responses from 57 different zip codes. This representative dataset provides a strong foundation for identifying and addressing the most pressing human services needs in the Bellevue community.



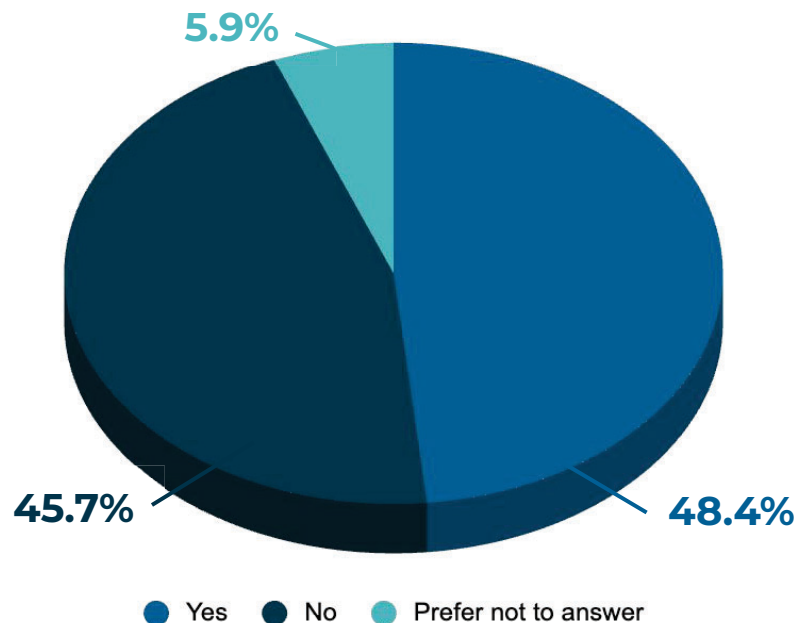
Do you live in Bellevue?



78.7% of respondents reported living in Bellevue. 18.6% indicated they do not, and 2.7% chose not to respond.

Do you work in Bellevue?

48.4% respondents work in Bellevue, 45.7% of respondents do not work in Bellevue, and 5.9% that chose "Prefer not to answer".



Source: 2023 Community Survey



Community Survey Demographic Data

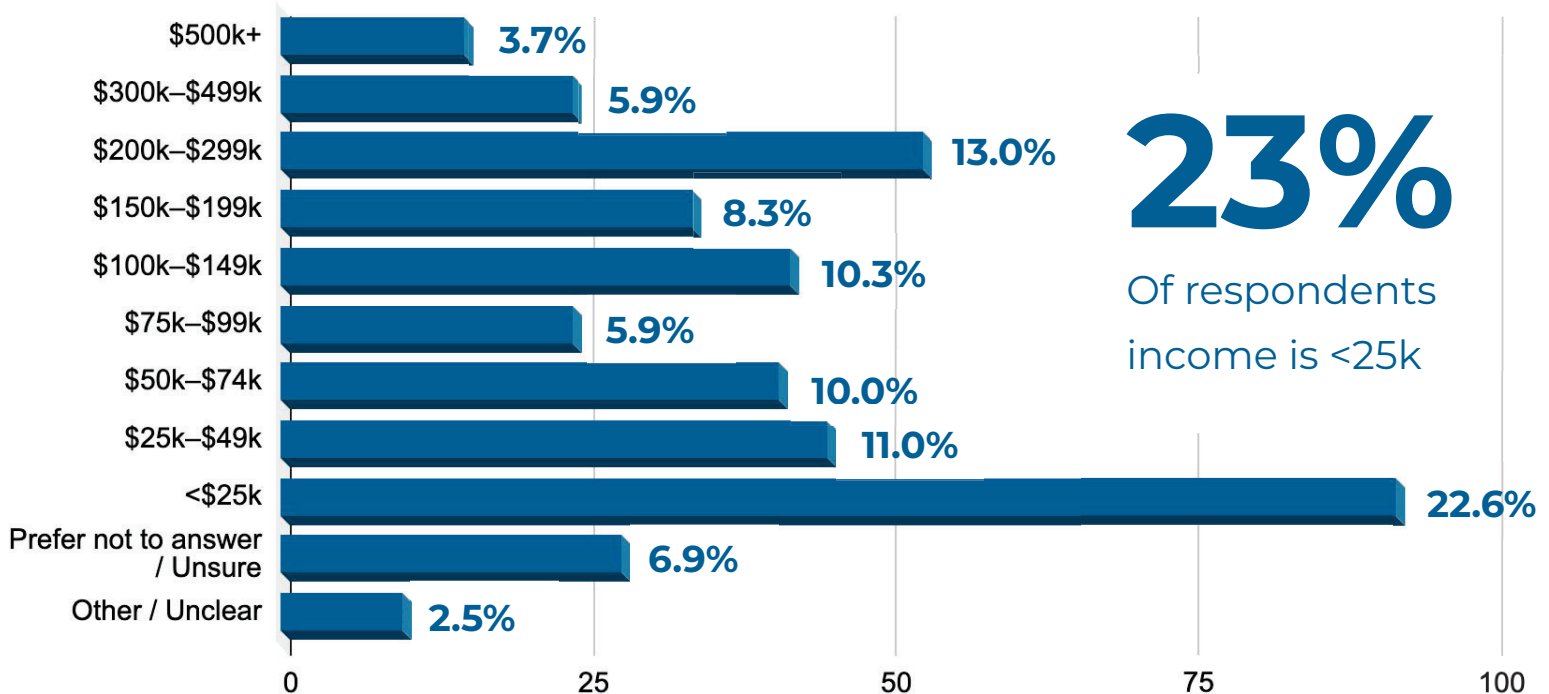
| | Survey Respondents |
|---|--------------------|
| Race/Ethnicity | |
| White | 37.20% |
| Asian | 23.74% |
| Hispanic or Latino | 20.19% |
| Prefer not to answer | 7.29% |
| Multiracial or Multiethnic | 4.49% |
| Black or African American | 3.36% |
| Middle Eastern or North African | 1.31% |
| European American | 0.75% |
| Native Hawaiian or other Pacific Islander | 0.56% |
| Native American or Alaska Native | 0.56% |
| Indian | 0.19% |
| White Asian Pacific Islander | 0.19% |
| Native American Indian/Caucasian | 0.19% |
| Hispanic, Latin, or Spanish Origin | |
| Yes | 23.45% |
| Disability Status | |
| Living with a disability | 15.47% |
| Disability Status (Others in Household) | |
| Living with an individual that has a disability | 18.83% |



| | Survey Respondents |
|---|--------------------|
| Age | |
| 18 to 44 | 37.38% |
| 45 to 64 | 34.35% |
| 65 or older | 18.60% |
| Under 18 | 6.64% |
| Prefer not to answer | 2.85% |
| Gender Identity | |
| Girl or woman | 74.22% |
| Boy or man | 18.36% |
| Prefer not to answer | 4.88% |
| Nonbinary, genderfluid, or genderqueer | 1.37% |
| I am not sure or questioning | 0.59% |
| I don't know what this question means | 0.59% |
| Sexual Orientation | |
| Straight or heterosexual | 70.30% |
| Prefer not to answer | 12.73% |
| Bisexual, pansexual, or queer | 4.85% |
| Asexual | 4.65% |
| I don't know what this question means | 2.63% |
| Gay or lesbian | 2.42% |
| Other (None of the above, please specify) | 1.41% |
| I am not sure | 1.01% |



Community Survey Annual Income Data

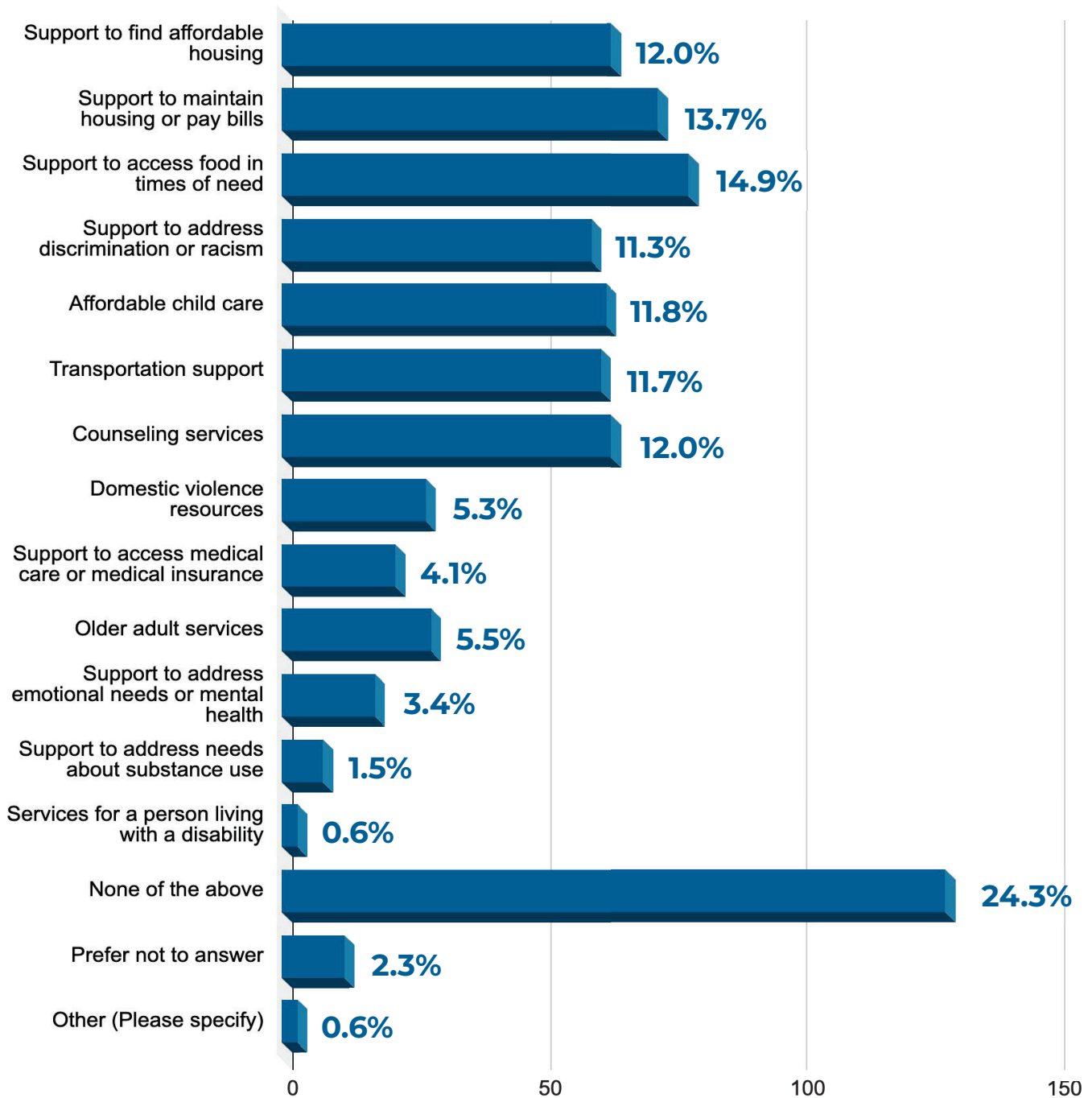


The income breakdown of survey respondents shows strong engagement from low- and moderate-income Bellevue residents. Nearly 23% of respondents reported earning less than \$25,000, with an additional 21% falling between \$25,000 and \$74,000. This means that over 40% of participants represented income groups typically most in need of human services.

While higher-income households were also represented—13% reported incomes between \$300,000–\$499,000, and 3.7% over \$500,000—the overall distribution suggests the survey effectively captured a broad cross-section of financial experiences, particularly among residents facing economic insecurity.



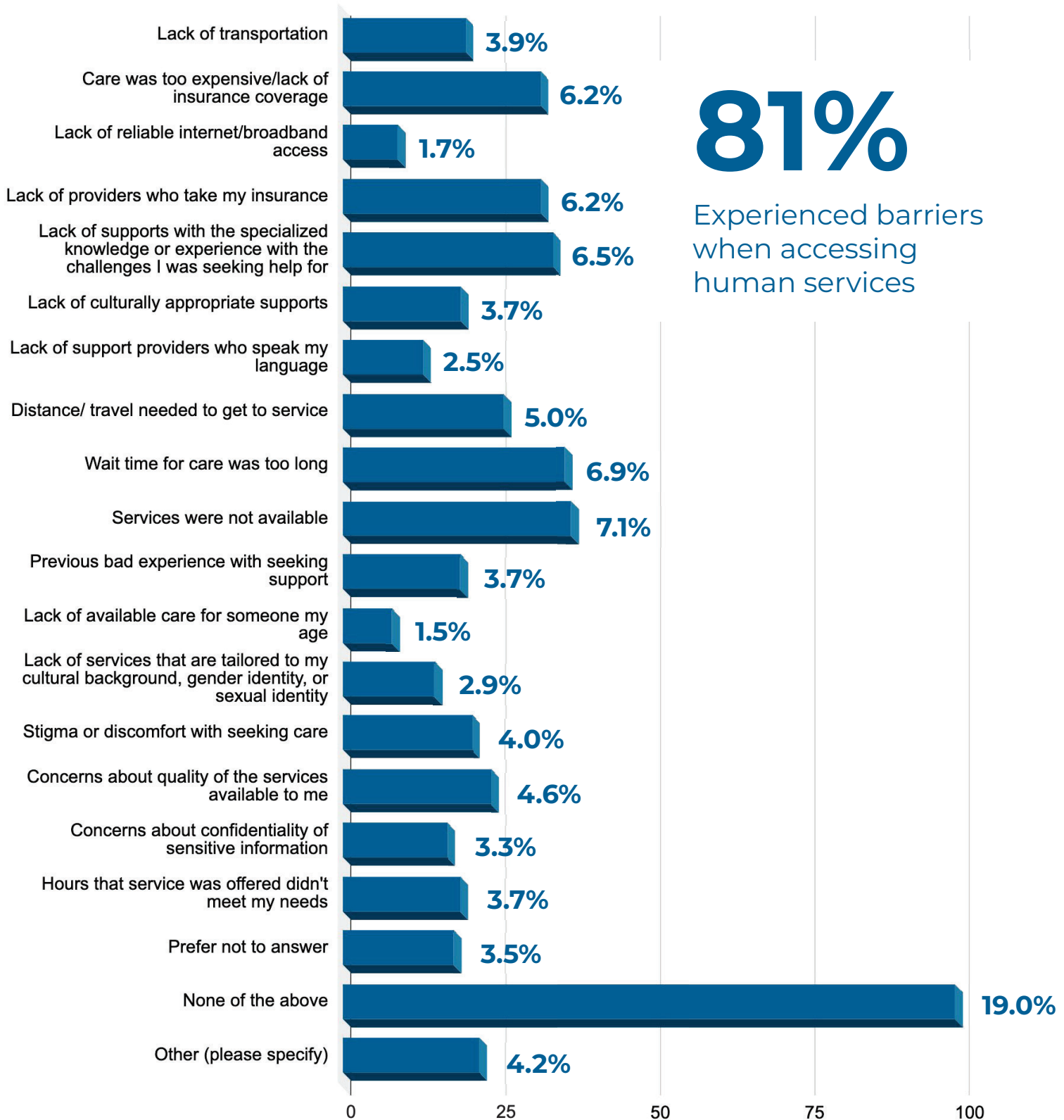
Community Survey Services Used or Attempted to Access (Past 2 Years)



76% Of the respondents have **Used or attempted to access** the listed services in Bellevue



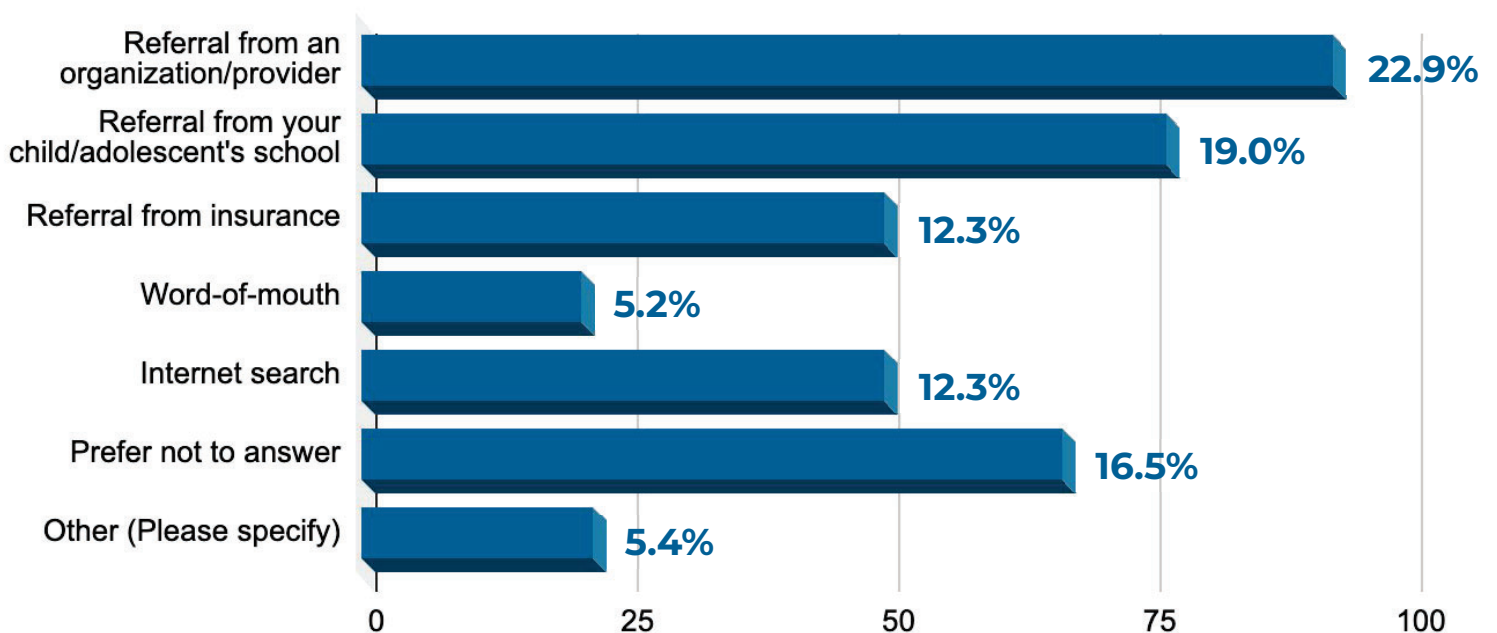
Community Survey Barriers to Accessing Human Services



When asked, **“If you had a need to access any of the human services would you know where to go to access this service?”** only about half (50.4%) of respondents said yes, while 49.7% indicated they would not know where to turn. This highlights a major awareness gap—many Bellevue residents may not know how to connect with services.

Among those who did access services, the most common connection points were through referrals: 22.9% received referrals from an organization or provider, 19.0% from their school, and 12.3% each from insurance providers or internet searches. This suggests that while many people rely on formal institutions or professional networks to access help, self-navigation, especially through online search, still plays a meaningful role. However, the large percentage of respondents who didn’t know where to go underscores the importance of improving outreach and referral visibility across all platforms.

Community Survey Methods of Connecting to Services





Provider Survey

As part of the 2025 Human Services Needs Assessment, the City of Bellevue and Zilo International Group conducted a targeted provider survey to gather insight from organizations delivering essential services to individuals who live or work in Bellevue. A total of 62 responses were collected from a diverse range of human service agencies, including those currently funded by the City as well as other local and regional providers serving the Bellevue community.

Respondents represented a broad cross-section of service sectors, including housing, food security, behavioral health, disability services, education, legal aid, and youth and family support. Participating organizations ranged from small, culturally specific community-based groups to large regional agencies, and public institutions. Their perspectives provided critical context on emerging community needs, ongoing service gaps, and the operational realities of delivering care across



Bellevue.

The survey was designed to be accessible to organizations of varying sizes and included both multiple-choice and open-ended questions. This format allowed providers to quantify trends in demand and service delivery while also offering narrative feedback on client demographics, barriers to access, referral pathways, and workforce capacity. Providers were also asked to reflect on key challenges, including funding limitations, staffing shortages, and shifts in community needs over the past two years.

The results offer valuable insight into how Bellevue's human services system is functioning across sectors—highlighting where services are effectively meeting needs, and where gaps persist due to infrastructure limitations, cultural or linguistic mismatches, or resource constraints. Providers emphasized the growing complexity of client needs, the importance of trauma-informed care, and the urgent demand for more culturally responsive and accessible services.

Together, the findings from the provider survey aim to offer a grounded view of Bellevue's human services landscape from those delivering care on the front lines. Their perspectives highlight both the resilience of service networks and the systemic barriers that continue to challenge equitable access and long-term impact. As Bellevue continues to grow and evolve, the voices of providers underscore the need for coordinated investment, culturally responsive approaches, and infrastructure that can adapt to the complex and shifting needs of the community.



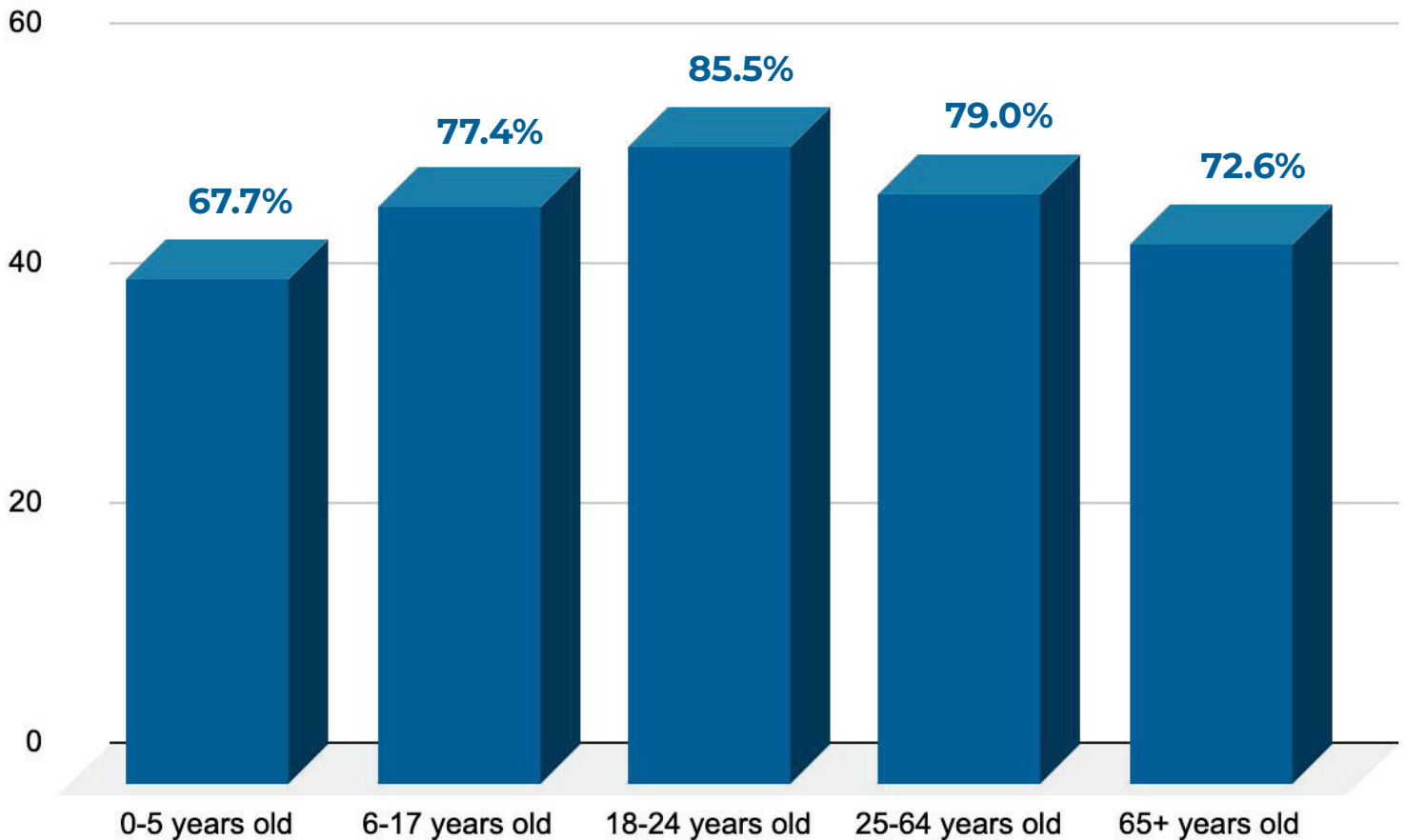
Provider Survey

The table below shows the organizations of the survey respondents

| Organization | Organization |
|---|---|
| Bellevue School District | Highland Middle School |
| Bellevue LifeSpring | Kinderling - CHERISH |
| Youth Eastside Services | King County Library System |
| Eastside Legal Assistance Program | Lake Washington School District |
| Kinderling | Congregations for the Homeless |
| Together Center | North Bellevue Community Center |
| Friends of Youth | Sound Generations |
| Indian American Community Services | Catholic Community Services |
| Hopelink | Northwest Education Access |
| Muslim Association of Puget Sound Muslim Community Resource Center | King County Sexual Assault Resource Center (KCSARC) |
| YWCA | Reclaim |
| Imagine Housing | Washington Autism Alliance |
| City of Bellevue | Asian Counseling and Referral Service (ACRS) |
| Jubilee REACH | LifeWire |
| Eastside For All | Issaquah Cultural Circle [dba The Circle] |



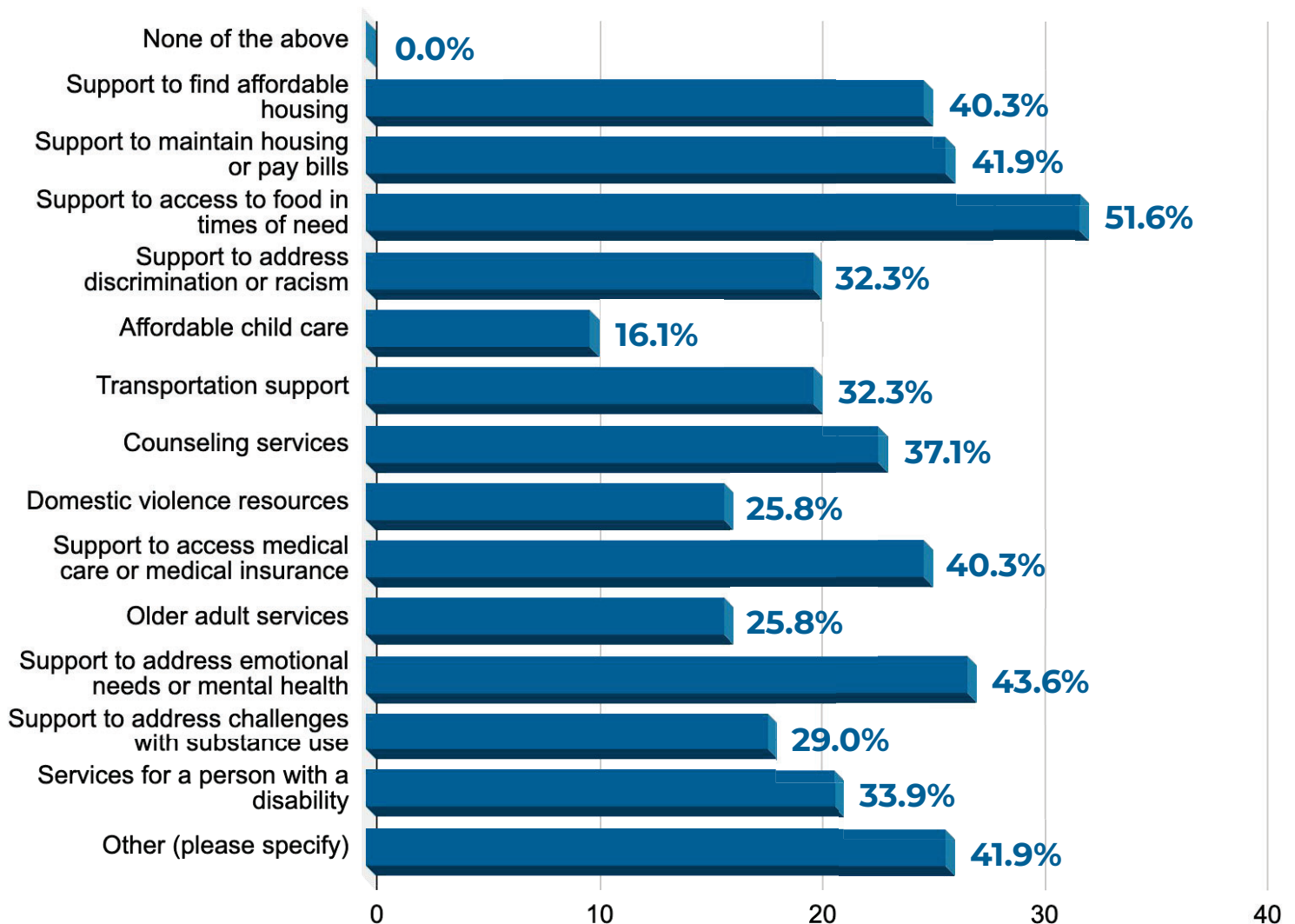
Provider Survey Age Demographics Served



The majority of responding organizations reported serving individuals across all age groups. Agencies provided support for young children (0-5 years, 67.7%), youth (6-17 years, 77.4%), young adults (18-24 years, 85.5%), working-age adults (25-64 years, 79%), and older adults (65+, 72.6%). These results highlight a broad service reach across the lifespan, with particularly strong coverage for young adults and working-age individuals, while still ensuring meaningful support for both children and older adults.



Provider Survey Offered Human Services



Support to access food in times of need (51.6%) was the most commonly offered service amongst the surveyed service providers. In addition, other frequently offered services include support to address emotional needs or mental health (43.6%), support to maintain housing or pay bills (41.9%), support to find affordable housing (40.3%), and support to access medical care or medical insurance (40.3%).



Additionally, when asked, **“Are there human services that your organization doesn’t offer but would like to or that you would like to expand within your organization but experience barriers to doing so?”**

Many Bellevue providers pointed to high-demand services where capacity is strained. The most frequently cited areas for desired growth were support for emotional and mental health needs and services for individuals with disabilities (14.5% each). These findings suggest that while many organizations already offer these services, demand is outpacing capacity—especially for populations facing complex, chronic challenges that require culturally competent and trauma-informed care.

Providers also expressed a strong interest in expanding housing-related services. More than one in ten respondents indicated they would expand support for finding affordable housing (12.9%) or help residents maintain housing and pay bills (11.3%) if resources allowed. These areas align closely with the services already most commonly provided—such as food assistance (51.6%), housing support (over 40%), and emotional or mental health care (43.6%)—highlighting sectors where providers are stretched thin but see clear opportunities for deeper impact.

Overall, this feedback points to a provider network that is deeply engaged and motivated to expand support, around housing stability, mental health, and disability services, but constrained by funding, staffing, and operational barriers.

In response to the question, **“If you noted services above that your**



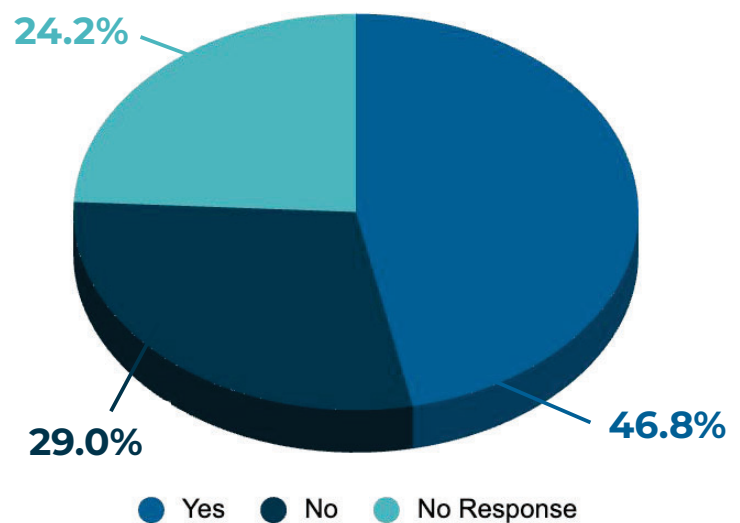
organization would like to expand but experience barriers to doing so, please describe the barriers (e.g., funding, staffing, etc.),” most providers cited resource constraints as the primary challenge. Funding was the most common barrier, reported by 33.9% of respondents, followed by staffing limitations at 24.2%.

Smaller shares of respondents pointed to barriers like lack of space or facilities (4.8%), regulatory challenges (3.2%), and other issues (4.8%). Nearly one-third (29%) did not provide a response, which may reflect limited plans for expansion or hesitancy to share operational challenges.

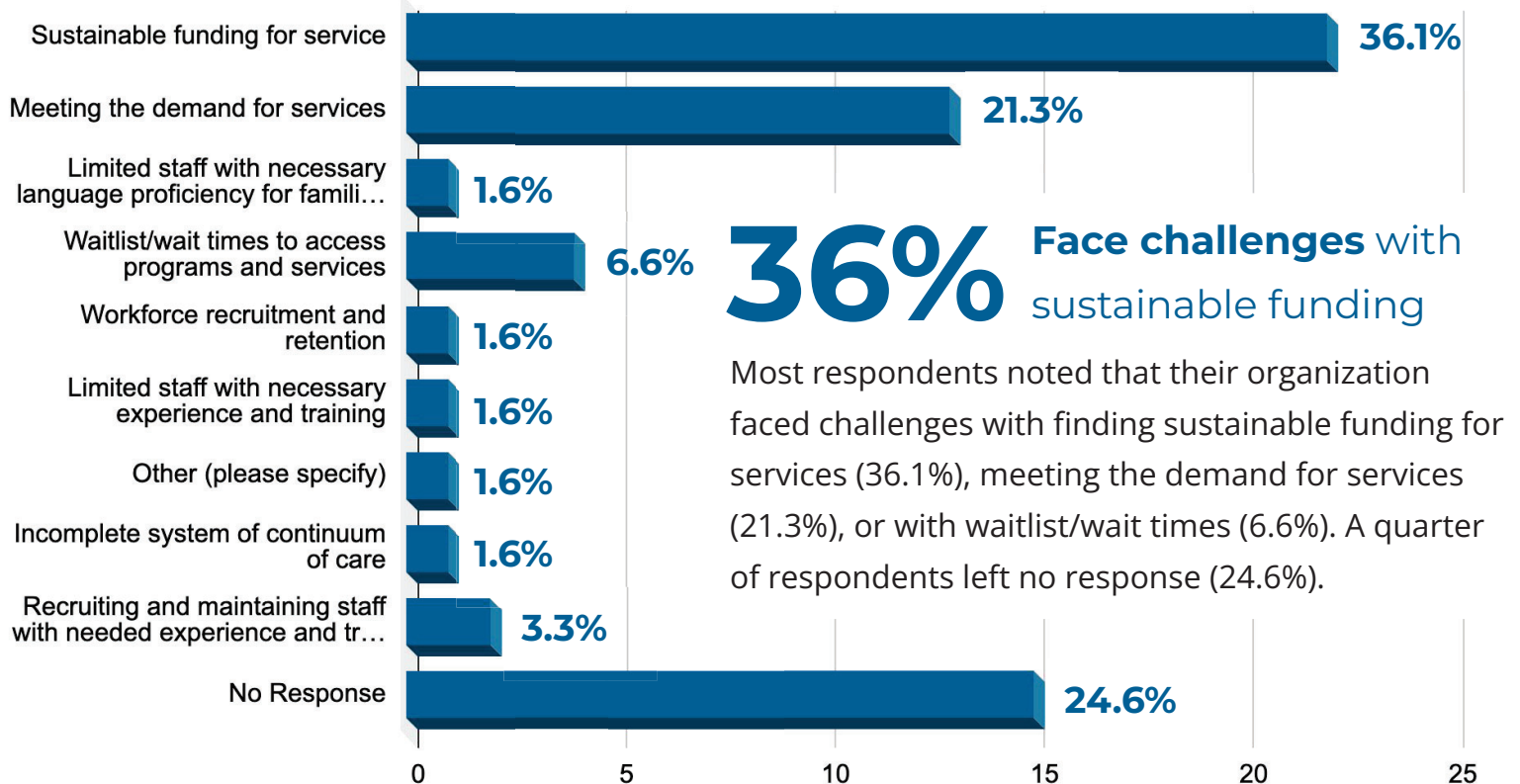
These results underscore that even highly engaged organizations often face practical hurdles in scaling their services—particularly related to funding and workforce capacity. Addressing these constraints is essential to supporting service expansion and meeting the needs of Bellevue’s growing and diverse population.

Provider Survey Demographic Shifts in Clients (Past 2 Years)

46.8% of respondents noticed demographic shifts in clients within the past 2 years, 29.0% of respondents did not.



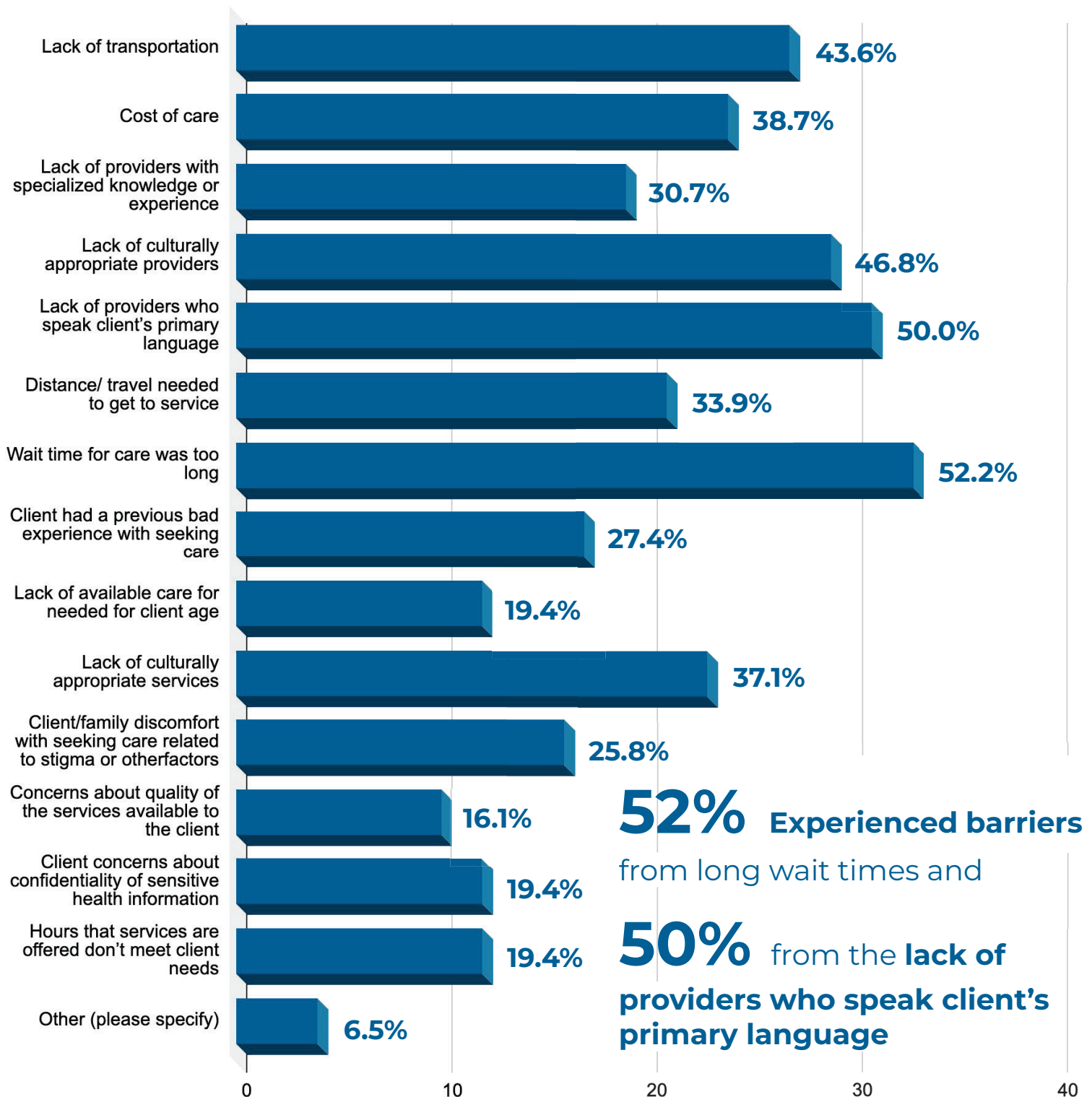
Provider Survey Most Significant Challenge Faced



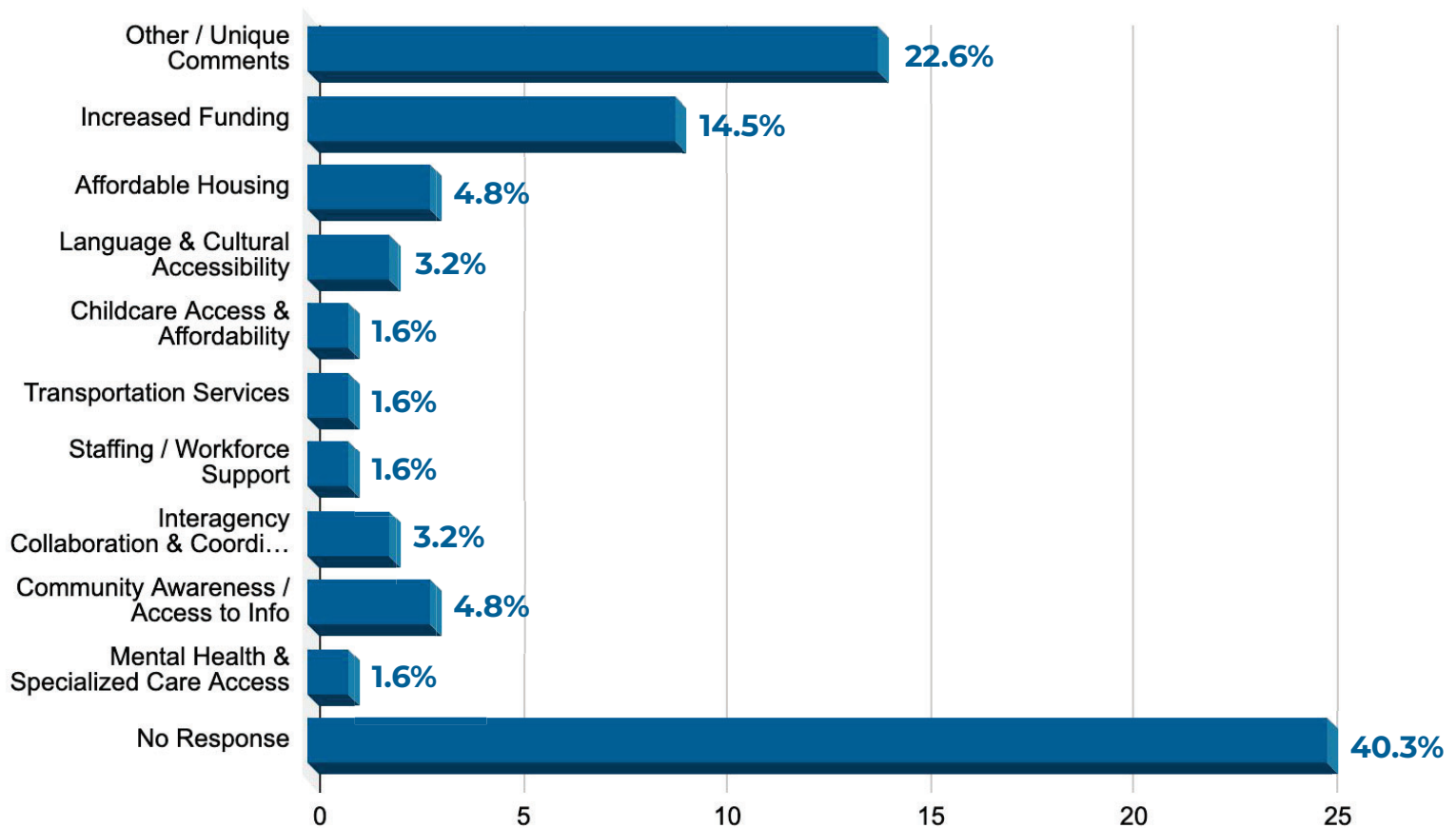
When asked **“When referring a client/family to other community resources/supports, do you have information you need about available resources?”** nearly half (47%) reported that they only sometimes have the information they need to refer clients to other community resources. This reflects a broader systems issue: underfunded organizations struggle not only to deliver services, but also to stay informed about the fragmented landscape of available support. An equal share of respondents said they either consistently have the information they need (25.8%) or don’t have it at all (25.8%), highlighting the inconsistency and lack of centralized resource coordination in Bellevue’s human services ecosystem.



Provider Survey Barriers to Accessing Care When Referring Clients/Families to Community Resources



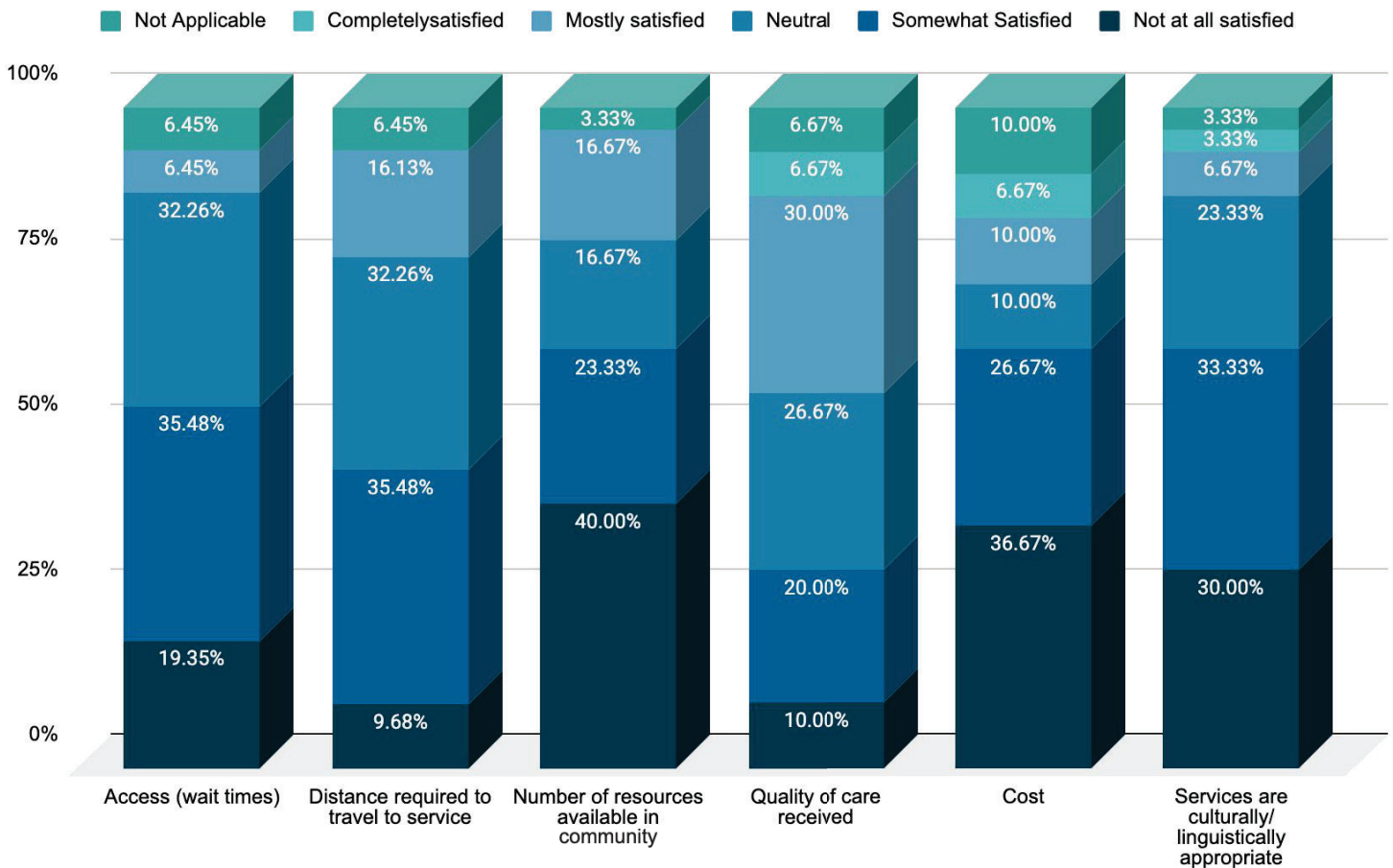
Provider Survey Proposed Human Service Improvements



The graph highlights community stakeholder perspectives on what would most improve human services in Bellevue. Nearly a quarter (22.6%) of respondents provided other unique suggested areas of improvement such as interconnected areas of need, including affordable housing, language and cultural accessibility, and community awareness/access to information. 14.5% explicitly named increased funding as a key solution—underscoring that sustainable funding remains a pressing organizational challenge. Overall, the data reinforces that strategic investments and improved coordination could significantly strengthen Bellevue’s human services system.



Provider Survey Satisfaction with Availability and Quality of Services by Component



Additionally, when asked whether they had observed any changes in the availability of funding sources, nearly 44% of provider respondents said yes, noting shifts in how and where financial support could be accessed. A smaller share (30.7%) reported no noticeable change. The findings suggest that for many organizations, the funding environment remains fluid—shaped by factors such as evolving grant criteria, economic pressures, and increasing demand for services. These shifts in funding availability may be contributing to the broader operational and capacity challenges identified elsewhere in the assessment.





Subject Matter Expert Interviews

Alongside gathering input from residents and service providers, Zilo and City of Bellevue staff conducted a series of in-depth interviews with subject matter experts (SMEs) in the human services field. These experts included leaders from nonprofit organizations, school district representatives, City staff, cultural community advocates, and faith-based partners—individuals



with deep knowledge of Bellevue’s most pressing needs and the systems intended to address them. The SME interviews offered a professional, insider perspective on emerging trends, unmet needs, and operational challenges that might not be immediately visible through survey data alone.

In total, Zilo conducted 14 30-minute to 1-hour+ interviews with experts affiliated with key local institutions:

| Organization | Area of Expertise |
|------------------------------------|---|
| Bellevue School District | McKinney-Vento |
| Bellevue School District | McKinney-Vento & Foster Care |
| City of Bellevue | Probation |
| City of Bellevue | Fire Department, Fire CARES Program |
| City of Bellevue | Parks & Community Services ADA Coordination |
| Eastside for All | Advocacy |
| Africans On the East Side | Immigration, Asylum, and Refugees |
| Eastside Pathways | Collaboration Action Network |
| Pride Across the Bridge | LGBTQIA2S+ Community |
| Kin On | Asian Elder Services |
| Indian American Community Services | Connect and Empower Asian Community |
| Kinderling | Children with Disabilities |



Each interview followed an open-ended discussion format, with guiding questions designed to elicit both practical knowledge and broader reflections on community well-being. Experts were asked a core set of questions, including:

1. From your perspective, what makes a healthy community?
2. When you think about human service needs in your community, what do you think people need the most? Do you think those things are available in your community?
3. If you, or someone you know, needed some of these things, do you think they would be able to find them?
4. Who or where do you turn to get information about resources available in your community? Where do you get the information you need?
5. What barriers might you or someone you know face in accessing human services?
6. What 1- 2 things would you say would have the MOST positive impact on the City of Bellevue?
7. Last Question: Is there any question we should have asked and haven't? What do you know that we also need to know?

This qualitative input helped validate and enrich findings from the broader data collection effort. It also brought forward new recommendations and observations that may not have emerged through survey responses alone.

A central theme that emerged across nearly every conversation was the



compounding effect of structural access barriers—including transportation challenges, language differences, lack of digital literacy, long waitlists, cost of services, and fragmented systems. Residents are often forced to navigate multiple disconnected organizations to get support for just one need. “Case management is everything,” one expert noted, underscoring how many clients “get lost in the system” without help navigating across siloed services. This fragmentation is especially harmful to residents experiencing overlapping vulnerabilities such as housing instability, mental health crises, or limited English proficiency.

Housing and shelter continue to be among the most urgent and visible needs in Bellevue. SMEs cited long waitlists for affordable housing and daily calls from families in search of shelter. The scarcity of stable, low-cost housing not only puts families at risk of homelessness but also limits their ability to access and benefit from other services. Similarly, financial instability—especially the inability to pay for rent, utilities, medications, or food—remains a constant pressure for low-income residents, exacerbating hardship even for those employed full-time or receiving public benefits.

Food insecurity and access to basic needs were also elevated as foundational concerns. Experts spoke of families who cannot focus on mental health or employment because they “don’t have food in the fridge” or lack basic hygiene products. These needs are often overlooked but critical. Relatedly, the childcare and early learning crisis in Bellevue is affecting families across income levels, as high costs and long waitlists noted shifts in community needs driven by changes in population therapy,



and the lack of coordinated follow-up services. Medical and dental care are similarly constrained, with many residents skipping appointments due to cost, lack of insurance, or providers unwilling to accept Medicaid. Even dental care—seen by some systems as “optional”—was highlighted as a major unmet need.

Experts also spoke at length about the effects of bias, discrimination, and cultural stigma in service access. Marginalized groups—especially immigrants, LGBTQIA2S+ individuals, and people of color—often avoid services due to past experiences of harm, mistrust in institutions, or cultural norms that discourage help-seeking. “It’s not just about access,” one expert emphasized. “It’s about belonging.” True inclusion, they noted, requires more than translation—it demands cultural understanding, safety, and representation in both staff and service design.

Finally, the interconnectedness of these barriers stood out as a defining theme. Transportation limitations compound language access issues; financial strain worsens mental health; stigma around receiving help creates isolation. Without coordinated, wraparound approaches that meet residents where they are physically, culturally, and emotionally, many fall through the cracks.

These interviews make one thing clear: Bellevue is filled with passionate, informed, and deeply engaged service professionals. Their work reveals both what’s possible and what’s still needed to make human services in Bellevue truly equitable, accessible, and responsive for all residents.





Focus Groups

Our assessment included a series of focus group discussions aimed at hearing in-depth from specific populations and stakeholders. In total, 8 focus groups were conducted, 3 of which were in-person, including 118 individuals. Each focus group centered on a particular community or topic to ensure a comfortable environment for participants to share their experiences. For example, separate focus groups were organized with older adults (seniors), youth, and parents of young children, as these groups often have distinct needs (such as senior services, youth programs, or child care). The focus group discussions were facilitated by trained moderators following a semi-structured guide. This allowed participants to talk about their firsthand experiences with human services in Bellevue: what has worked well, what challenges they have faced, and what changes



they suggest. The format encouraged storytelling and dialogue, providing rich qualitative insights that statistics alone might not reveal. Importantly, the focus groups centered the voices of historically marginalized and underrepresented residents – including people of color, immigrants and refugees, individuals with disabilities, LGBTQIA2S+ members, and low-income residents – to ensure their needs and ideas were heard clearly. Notes and transcripts from these sessions were analyzed for key themes and common concerns, which helped shape the overall findings of the Needs Update. The focus group feedback often provided context for the survey results, explaining why certain needs are unmet or suggesting how services could be more accessible and effective.

| Focus Group | Mode | Participants | Approx. # |
|--------------------------------------|-----------|------------------------------------|-----------|
| Nourishing Networks | Virtual | Providers | 20 |
| Bellevue Network on Aging | Virtual | Older Adults | 8 |
| Kinderling | Virtual | Parents of Kids w/ Disabilities | 6 |
| African Diaspora | Virtual | African Community | 30 |
| Bellevue School District | In-person | Youth w/ Disabilities | 11 |
| Youth Eastside Services (YES) | In-person | Behavioral Health/Youth | 15 |
| Safe Parking | In-person | Families experiencing Homelessness | 8 |
| Eastside Homeless Advisory Committee | Virtual | Providers | 20 |



Each interview followed an open-ended discussion format, with guiding questions (similar to the SME questions) designed to elicit broader reflections on community well-being. Participants were asked a core set of questions, including:

1. From your perspective, what makes a healthy community?
2. When you think about human service needs in your community, what do you think people need the most? Do you think those things are available in your community?
3. If you, or someone you know, needed some of these things, do you think they would be able to find them?
4. Who or where do you turn to get information about resources available in your community? Where do you get the information you need?
5. What barriers might you or someone you know face in accessing human services?
6. What 1- 2 things would you say would have the MOST positive impact on the City of Bellevue?
7. Last Question: Is there any question we should have asked and haven't? What do you know that we also need to know?

This qualitative input helped validate and enrich findings from the broader data collection effort. It also brought forward new recommendations and observations that may not have emerged through survey responses alone.

Across all eight focus groups, participants shared a vision of a healthy



community defined by affordability, access, and dignity—but consistently emphasized that services in Bellevue fall short in meeting people where they are. Regardless of age, background, or need, participants encountered persistent systemic barriers that made accessing help feel overwhelming, inaccessible, or even futile.

Affordable housing emerged as the most pressing issue across all discussions. Participants described how the high cost of living and long waitlists not only displace families and older adults, but also strain mental health, reduce job stability, and push people further from needed services. Parents described being forced to choose between rent and childcare, and working adults spoke of losing ground despite holding multiple jobs. For some, housing instability was directly linked to mental exhaustion: “We’re forever changed,” one participant said, referencing how difficult it is to regain footing after housing loss.

Service navigation was another consistent pain point. While many services technically exist, participants described a confusing maze of eligibility requirements, disjointed agency systems, and inaccessible information—especially for immigrants, older adults, and people with disabilities. Many community members rely on informal channels like WhatsApp, churches, and peer networks to find resources, only to “hit a dead end.” Language barriers, outdated websites, and dense flyers with unfamiliar acronyms further isolate people who need support. Several called for a centralized hub or full-time resource coordinator to help people “walk through the process” and avoid duplication or confusion.



Without clearer entry points and hands-on guidance, even the best-intentioned services risk being underutilized or missed entirely.

Case management and human support were seen as critical for those trying to move through crisis. Without a guide or advocate, participants said people are left to “wander aimlessly trying to connect.” One respondent highlighted how “there’s no case manager or somebody to help navigate the systems,” particularly for those who face multiple challenges at once, such as housing insecurity, mental health issues, or caregiving responsibilities.

Cultural and linguistic disconnects compounded feelings of exclusion. Non-English speakers often feel ignored or misunderstood, and those with disabilities reported being treated with disrespect. Participants emphasized the importance of culturally appropriate services, not just in translation but in approach—where lived experience and respect for identity come first.

“Understanding cultural differences...being more compassionate about the differences in life experiences.”

- Focus Group Participant

Youth and older adults were repeatedly identified as underserved. Parents called for more safe, inclusive, and affordable programming for



youth—especially after-hours activities to keep teens engaged and supported. Meanwhile, older adults described feeling overlooked and exhausted by systems not designed with their physical, emotional, or technological realities in mind. “Aging is scary,” one person said, not just due to health concerns but due to loneliness and isolation.

Medical, dental, and mental health care were frequently cited as inaccessible, especially for those without insurance or with public coverage. Cost anxiety, limited providers, and long wait times prevent people from seeking care—even when they are in urgent need. People described skipping medication, avoiding clinics, or relying on emergency rooms because regular appointments are difficult to get.

Stigma, discrimination, and systemic bias showed up across identity groups and service types. Immigrants, LGBTQIA2S+ individuals, and those experiencing homelessness described feeling judged, invisible, or unsafe. People feared being turned away due to lack of documentation or being misunderstood based on race, disability, or language ability.

“They will interpret that you don’t deserve to be there asking for services.” - Focus Group Participant

At its core, the community’s message was clear: people are doing their best to survive, but systems must do more to meet them with empathy, and



sustained support. Participants urged Bellevue to invest in services that reflect lived experience, reduce fragmentation, and build trust through consistent, relational support. The need is not only for better services—but for more human, coordinated, and responsive systems.

Ensuring Equity, Inclusion, and Accessibility

Across all components of the methodology, the team took deliberate steps to ensure equitable representation and cultural sensitivity. From the outreach phase through data collection, particular attention was paid to reach communities that are often underrepresented in public processes. The outreach plan for 2025 leveraged community liaisons and trusted organizations to connect with populations such as immigrants and refugees, seniors isolated by mobility or language, low-income families, and youth. By providing the survey and focus groups in multiple languages and formats, and by holding events in accessible community locations (e.g. neighborhood centers, places of worship, schools), the assessment lowered barriers to participation. Translation and interpretation services were offered proactively – all key materials were provided in English and the other top eight languages spoken in Bellevue. Every participant was treated as a voluntary partner in the research: the team obtained informed consent, made it clear that participation was optional, and guaranteed confidentiality and anonymity for survey respondents and focus group attendees. The process emphasized participatory engagement, linguistic and cultural accessibility, and alignment with both local and federal standards, including Title VI of the Civil Rights Act. The following sections of the report will present the detailed findings from the survey, focus groups, and interviews, and will offer conclusions and recommendations.

