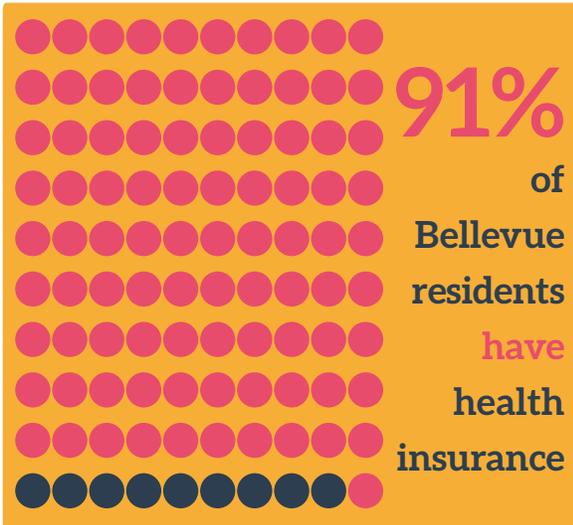
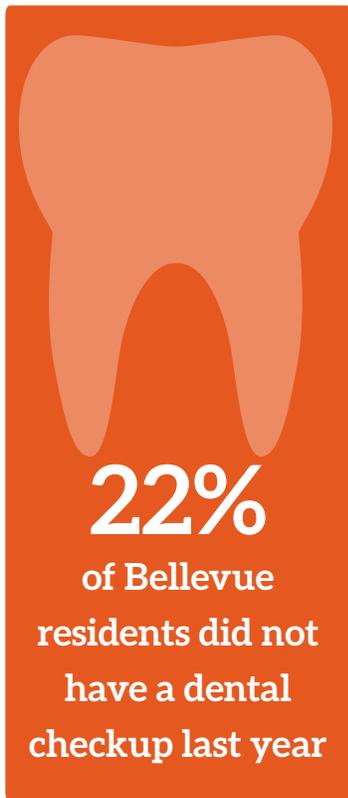


Health Care to be as Physically and Mentally Fit as Possible



In BSD **8.4 out of every 100 deaths** are attributed to drugs and alcohol related cause



332 drug use deaths in KC
66% related to opioid related overdoses

In EKC **8%** of adults reported 14 or more days with **poor mental health** over the preceding 30 days



1000 children in Bellevue **don't** have health insurance

GOAL #4: HEALTH CARE TO BE AS PHYSICALLY AND MENTALLY FIT AS POSSIBLE

Why is this Goal Area Important?

Bellevue's economic health and well-being depends on the physical and mental health of its residents. Over the years, health care's rising cost, language barriers, transportation issues, and cultural competency have been obstacles for some residents to obtain the quality of health care they need. Since the passage of the Patient Protection and Affordable Health Care Act (also known as the Affordable Care Act or ACA) in 2010, some of the barriers to accessing health insurance are being addressed for much of the population of uninsured adults 19-64 years old.

What's Working?

- The King County Mental Illness and Drug Dependency (MIDD) Sales Tax revenue continues to fund a number of mental health and substance abuse programs countywide, increasing services to vulnerable populations. It has shown excellent outcomes which are generating savings by diverting patients from more expensive alternatives such as incarceration, use of hospital emergency departments, and in-patient hospitalizations. In East King County, one program funded is HERO House, a club house model of employment and support for people with chronic mental illness.
- With the passage of the ACA (and specifically the Medicaid waiver) approximately 93% of the state's population has health insurance coverage.¹

Snapshot of Health Indicators

Public Health Seattle/King County and the Washington State Department of Health track a number of indicators that help to identify a community's general health. Health risk factors are behaviors and characteristics that make people more likely to develop disease. Awareness of these risk factors may enable people to make healthy choices about their activities, habits, and diets. Some risk factors, like hypertension and high cholesterol, are also chronic conditions that should be monitored by a healthcare provider, and if treated, may be able to be prevented or reversed. There are nine of the most common health indicators with comparison data at the city, county and state level. Overall, Bellevue rates lower on the majority of the indicators compared to King County and Washington State, as shown in Figure 1.

For information regarding specific terms (e.g. prevalence), please see Appendix E.

Medical Care and Coverage

- Until the passage of the ACA, there were primarily two public programs that provided health insurance coverage services to eligible individuals in Washington State: Medicaid (federal and state), and Basic Health (state). Together, these programs (in addition to smaller programs like Apple Health for Kids) helped ensure that many low-income individuals received care. Medicare, the federal healthcare program for adults age 65 and older, is not limited to people with low incomes. For a basic overview of these programs, please see Appendix E. Beginning

Health Risk Factors	Bellevue	King County	Washington State
High blood cholesterol	33	34.9	38.1
High blood pressure	26	26.3	30.2
Excessive alcohol consumption	17	21.5	18.8
Obese*	16	22	27.5
No physical activity	16	16.2	19.7
Current smoker	10	13.6	16.5
Have asthma	6	8.7	9.7
Have diabetes	5	7	8.8
Had coronary heart disease or heart attack	3	2.9	3.7

Figure 1. Health Risk Factors (2010-2014 Averages) shown in percent | Source: Public Health/Seattle&King County City Health Profile, March 2016 | *indicates a statistically significant difference

in October 2013, uninsured adults (age 19-64) whose incomes were too high in the past to qualify for Medicaid had the opportunity to enroll in the program due to the expanded income guidelines (up to 138% of the federal poverty level) or to enroll in a subsidized health plan by accessing the new online marketplace, Washington Healthplanfinder. However, because undocumented immigrants are not eligible for any health insurance under the ACA,² there remains a great need for health care for this population.

- On March 12, 2014, the Washington State Legislature passed legislation that changes the way Medicaid-funded health services will be purchased and delivered in the state. The legislation calls for the integrated purchasing of behavioral health (mental health and substance use disorder) services through a single managed care contract by April 1, 2016 and for the full integration of physical health and behavioral health by January 1, 2020. As an initial step in this process, the state legislation called for aligned purchasing to happen in regional services areas across the state- King County is designated as one of these regions. This change will provide integrated, whole person care that improves outcomes and lowers costs.

“People are worried about what changes to health care would mean for them. Will they still be covered? People on expanded Medicaid are especially concerned.”
 — Bellevue Mini-City Hall
 Key Informant Interview

Prevalence

- Insurance: As of March 2017, more than 1.9 million Washingtonians are enrolled in Medicaid programs, including 613,000 in Medicaid expansion. This compares with fewer than 1.2 million people enrolled in Medicaid in 2012. About 428,000 King County residents are enrolled in Medicaid programs, including 150,000 in Medicaid expansion.³

- No Insurance: Of the entire population of Bellevue, less than 9% were uninsured in 2015.**⁴

According to Public Health-Seattle King County, 13% of adults age 18-64 in Bellevue were uninsured, compared with 15% across the county.⁵

Individuals with no health insurance in Bellevue (2015)

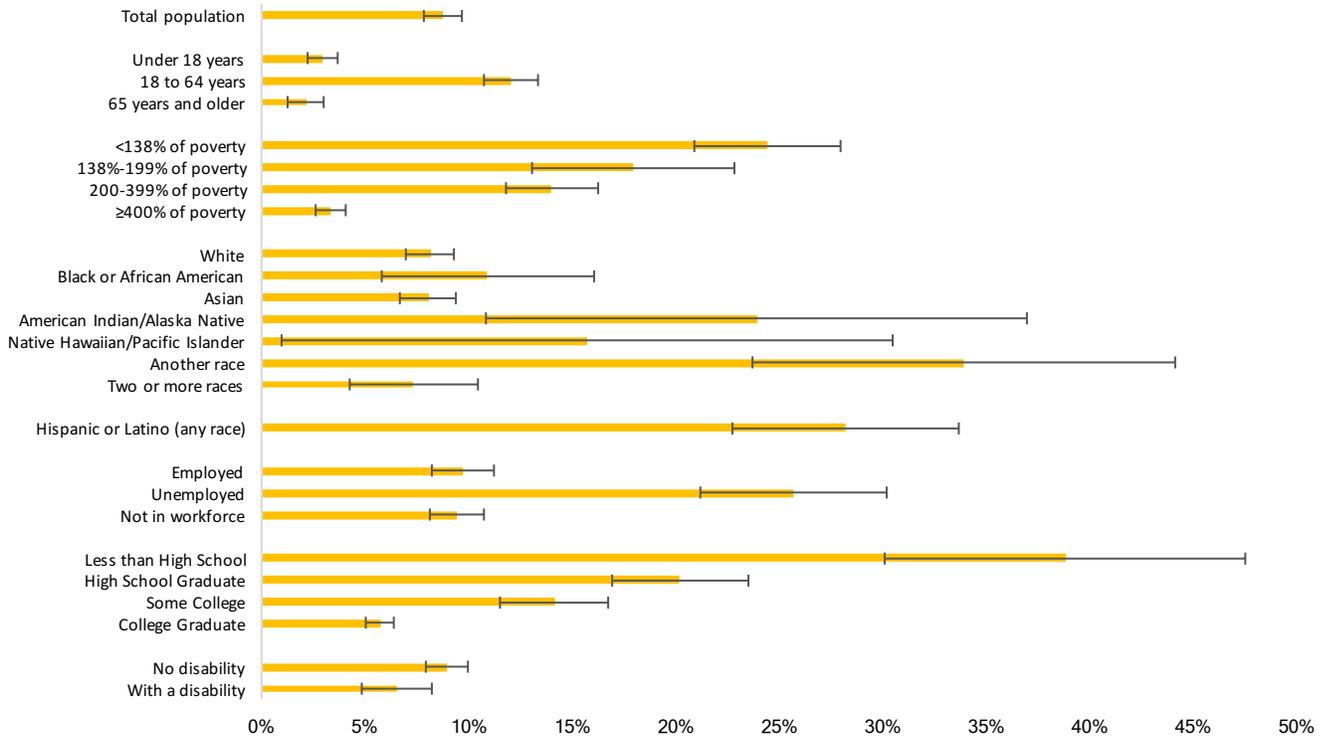


Figure 2. Individuals with no health insurance. Obtained via ACS.

- ### Nearly 1,000 children in Bellevue do not have health insurance.

⁶ Under the State’s Apple Health for Kids Program, children whose families earn up to 200% of the federal poverty level (FPL) will continue to get health insurance at no cost. Children in households with incomes between 200% and 300% of FPL will remain eligible for low-cost health insurance; children in families with incomes up to 400% of FPL may be eligible for subsidies through the Washington Healthplanfinder.

Disparities in Health, Care and Coverage

- Lack of health insurance was related to household poverty, education, race/ethnicity and education in Bellevue. As Figure 2 shows, individuals with incomes under 200% of FPL were more likely to be uninsured.⁷
- Significant racial disparities exist with regard to certain health outcomes and indicators. African-American infant mortality rates in

King County are 7 per 1,000 compared to 3.4 per 1,000 for Whites.⁸ As another example, the life expectancy at birth for American Indian/Alaska Natives in King County is almost five years less than Whites, and almost 10 years less than Asians.⁹

“People who are not exactly retirement age but needing to leave their job for some reason are scared to lose access to healthcare.”

— Bellevue Mini-City Hall Staff

- Frequent Mental Distress (FMD) was much more common in low-income respondents. Twenty-six percent of those with household incomes below \$15,000 per year experienced FMD, almost four times higher than the rate of people in households earning \$50,000

or more per year. Seven percent of Bellevue adults experience frequent mental distress (compared to 10% countywide). Low economic status and high rates of mental health problems are closely linked.¹⁰

- For many, language barriers create major access problems. According to the City's demographer, the number of people who speak a language other than English at home has grown to nearly 50,000 in 2011-2013, or 40 percent of the population. In the 2016-2017 school year, Bellevue School district counted 95 different languages being spoken at home by their students.¹¹
- Limited English proficient individuals are at greater risk for experiencing medically adverse events (e.g., surgical infections, line infections, etc.) and medical errors due to language barriers.¹² Research has shown that "individuals with limited English proficiency are more likely to experience difficulty accessing medical care, compared to their English-proficient counterparts".¹³

Service Trends

Access to Care

- When people are uninsured, they typically use the emergency department (ED) of a local hospital for healthcare, which is extremely expensive. Many patients cannot pay these bills, so they apply for what is called "charity care" from the hospital, which may pay for a portion of their bills (from 20% to 100%). Washington State is one of only a few states with a law governing charity care. The law was enacted in 1990 with the support of Washington's hospitals. Other states with charity care laws have usually developed mechanisms to fund the care provided. In Washington, however, there is no charity care pool to reimburse hospitals for their costs and hospitals must find ways to cover their expenses, often through philanthropy, but these costs are otherwise categorized as uncompensated

care. Between 2013 and 2014, the total cost of uncompensated care dropped from \$2.35 billion to \$1.20 billion, a decline attributed to the substantial reduction of the uninsured in the state.¹⁴

- Another indicator of lack of access to healthcare is unmet medical needs, that is, the need was not met due to cost. Between 2010 and 2014, 10% of East King County residents reported they could not take care of their medical needs due to cost, compared to 17% of South Region and 11% of North Region. In Bellevue, 11% of residents overall reported not being able to take care of their medical needs due to cost. In King County, the percentage was 14% and in Washington State, 15%.¹⁵

Care for Bellevue Residents

- HealthPoint serves low-income adults, children and youth, many of who are homeless or in transitional housing. In 2016, HealthPoint provided medical care to more than 1,400 Bellevue residents. HealthPoint's medical and dental facilities in Redmond and Bothell annually serve more than 18,800 clients. Since the expansion of Medicaid and other insurance coverage in 2014 under the Affordable Care Act, HealthPoint reports a drop in uninsured patients – decreasing from 31% in 2014 to 16% in 2016. While health care reform has helped thousands of people access health care coverage, there are still thousands of Eastside families and individuals who remain uninsured. For example, undocumented immigrants are ineligible for Medicaid and aren't allowed to buy insurance on the state's health insurance exchange. Immigrants who are here less than five-years are not eligible for Medicaid or other public assistance. Low-income households with income above 138% federal poverty level (FPL, the income limit to qualify for Medicaid) but still lower than 200% FPL often cannot afford the coverage offered through the state's

insurance exchange. While the exchange offers cost-sharing and tax credits to lower the cost of insurance, the costs of premiums, co-pays and co-insurance are still unaffordable for many families.¹⁶

- The Eastgate Public Health Center also provides services for children, youth and families, many of them Bellevue residents. Programs and services include Child and Family Health, Dental, immunizations, family planning, and a teen walk-in clinic for homeless youth and young adults. Eastgate offers free or low-cost care. If payment is requested, fees are based on income and family size; staff also assist clients with insurance applications and accepts the health plans available on the Exchange, Medicaid, and Medicare. In 2016, Eastgate served 1,739 clients in Family Support Services (including Maternity Support Services, Infant Case Management, and Children with Special Health Care Needs) as well as 2,641 clients served by the Women Infant and Children Program (WIC).¹⁷
- International Community Health Services (ICHS) is a Federally Qualified Health Center (FQHC) that provides health services, including dental and behavioral health, to underserved populations in King County. Their services are open to all races and ethnicities, but they have cultural and linguistic expertise in the Asian, Native Hawaiian and the Pacific Islander communities. In 2014 ICHS opened a clinic in the Crossroads neighborhood in Bellevue that includes dental services. In 2015-2016, ICHS served approximately 2,500 unduplicated Bellevue clients.¹⁸
- SeaMar Community Health Centers is an FQHC that provides medical, dental and behavioral health services that are open to all races and ethnicities, but they have cultural and linguistic expertise in the Latino community. In the Bellevue clinic, the focus is medical and behavioral health. Clients are typically at or below 200% of the FPL.

In 2015-2016, SeaMar served about 4,000 Bellevue residents.¹⁹

Community Perceptions

- Affordability of medical care and medical insurance was a significant community and household concern for phone/online survey respondents. Forty-five percent of survey respondents rated *lack of affordable medical insurance* as a major/moderate community problem, a statistically significant increase from 2015 (35%). Forty-two percent of survey respondents rated *lack of affordable medical care* as a major/moderate community problem, also a statistically significant increase from 2015 (35%).
- In the phone/online survey, *not being able to pay for medical insurance* was a problem for 12% of households. *Not being able to pay for doctor bills* was a problem for 11% of households.
- Respondents with incomes of less than \$75,000 are more likely to rate *not being able to pay for medical insurances* as a major/moderate problem in their household compared to those with incomes of \$75,000 or greater. Respondents who were most likely to rate *not being able to pay for doctor bills* as a major/moderate household problem also fell into this income category.
- Medical/billing issues was the top issue for which residents sought help (45%), but only 15% reported finding the needed help.
- Among consumers of human services who responded to a survey in 2017, 78% rated *not being able to pay for doctor bills* as a major/moderate problem. Many respondents (55%) rated *not being able to pay for or get medical insurance* as a major/moderate problem for their household. Both ratings were higher than the 2013 consumer survey.
- 28% of human services providers stated in an online survey that their clients report health care as one of the services they need but for which they cannot find a resource.

- Staff from the City’s Neighborhood Outreach Program has been hearing from residents about concerns over potential changes in health care and whether or not they will still have the same coverage or any coverage at all. Recent immigrants are especially concerned, as they may not qualify for Medicare and need to buy insurance on the private market.
- Lack of health care for many students at Bellevue College (BC) is a reason they drop out of classes or do poorly academically, according to BC faculty and staff participating in a focus group on needs of students. Sometimes students must make the choice between paying for school or taking care of a medical issue.

Dental Care

Prevalence

- On average from 2010-2014, East King County residents were more likely to have had a dental checkup in the last year than those living in South King County or Seattle; 29% countywide did not have a dental checkup in the last year, compared to 22% of East King County residents.

In Bellevue, 22% did not have a checkup in the last year.²⁰

- Poor oral health of children has been linked to diabetes, heart disease, and other long-term health problems. East King County school-age youth were more likely to have a dental checkup in the last year than those living in South King County or Seattle; 16% countywide did not have a dental checkup in the last year, compared to 12% of East King County youth.²¹

“Dental needs for young children and for their parents are high. Even if they receive state support, the number of providers who will accept these subsidies are very low”

— Provider Survey

provides a dental van once a month at Jubilee REACH at no cost to adults who are low-income and have no dental insurance. To receive this service, the adults must have been enrolled in

Jubilee REACH programs and have a child attending the Bellevue School District.

- Low-income Bellevue children can receive dental services from four private clinics participating in the Access to Baby and Child Dentistry (ABCD) program and Eastgate Public Health.²³ In addition, ABCD provides dental services to children ages birth through five who are on Medicaid. Low-income households can also be served through other clinics such as International Community Health Services, HealthPoint, and SeaMar Community Health Center.

Service Trends

Accessing Care

Even if a family is informed about the importance of preventive dental care, accessing such services can be very difficult for low-income families. The Affordable Care Act does not require dental care for adults, though plans can be found for children in the Washington Health Plan Finder.

Dental Services in Bellevue for Low-Income People

- The Eastgate Public Health Center runs a dental clinic for low-income people served through WIC (Women, Infants and Children, a federal nutrition program for pregnant women and children) which served nearly 2,600 women and children and homeless youth in 2016.²² Medical Teams International

- HealthPoint, a community health center serving East King County residents, identifies dental services as a growing need, especially for children and the uninsured. HealthPoint’s dental center in Redmond has seen a decreased percentage of uninsured patients since the Affordable Care Act took effect in January 2014; however, the uninsured rate in East King County remains high. The percentage of uninsured patients seen at HealthPoint’s Redmond location is almost twice as high as it is at their North and South King County locations. More than half of the patients served at HealthPoint’s Redmond dental center (54%) live below 100% of the federal poverty level (\$24,600 for a family of four) and 96% are low-income households living on less than 200% of the federal poverty level.²⁴

Community Perceptions

- Thirty-six percent of phone/online survey respondents cited *lack of affordable dental care* as a major or moderate community problem; up from 32% in 2015. Despite steadily decreasing over the years, the *inability to pay dental bills* still remains a Top Tier problem for Bellevue households, with 10% reporting it to be a moderate or major problem. Respondents with annual incomes below \$75,000 were more likely to report this being an issue than those with incomes over that amount (23% vs 6%).
- About 90% of consumer survey respondents reported that *not being able to pay for dentist bills* was a major or moderate problem in their households.
- In the provider survey, 40% of respondents reported that dental care is one of the services that their clients report they need but cannot find a resource in the community.
- Providers note that even with the presence of community health centers on the Eastside, sometimes copays can be unaffordable for some clients. Even with support (e.g., ABCD program) there are few providers on the Eastside who will accept these subsidies.
- Nurses in the Bellevue School District identified a need for healthcare for the parents of their students. Low cost dental services and eyeglasses are also hard to find for low-income adults.

Prescription Drugs, Hearing Aids and Eye Care

- Medicaid and Medicare provide prescription drug coverage, though with some limitations. For example, Medicare Part D, which began in 2006, requires that members enroll separately in a program for prescription drugs. In 2007, the standard benefit included an initial \$265 deductible. After meeting the deductible the beneficiaries paid 25% of the cost of covered Part D prescription drugs, up to an initial coverage limit of \$2,400. Once the initial coverage limit was reached, beneficiaries were subject to another deductible, known as the “Donut Hole,” or “Coverage Gap,” in which they paid the full costs of drugs. However, beginning in 2014, the ACA provided coverage for this gap by discounting covered brand name drugs and other benefits.
- According to the National Institute on Deafness and Other Communication Disorders, about 15% of American adults (37.5 million) aged 18 and over report some trouble hearing. About 13% of people aged 12 and older has hearing loss in both ears.²⁵ Hearing aids for people with hearing loss are not covered under Medicare²⁶ or Medicaid²⁷, and are not covered through the Affordable Care Act.²⁸
- Another gap for people with low-incomes is coverage for prescription eye glasses. Medicaid covers some eye surgeries and vision screenings, but not glasses. Medicare enrollees can purchase a Medigap policy that may cover eye glasses but this is not covered in the general policy. The ACA

does not provide vision coverage, though qualified health plans should include pediatric vision services.²⁹

Substance Abuse

Prevalence

- Heroin & Opioid use and related deaths have increased significantly across Washington in the past decade, especially among people younger than 30.³⁰ In 2016, there were 219-heroin & opioid related deaths in King County, Demand for heroin and prescription opiate addiction treatment has outpaced supply; treatment admissions for heroin were up 101% between 2010 and 2014, but leaving more than 150 people on treatment waitlists each day.³¹ Overall **drug use deaths hit a record of 332 in King County last year, with two thirds related to opioid related overdoses.**³² On March 1 2016 King County Executive Dow Constantine announced the formation of an Opioid and Prescription Drug Task Force for King County. A member of the Bellevue Fire Department was appointed to this group. A report released in September 2016 recommended three main areas for action to address the problem: prevention(e.g., safe storage of prescription drugs in the home);treatment expansion and enhancement (e.g. alleviate barriers placed on opiate treatment programs); and user health and overdose prevention (e.g., expand distribution of naloxone in King County).³³ For additional information, see Heroin & Prescription Opioid chapter.
- Other trends in King County substance abuse include a decrease in the presence of Spice and “bath salts” detected in law enforcement evidence. The largest numbers of calls to the Recovery Help Line most frequently reported drug is heroin, methamphetamines, and prescription pain pills.³⁴

- **In the Bellevue School District area, 8.45 out of every 100 deaths are attributed to drug or alcohol related causes.** This is lower than 12.36 statewide rate; 13.39 for Seattle; 12.55 for Snoqualmie Valley; 10.14 for Issaquah; and 9.61 for Lake Washington. Similarly, the number of adults receiving state-funded alcohol or drug treatment is lower in Bellevue (3.36 per 1,000 adults) compared to the rest of the State (12.95 per 1,000 adults).³⁵
- During the time period 2011-2015, Bellevue had a lower smoking rate (10%) for adults compared to 13% countywide, although this difference was not statistically significantly.³⁶ Bellevue has slightly lower rates of binge drinking (14%) as compared to the county (20%) for the 2010-2014 period. Among adults in King County, men and people ages 18-24 are more likely to binge drink.³⁷
- The rates of East King County teens who have smoked cigarettes in the past 30 days (8%) are slightly lower than Washington State rate (9%).³⁸ The rate of teens who have engaged in binge drinking (defined as 5 or more drinks) in the last 14 days in East King County (13%) is the same as the Seattle rate and higher than the rate in both North and South King County (12% each).³⁹
- East King County is below the rest of the county and the state in teen rates for current marijuana use for students in grades 8, 10, and 12. 15%of East King County teens used marijuana or hashish in the preceding 30 days, versus 17% countywide (21% in Seattle).⁴⁰

Service Trends

Client Profile

Therapeutic Health Services (THS) provides chemical dependency and mental health services. The agency reports that “there are an estimated 208,000 people across King County who need treatment for substance abuse disorders, but only about 52,000 are receiving treatment. This represents a 25% treatment gap.”⁴¹

Access to Treatment

- The King County Substance Abuse Prevention and Treatment Annual Report (2014) indicates that 8,184 adult and 1,994 youth outpatient admissions in 2014. There were 3,174 detoxification center admissions. For adults, the largest proportion of those admissions (48%) were related to alcohol. For youth, the largest proportion was for marijuana (77%).⁴²

“There is a need for a hoarding support group on the Eastside. There is also a need for resources for the hoarders loved ones who want help.”

— Bellevue Code Enforcement Staff

- Staff from the City of Bellevue Probation Division report that the most frequently needed services for their clients are court-ordered chemical dependency assessments and treatment, urinalysis assessments and domestic violence perpetrator programs. Many of their clients do not qualify by income for ADATSA services though they cannot afford the cost of the services. Mental health assessment and counseling are also difficult to find as well due to eligibility for assistance and cost of services. In addition to Probation services, staff stated that their clients have

many needs related to transportation, ranging from a need for bus tickets to attend probation meetings or court hearings to regaining their licenses after suspensions for Driving Under the Influence (DUI) with a “License Support Program”. Another need is for employment for ex-offenders.

Community Perceptions

33% of 2017 phone/online survey respondents reported drug problems and 21% reported alcohol problems as major/moderate problem areas in the community.

Mental Health

Prevalence

- About 20% of adults in the US experience mental illness each year. About 4% of all adults experiences a serious mental illness annually. About a fifth of youth age 13 to 18 experiences a serious mental disorder.⁴³
- **8% of East King County adults had 14 or more days with poor mental health over the preceding 30 days** (2010-14 average). This is in contrast to 9% and 11% in North and South King County, respectively, and 10% countywide.⁴⁴ Twenty-one percent of adults countywide report that they have no social support, compared to 17% in East King County (2008-2012 average).⁴⁵ About 20% of East King County teens report having no adult to talk to about something important, compared to 26% countywide.⁴⁶
- There were 12.4 suicides per 100,000 deaths in King County (2010-14 average). This is compared to 11 suicides per 100,000 in East King County and 10.2 in Bellevue.⁴⁷
- In Washington’s 9th Congressional District, there are more than 40,000 veterans,⁴⁸ about 7,000 of whom live in Bellevue.⁴⁹
- Research suggests that between 10% and 18% of veterans of Operation Enduring

Freedom and Operation Iraqi Freedom may have post-traumatic stress disorder (PTSD). Between 3% and 25% may develop depression. According to the US Veterans Administration (VA), through 2009 there were one million veterans who returned from operations in Iraq and Afghanistan. Of those, about 220,000 sought VA services and were diagnosed with mental illness.⁵⁰

Service Trends

- Youth Eastside Services report a higher demand than usual for mental illness services for youth. They are seeing a trend with youth presenting with co-occurring mental health and substance abuse issues. (Note: For more information about this topic, see School Age Children and Youth in this report.)⁵¹
- National Alliance for Mental Illness (NAMI), Eastside affiliate, provides support groups and classes for consumers and their families. They provide community education through monthly forums, middle and high school presentations, and a presentation called “In Our Own Voice” presented at colleges, health clinics, and to first responders, to dispel the stigma and discrimination of mental illness. Signature classes such as Family to Family help provide problem solving and coping skills, information on medications, review of various diagnoses, basics about the brain, a go to crisis file and finding resources for recovery to sustain continual advocacy and support. In East King County, staff reports that the Family to Family classes (12 weeks with each class at 2.5 hrs. long) consistently has an average of 30+ people on the wait list. Last year, it was more than 100 and was 121 as of mid-July, 2017. They have

“Mental Health treatment and substance abuse counseling is costly and can be difficult to find quality providers with openings and willingness to work with our high needs populations. Also finding providers with language capacity and cultural awareness to skillfully provide these services for refugee and immigrant youth is scarce.”

— Provider Survey

increased the number of classes they offer each year to meet the need. This year they started an Essential-Self Care workshop by Dr. Brenda Butterfield, with nearly 30 participants and 30+ more on our the waitlist for the next one. NAMI Eastside also started WRAP (Wellness Recovery Action

Plan) this year, a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. WRAP was developed by Mary Ellen Copeland, and has been studied extensively in rigorous research projects and is listed in

the National Registry of Evidence-based Programs and Practices. It is a 8 week course each class 2.5 hours long.⁵²

- Crisis Clinic provides a 24-Hour Crisis Line. In 2015, the 24-Hour Crisis Line responded to nearly 9,000 calls from Bellevue residents.⁵³
- In 2015, the King County Regional Support Network provided crisis stabilization services to 2,732 people. In 2013, this figure was 2,124. The County attributes this increase to the launch and expansion of their mobile crisis team and crisis diversion facility.⁵⁴

Access to Publicly Funded Mental Health Care

- In 2016, King County extended its one-tenth of one percent Mental Illness and Drug Dependency (MIDD) sales tax that supports a wide array of services for people living with mental health and substance disorder

services through 2025. King County's MIDD is organized into five overarching strategy areas: prevention and early intervention, crisis diversion, recovery and reentry, systems improvement, and therapeutic courts responding to the behavioral health continuum of care. Services are provided county wide, and range from outpatient behavioral health treatment to substance disorder treatment services to those in the King County jail to behavioral health services for survivors of domestic violence and sexual assault. Between October 1, 2015 and September 30, 2016, a total of 6,620 East King County residents (or 16% of individuals served countywide) received at least one MIDD-funded service. MIDD strategies serving the most Eastside residents were: Youth Suicide Prevention Trainings (4,577 served), Older Adults in Primary Care (702 served), Mental Health Treatment (268 served), Children's Crisis Outreach (240 served), Collaborative School-Based Care (119 served), and Domestic Violence Mental Health Services (103 served).⁵⁵

- The King County RSN provided mental health services to nearly 54,000 people in 2015, a 20% increase over 2013. Of the 46,000 clients served through outpatient care, about 28% were children; over 59% were adults; and 21% were older adults. About 22% presented with co-occurring disorders and 8% were homeless.⁵⁶

Community Perceptions

- 30% of phone/online survey respondents rated *mental illness or emotional problems* as a major/moderate community problem in 2017; this was not a statistically significant difference from 2015.
- Of those survey respondents who sought help for their problems, 43% were seeking help for mental health counseling. Help-seekers were less likely to receive help from a mental health therapist than a family member or friend or neighbor (40% vs. 54%).

Of the respondents who indicated that they or someone in their household had sought help, 92% could not find help for mental health counseling.

- Nearly 20% of consumer survey respondents said that *having a lot of anxiety, stress or depression which interferes with your daily life* was a major/moderate problem in their household, approximately the same as in 2015.
- 32% of providers responding to a question in an online survey reported that mental health care was a service that families needed but could not get.
- Youth service providers like Friends of Youth and Youth Eastside Services note that they are seeing increasing numbers of youth with co-occurring disorders. In addition, more youth are attempting suicide and engaging in self-harm, such as cutting.⁵⁷
- There is a need for more specially trained caregivers for people with psychiatric needs and transportation to access services for mental health appointments, according to Bellevue Fire Cares outreach workers.
- Mental Health providers in the Eastside High Needs Utilizers group recommended that a crisis response team and a sobering center be available in East King County to end the current situation in which people who need these services must be taken to Seattle.
- In the NextDoor Survey, 22% of respondents rated *having a lot of anxiety, stress and depression that interferes with your daily life* as a top household problem, the second highest rating.

Implications for Action

- Under the health care plans made available after the Affordable Care Act, many vulnerable people now have coverage who were uninsured before ACA. However, coverage does not automatically translate into positive health outcomes. Help-seeking behaviors, a lack of understanding

of how to navigate health care settings, attitudes toward prevention, attitudes and beliefs regarding science, and the need for patients to build trust in the medical profession, are just a few of the phenomena that can impact health outcomes even after one is insured. This presents a challenge both for health care systems to pivot such that they can affect attitudes and beliefs among the newly insured, as well as for the newly insured to adopt new beliefs and behaviors.

- With uncertainty about potential changes to the ACA in 2017, it will be important to closely monitor how these changes may affect Bellevue residents.
- Community education around co-occurring disorders and self-medication is still needed, both to combat the stigma around mental illness, but also to address the often artificial perception that mental illness and addiction do not impact each other. Substance abuse among adults and youth continues to affect individuals and families, and the rise in heroin use has been particularly startling. Continued community education about the risks, and better understanding about the causes, need to be part of the community dialogue to address this increase. With the growing problem of opioid addiction plaguing King County, it would be prudent to develop a regional approach to addressing some of the recommendations of the King County Heroin and Prescription Opioid Task Force some of which are very actionable.
- Though the number of people who currently have insurance due to health care reform has grown tremendously in the State, County and Bellevue, there are still pockets of the population, such as some immigrant groups and those who cannot afford high copays and premiums who do not. These health care disparities can be addressed by providing additional support through community health care clinics that will treat those without health insurance.

Endnotes

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