

# 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. With the passage of the Patient Protection and Affordable Health Care Act (also known as the Affordable Care Act or ACA) in 2010, however, some of the barriers to accessing health insurance are being addressed for much of the population of uninsured adults 19-64 years old. As more components of the ACA are implemented in 2014, there will be much to be learned about how such a large system-change in health care will actually work.

## 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 and 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 expansion of the State Children’s Health Insurance Program, called Apple Health for Kids, Washington State will be able to cover more low-income children, including those who are immigrants. Beginning in 2014, children up to age 18 will be eligible for this program if

their families earn up to 400% of the federal poverty level.

## 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 health-care provider, and if treated, may be able to be prevented or reversed. The prevalence of coronary heart disease, diabetes, and asthma among adults are also presented in the chart below. 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.

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

Causes (2007-2011 Averages) Shown in percent	Bellevue	King County	Washington State
Obese	16	21	26
Excessive alcohol consumption	14	15	18
Diabetes	5	6	7
Current smoker	9	11	16
Did not participate in any physical activity	14	15	18
Heart Disease	4	4	5
High blood pressure	24	24	27
Asthma	7	8	9
High blood cholesterol	37	36	38
<b>Source: Public Health/Seattle&amp;King County City Health Profile 2012</b>			

## 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 to 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 F. However, beginning in October 2013 people who are uninsured age 19-64 whose incomes are too high in the past to qualify for Medicaid have the opportunity to enroll in Medicaid due to expanded income guidelines (up to 138% of the federal poverty level compared to 100% of the federal poverty level) or in a subsidized health plan by accessing the new online marketplace, **Washington Healthplanfinder** (<http://wahealthplanfinder.org>). Individuals, families and small businesses in Washington can compare and enroll in health care plans or expanded Medicaid. In August 2013, the State announced that Medicaid would be changed to Apple Health similar to the current Apple Health for Kids program. Undocumented immigrants are not eligible for any health insurance under the ACA guidelines, so there will still be a great need for health care for this population.

*Note: More background, data and analysis about the ACA and how it could potentially impact residents of King County and Bellevue is covered in the Special Focus Area chapter in this report. Therefore, the data in the section below reflects the current number of people enrolled in health care programs or uninsured but that will change dramatically by early 2014 for all adults age 19-64.*

## Prevalence

- Insurance: As of July 2010, 965,207 people in Washington State were enrolled in Medicare; in 2012, 1,159,333 were enrolled in Medicaid.<sup>1</sup>

- In June 2009, the Washington Basic Health Plan (BHP) provided coverage to 117,804 low-income Washingtonians, with 26,696 of those residing in King County including 1,531 Bellevue residents. In 2011, funding for BHP was significantly reduced due to state budget deficits reducing the rolls to only 35,000 people statewide, with a waiting list of 151,000 in December 2011 compared to 49,538 in 2009. A lawsuit eventually reinstated BHP benefits to 11,000 of the 17,000 who had been cut from the program, which brought the total enrollment in 2011 to 55,614.<sup>2</sup>
- No Insurance: According to a report by the Washington State Insurance Commissioner,

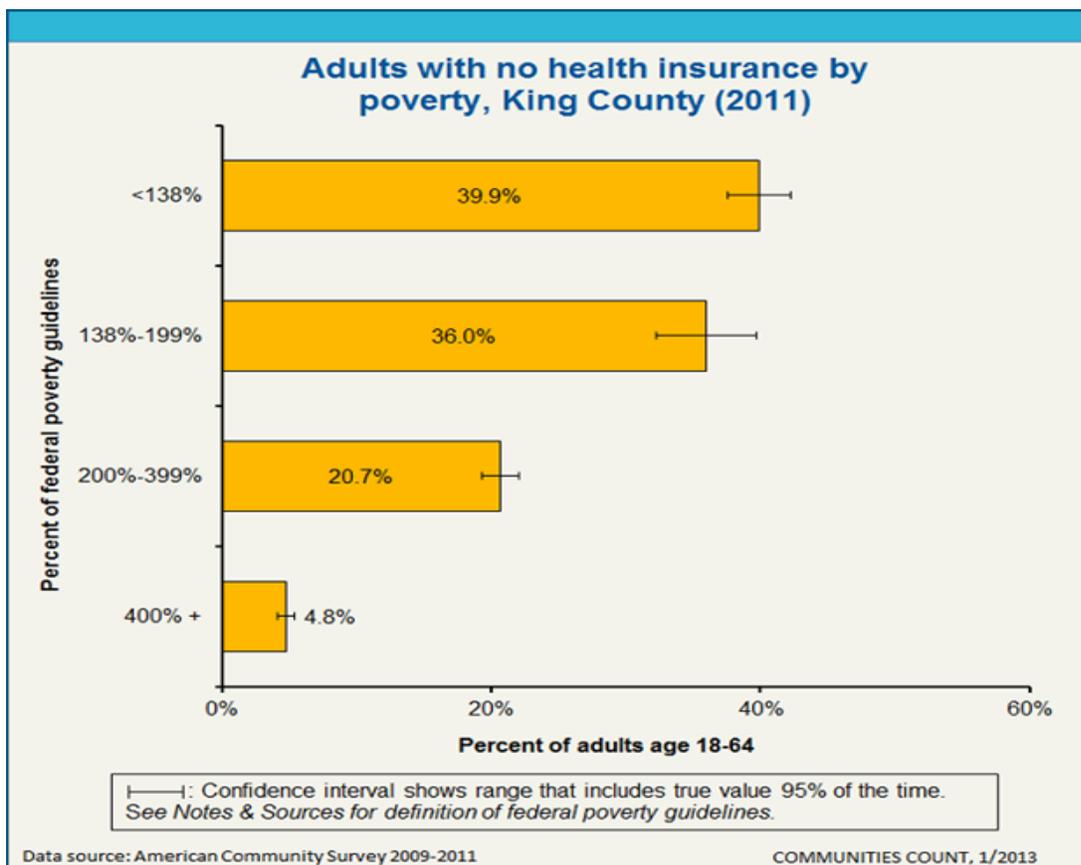
“It seems as though people have even fewer financial resources than before. So many people have nothing whatsoever.”

*Provider Survey, NAMI Eastside*

by the end of 2013, almost 16% of working age adults (19-64) in Washington will be uninsured compared to 12% in 2004.<sup>3</sup> The 2009-2011 American Community Survey estimated that 210,200 (16%) of King County adults 19-64 did not have health insurance. Recent trends suggest that the percent of adults without health insurance has been increasing, given the economic downturn: unemployed adults were three times more likely to be uninsured. In Bellevue, approximately 14.3% of adults, about 11,500, lacked health insurance compared to 8.4% in 2009. Potentially 8,900 of these uninsured adults will be eligible for health insurance in January 2014 under the ACA. About 2,500 Bellevue residents would not be eligible for either Medicaid expansion or subsidies, some due to their undocumented immigration status, or some who earn over 400% of the FPL.<sup>4</sup>

“I have had Lymphoma in the past. There is a possibility of a return. I have no major medical; am asking for assistance from Charitable organizations.”

*Consumer Survey*



under 200% of FPL were more likely to be uninsured. Almost half of the non-elderly Hispanic adults had no health insurance; in addition more than 1 in 4 Blacks and more than 1 in 5 American Indian/Alaska Native adults did not have health insurance.<sup>6</sup>

- Significant racial disparities exist with regard to certain health outcomes

- In 2009-2011, 5.3% of children under 18, about 22,000, in King County did not have health insurance. 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.<sup>5</sup>

“People are afraid of getting sick because they don’t have insurance.”  
*Community Conversation, Mamas Unidas Support Group*

and indicators. For example, though King County overall has achieved the “Healthy People 2020” objective of 6 or fewer infant deaths per 1,000 live births, infant mortality rates for some racial and geographic groups in the county exceed the Healthy People 2020 objective. African-American infant mortality rates in King County are 6.6 per 100,000 compared to 3.6 per 100,000 for Whites.<sup>7</sup> As another example, the life expectancy at birth for American Indian/Alaska Natives in King County is almost 6 years less than Whites, and more than 15 years less than Asian/Pacific Islanders.<sup>8</sup>

- Low economic status and high rates of mental health problems are closely linked. Studies consistently find that the prevalence of depressive symptoms is higher among those with low incomes, people of color,

## Disparities in Health, Care and Coverage

- Lack of health insurance was related to household poverty, education, race/ethnicity and gender in King County. As the chart above shows, adults with incomes

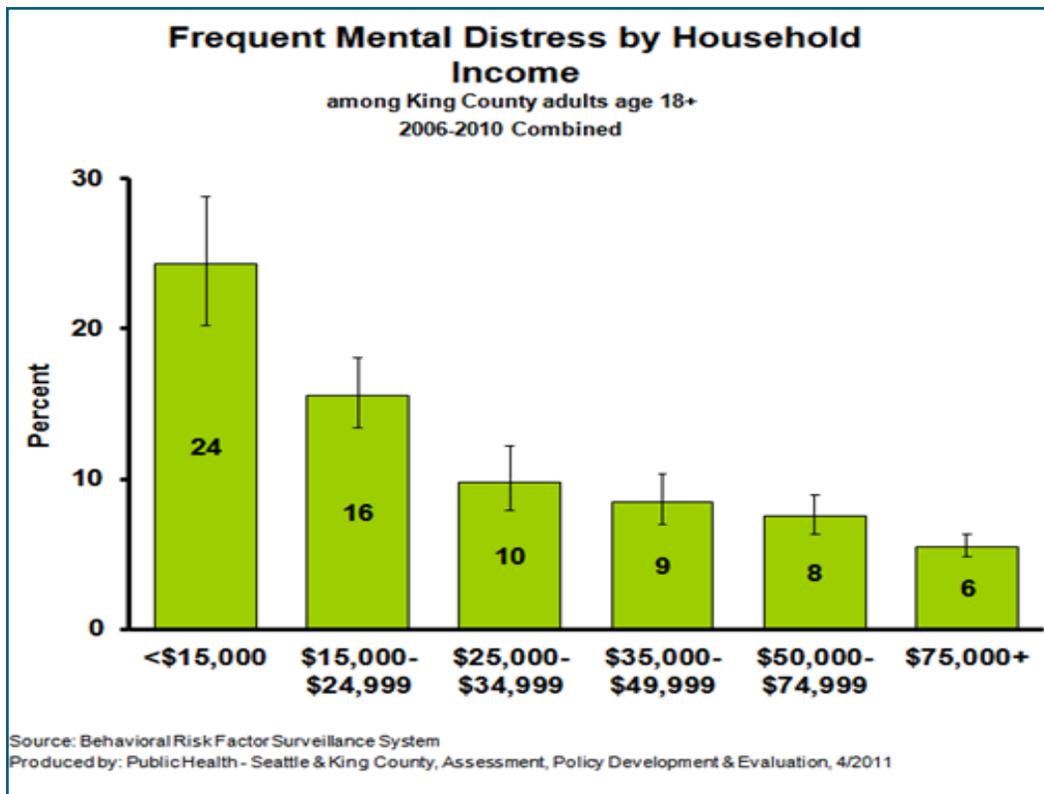
“You have a different quality of health and mental health care when you have a less expensive health policy.”  
*Community Conversation, Eastside Latino Leadership Forum*

and those who identify as gay/lesbian/bisexual.<sup>9</sup> In the 2010 King County Health Indicator Report, Frequent Mental Distress (FMD) was much more common in low-income respondents. Twenty four percent of those with household incomes below \$15,000 per year experienced FMD, almost three times higher than the rate of people in households earning \$50,000 or more per year as shown in the chart below.<sup>10</sup>

- For many recent immigrants (predominantly but not exclusively people of color), language barriers create major access problems. According to the Bellevue 2008-2010 ACS, 37% of residents reported speaking a language other than English at home. Nationwide, one in five limited-English speakers avoid seeking care altogether because they are unable to access care in their language.

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. According to a 2012 report by the State Insurance Commissioner, from 2008 to 2010, charity care by hospitals rose 36%, and in 2012, it was over \$1 billion annually.<sup>11</sup>

- Another indicator of lack of access to healthcare is unmet medical needs, that is, the need was not met due to cost. In the



East Region, on average between 2006-2010 6% of residents report they could not take care of their medical needs, compared to 12% of South Region and 8% of North Region. In Bellevue, 8% of residents overall reported not being able to take care of their medical needs due to cost. In King County, the percentage was 10% and in Washington State, 13%.<sup>12</sup>

## 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

## Care for Bellevue Residents

- HealthPoint, formerly known as Community Health Centers of King County, serves low-income adults, children and youth, many of who are homeless or in transitional housing. In 2012, HealthPoint provided medical care to about 1,200 Bellevue residents, similar to 2010. HealthPoint annu-

ally serves more than 5,000 clients from all over the Eastside.<sup>13</sup> HealthPoint reports an increase in people who have become recently uninsured due to job loss. As of April 2013, at their 11 clinics around the county, Healthpoint had already turned away about 7,500 people.<sup>14</sup>

- 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 Basic Health Plan, Apple Health for Kids, Medicaid and Medicare. In 2012, Eastgate served 2,232 women for Maternity Support Services, 4,586 for Family Health, 1,372 for Family Planning and 3,870 for the Women Infant and Children Program (WIC), all slightly lower than 2010.<sup>15</sup>
- 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 particularly serve the Asian, Native Hawaiian and the Pacific Islander communities. In 2014 ICHS will open a clinic in the Crossroads neighborhood in Bellevue that will include dental services.
- SeaMar is a community based organization providing medical, dental and behavioral health services to diverse populations specializing in service to Latinos. In the Bellevue clinic, the focus is medical and behavioral health. Clients are typically at or below 200% of the FPL. In 2012, SeaMar served 3,700 individuals in their Bellevue clinic.<sup>16</sup>

respondents. Forty-one percent of survey respondents rated *lack of affordable medical insurance* as a major/moderate community problem, a significant decrease from 2011 but still the second highest rated community problem. Forty percent of survey respondents rated *lack of affordable medical care* as a major/moderate community problem, also significantly decreased from 2011 though still the third highest rated problem.

- In the phone/online survey, *not being able to pay for insurance* is the fourth-highest household concern, remaining a problem for 15% of households, almost the same as 2011's survey results. *Not being able to pay for doctor bills* ranked as the seventh-highest household concern (14% major/moderate), about the same as 2011.
- Respondents whose primary language is not English and those with incomes of less than \$25,000 are more likely to rate *not being able to pay for medical insurances* as a major/moderate problem in their household compared to other respondents who those who are native English speakers and those with incomes of \$50,000 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 those two categories, as well as respondents age 35-54.
- Of survey respondents who found help for their problems, 18% sought help with medical issues, insurance or bills similar to 2011. Of those indicating they or someone in their household had sought help for at least one major/moderate problems, 18% could not find help with medical issues, including bills or medical insurance coverage, slightly lower than 2011.
- Consumers of human services who responded to a survey in 2013 were much more likely than phone/online survey respondents to rate *not being able to pay for doctor bills* as a major/moderate problem, with a 52.5% rating response. Many respondents (43%) rated *not being able to pay for or get medical insurance* as a major/moderate problem for their household. Both ratings are similar to those from the 2011 consumer survey.
- Providers of human services stated in an online survey that over half of their clients

## Community Perceptions

- Affordability of medical care and medical insurance was a significant community and household concern for phone/online survey

report health care as one of the services they need but can't easily get.

## Dental Care Prevalence

- Cavities are a result of transmissible, infectious dental decay. Dental cavities are the most preventable disease in this society. Approximately 1.3 million Washingtonians lack dental insurance or rely on Medicaid coverage.<sup>17</sup> Statewide, in 2003, only 68% of dentists who accepted Medicaid in the previous year re-enrolled as a Medicaid provider.<sup>18</sup> In a report about inappropriate usage of emergency rooms in 53 hospitals in Washington State, data showed that between January 2008 and June 2009, 54,250 visits to the ER were due to dental issues, at a cost of about \$36.3 million. The report also noted that there is a shortage of dentists who will take Medicaid patients, due to low reimbursement.<sup>19</sup>
- On average from 2006-2010, East King County residents were more likely to receive dental care than those living in South King County or Seattle; 23% countywide did not see a dentist compared to 17% of East King County residents. In the Bellevue Health Planning area, 22% did not see a dentist.<sup>20</sup>
- The situation is even worse for children, and can have lasting effects. Poor oral health of children has been linked to diabetes, heart disease, and other long-term health problems. It is estimated that in Washington State 40% of low-income preschoolers have decay, and 58% of third graders have decay. However, the 2010 Washington Smile Survey showed that the rate of untreated decay among low income pre-schoolers was cut in half over the past 5 years, from 26% in 2006 to 13% in 2010.<sup>21</sup>

## 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. Medicare and the Basic Health Plan do not cover dental care. Medicaid in the past only covered some

very basic dental procedures then the State cut the coverage entirely for most adults except for pregnant women due to the budget shortfall. However, during the 2013 State Legislative session, funding was fully restored for low-income adults on Medicaid effective January 1, 2014.<sup>22</sup>

“There is more demand for our affordable sliding scale dental care than current capacity can meet.”  
*Provider Survey, Health Point*

## 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) and served nearly 3,800 women and children and homeless youth in 2012.<sup>23</sup> Medical Teams International 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 12 private dentists and 3 Eastside clinics participating in the Access to Baby and Child Dentistry (ABCD) program: Eastgate Public Health Dental Clinic, HealthPoint Dental Clinic, and Lake Washington Technical College Dental Clinic.<sup>24</sup> ABCD provides dental services to children ages birth through five who are on Medicaid.
- HealthPoint, which provides dental care to East King County residents in their Redmond office, identified dental care as a growing need, especially for older adults. People without insurance earning up to 250% of the FPL can obtain services using a sliding fee scale. In 2012, HealthPoint served 473 Bellevue residents and 2,500 total Eastside<sup>25</sup> residents.<sup>26</sup> According to the HealthPoint provider survey, in 2013 their 6 dental centers countywide have collectively turned away an average of 230 people a week, which translates into 3,447 people.

By mid-year in 2013, their 6 dental clinics have served 10,000 people.

- As a preventative measure for low-income children, Eastgate Public Health provides sealants. Lake Washington Technical College Dental Clinics provides fluoride treatment.

## Community Perceptions

- Thirty-four percent of phone/online survey respondents cited *lack of affordable dental care* as a major or moderate community problem; though a significant decrease from 2011, this problem has been in the top tier of community problems for the past 10 years. Similar to 2011, in 2013 14% of respondents identified this issue as a major or moderate household problem. It also has been in the top tier of household problems for the past 10 years. Respondents whose main language was not English more frequently reported that inability to pay for dental bills was a major or moderate problem compared to those whose main language is English (23% vs. 11%). Respondents who have annual incomes of less than \$25,000 also more frequently reported this as a problem compared to those with higher incomes.
- More than half (64%) 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, 51% of respondents reported that dental care is one of the services that their clients report they need but cannot get.
- Participants in about a quarter of the Community Conversations conducted in 2013 reported that dental care was a major need, especially for adults. Even though low-income children have dental coverage under the Apple Health program, parents reported that they were not able to find dentists who would take this coverage as it pays lower rates than other insurance.

## Prescription Drugs, Hearing Aids and Eye Care

- Medicaid, Basic Health Plan and now, Medicare, provide prescription drug cover-

age; all have some limitations in terms of how much will be covered. 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

“My husband needed a pill that costs \$700; it is not covered by medical coupons. I have had to get another job to help pay for it.”

*Community Conversation, Mamas Unidas*

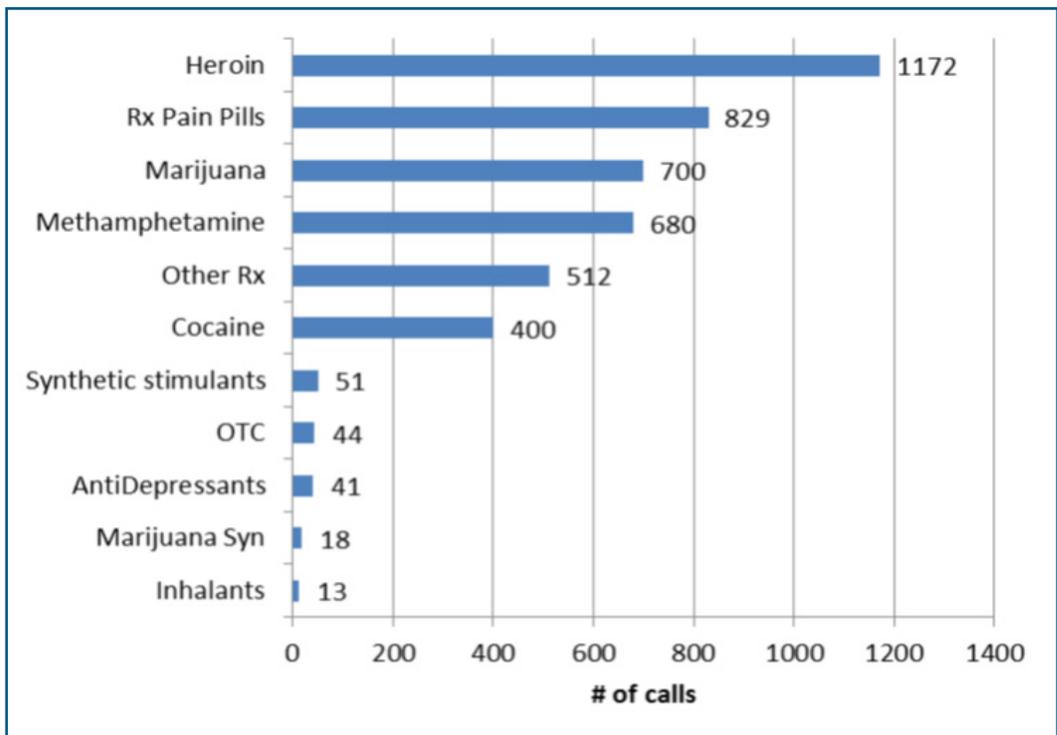
of covered Part D prescription drugs, up to an initial coverage limit of \$2,400. Once the initial coverage limit was reached, beneficiaries were subject to another deductible, known as the “Donut Hole,” or “Coverage Gap,” in which they paid the full costs of drugs. However, beginning in 2014, the ACA provides coverage for this gap by discounting covered brand name drugs and other benefits. The gap will be completely closed by 2020. This will improve the ability for older adults to afford their medications, which was expressed as a concern during Community Conversations held in 2013.

“The coverage for my prescriptions on my health plan isn’t good, so I can’t afford to get my pills.”

*Community Conversation, The Landing*

- According to the National Center for Health Statistics nearly 50 million (17%) Americans have some degree of hearing loss. Estimates are that 18% of American adults 45-64 years old, 30% of adults 65-74 years old, and 47% of adults 75 years old or older have some kind of hearing loss. (*Note: For more information about hearing loss and Looping, see Goal 4 in this report.*) Hearing aids for people with hearing loss are not covered under Medicare or Medicaid, so many low-income people who participated in Community Conversations voiced their concerns about their inability to afford these very expensive devices.
- Another gap for people with low-incomes is coverage for prescription eye glasses. Medicaid covers some eye surgeries and

vision screenings, but not eye glasses. Medicare enrollees can purchase a Medigap policy that may cover eye glasses but this is not covered in the general policy. Providers and Community Conversation participants, mostly older adults, discussed the challenges of not being able to afford eye glasses on a limited budget.



**\*Number of calls from the Recovery Help Line, Crisis line and the Graveyard shift with mentions of specific drugs - King County 2012**

## Substance Abuse Prevalence

- Substance use in Washington State and King County continues to negatively impact people’s lives and requires treatment services. According to a report released in June 2013, heroin use and related deaths have increased significantly across Washington in the past decade, especially among people younger than 30. Younger people are finding it easier to obtain heroin than prescription opiates, attributed by researchers to new rules that make it harder to get pharmaceutical opiates because of better prescription tracking. Data shows, for example, that the number of accidental deaths statewide involving heroin and prescribed opiates almost doubled from an average of 310 annually from 2000-2002 to 607 annually from 2009-2011. In King County, almost three-quarters of drug caused deaths involved heroin or a prescription opiate between 1997 and 2012.<sup>27</sup>
- Other trends in King County substance

abuse include an increase in methamphetamine and marijuana, and the use of synthetic cannabis (e.g. Spice) and synthetic drugs related to the plant Khat, called “bath salts” which are only occasionally detected in law enforcement evidence. HIV incidence and prevalence remain low, but Hepatitis C is very prevalent among injection drug users (75%). On the positive side, overdose education is increasing and a new drug overdose antidote, naloxone/Narcan, is becoming more available in the community. With the passage of Initiative 502 in 2012 in Washington State, which legalizes marijuana sales and use for adults, and a medical use law passed in 1998, police evidence positive for cannabis has dropped dramatically in King County and statewide most likely a result of policy, resources and increases in some field testing for marijuana. As the chart above shows, the largest number of calls to the Recovery Help Line,

“There seems to be a lot of people using drugs in King County, especially homeless youth when they are overwhelmed with their situation.”  
*Community Conversation, The Landing*

Crisis Line and medical providers on the graveyard shift, and the most frequently reported drug is heroin.<sup>28</sup>

- In Bellevue, 8.3 out of every 100 deaths are attributed to drug or alcohol related causes. This is lower than 12.2 statewide rate. Similarly, the number of adults receiving state-funded alcohol or drug treatment is lower in Bellevue compared to the rest of the State. Out of every 1,000 adults, 3.4 Bellevue residents are receiving treatment compared to 13.8 statewide.<sup>29</sup>
- During the time period 2006-2010, Bellevue had a lower smoking rate (9%) for adults compared to 11% countywide and 16% statewide.<sup>30</sup> Bellevue has slightly lower rates of binge drinking (13%) as compared to the county (18%) and the state (16%) for the 2006-2010 period. Among adults in King County, men and people ages 18-24 are more likely to binge drink.<sup>31</sup>
- The rates of Bellevue teens who have smoked cigarettes in the past 30 days are consistently lower than Washington State rates. In 2012, 3% of Bellevue 8th graders, 5% of 10th graders, and 9% of 12th graders have smoked in the past 30 days compared to statewide rates of 5%, 10% and 16%, respectively. It should be noted that both in Bellevue and at the state level, the percentages of all age students that smoked was slightly decreased from 2010. The rate of teens who have consumed alcohol in the last 30 days in Bellevue is lower than Washington rates. In 2012, 7% of Bellevue 8th graders and 18% of 10th graders had consumed alcohol in the past 30 days, compared to statewide rates of 12% and 23%. However, Bellevue 12th graders were slightly more likely to have recently drank (42%) than teens statewide (36%).<sup>32</sup>
- Bellevue is also below the statewide teen rates for current marijuana use for students in grades 8 and 10. For example, 5% of Bellevue 8th graders and 11% of 10th graders used marijuana in the last 30 days compared to statewide rates of 9% and 19%. However, use by 12th graders in Bellevue was the same as 12th graders statewide at 27%. The percentages of Bellevue and state teens reporting any illegal drug use in the past 30 days were nearly equal for 8th grad-

ers (2 and 3% respectively) and for 12th graders (6% and 7% respectively).<sup>33</sup>

## Service Trends

### Client Profile

- Therapeutic Health Services (THS) reports serving more adults who are opiate dependent since they opened their Opiate Substitution Program in July 2012. They are also seeing a large increase in clients who need substance abuse treatment but are low-income and can't afford to pay. Nearly 80% of the adults enrolled in their Alcohol and Drug Treatment program are below the federal poverty level; two-thirds of the youth they serve have no health insurance. In 2012, they served almost 100 more unduplicated clients than they had projected, and provided over \$250,000 in charity care. Therapeutic Health Services employs a Russian counselor to meet the growing needs of the Eastern European community and a Veterans Outreach Program Coordinator.<sup>34</sup>
- Youth Eastside Services staff also report a large increase in the number of youth they serve using heroin and an uptick in the number using methamphetamine.<sup>35</sup> (*Note: For more information, see the School Aged Children and Youth section in this report.*)

### Access to Treatment

- Under the Alcohol and Drug Abuse Treatment and Support Act (ADATSA), assessment, treatment, and support services are provided for individuals who are incapacitated from receipt of gainful employment and meet specific eligibility requirements. The waiting list for ADATSA treatment services has more than quadrupled since 1992, and its growth is accelerating. In SFY 2009, nearly one-third (33.1%) of ADATSA clients already assessed as needing treatment were never admitted to treatment at all. This is due primarily to a lack of funding, though multiple studies have shown that people who have completed treatment have higher wages, fewer arrests, and produce higher cost savings to public systems following discharge.<sup>36</sup>
- Staff from the City of Bellevue Probation Division report that one of the most fre-

quently needed services for their clients is court-ordered chemical dependency assessment and treatment. 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 difficult to find as well in regard to eligibility and cost of services. In addition to Probation services, staff provide referrals to a wide range of other resources, including shelter, food, and mental health.

## Community Perceptions

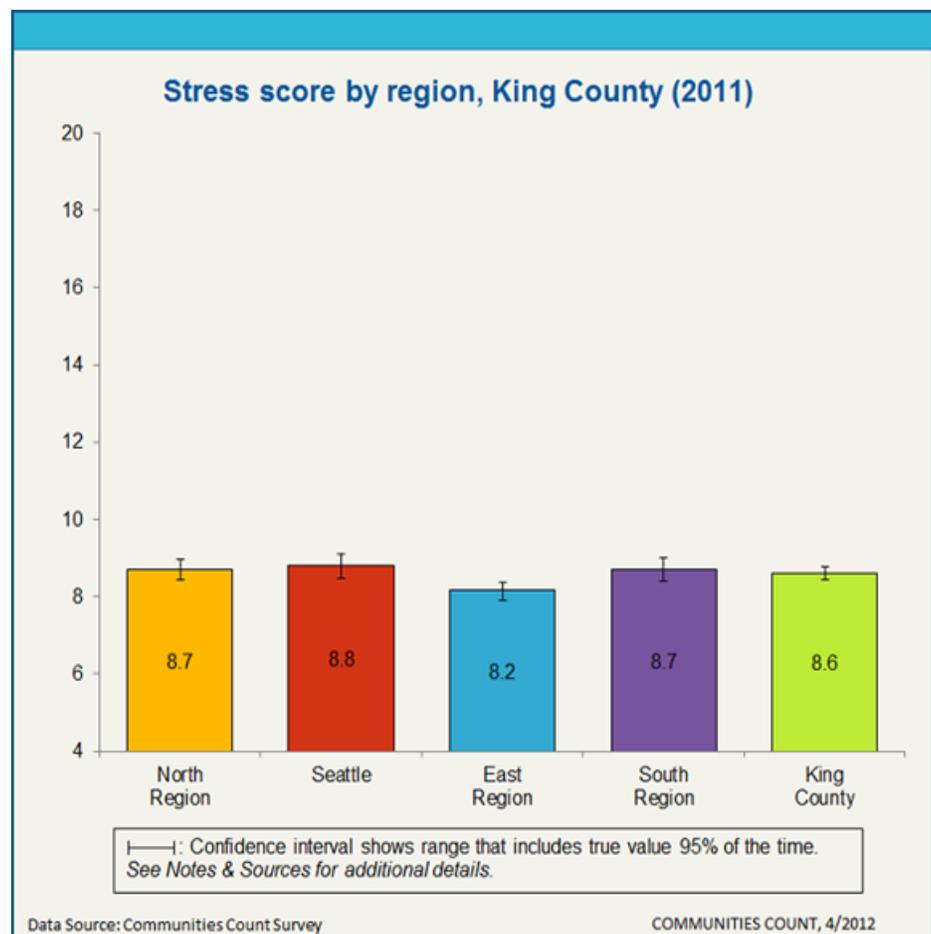
- While only 4-5% of 2013 phone/online survey respondents reported either drug problems or alcohol problems to be a major/moderate issue within their household, this is likely to be under-reported due to social stigmas and illegality related to substance abuse. This level of reporting is consistent with previous years' surveys. Consumers of human services responded to this question with similar low levels of concern. Four percent said alcohol was a major/moderate household problem and five percent rated household drug use as a major/moderate problem.
- Bellevue Police Department staff speculates that the recent increase in home burglaries in some neighborhoods is due in part to the increase in substance abuse, in particular, heroin: burglars are in need of quick cash in order to purchase their drugs.

## Mental Health Prevalence

- Nationally in 2009, there were an estimated

11 million adults age 18 or over (4.8% of all adults) who experienced serious mental illness in the past year.<sup>37</sup> In Washington State, 9.7% of the adult population experiences frequent mental distress; in King County, 8.2% and in Bellevue 6% had 14 or more bad mental health days within any given 30-day period.<sup>38</sup>

- According to *Communities Count: Social and Health Indicators across King County*, in East King County there was a significant increase in the average stress score in 2011, as measured by asking people four questions on a survey about how often they have experienced certain symptoms of stress. In 2007, the stress score was 7.3 on a



scale of 5 (low) to 20 (high), while in 2011, it was 8.2. However, compared to other subregions in the county, East King County had the lowest level of stress reported. The survey countywide showed that some of the groups who experienced higher stress levels overall include: people of color,

people whose primary language is not English, people with incomes less than \$65,000, people with less than a college degree, and people age 18-24.<sup>39</sup>

- The number of suicides or attempted suicides by youth aged 10-17 is higher in Bellevue than the statewide rate, 51.8 per 100,000 compared to 43.2 statewide between 2006-2010.<sup>40</sup> For adults, during the same period, the rate was 12.8 per 100,000 compared to 12 per 100,000 statewide.
- A recent study revealed that 320,000 troops who served in Iraq and Afghanistan suffer traumatic brain injury and 300,000 troops are suffering from post-traumatic stress disorder (PTSD) or depression. Other research shows that rates of PTSD of 15-30% are present among veterans in combat zones. The rates suggest that as many as 25,000 King County veterans have or are experiencing PTSD to some degree.<sup>41</sup> (Note: For more information about this issue, see the Veterans Section of this report.)

## Service Trends

- Youth Eastside Services report a higher demand than usual for mental 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.)<sup>42</sup>
- Adverse Childhood Experiences (ACES) is the term given to describe all types of abuse, neglect and other traumatic experiences that occur to individuals under the age of 18. The landmark Kaiser ACES study examined the relationship between these experiences during childhood and reduced health and well-being later in life. Using a rating tool that provides an ACES score depending upon the level of abuse, family dysfunction and neglect in the family, the ongoing study found that the higher the score, the stronger the links between poor health outcomes such as obesity, diabetes, and mental illness, drug use and alcoholism. The results from this research provides a basis for “trauma informed care” which focuses on adapting the services to the client rather than the client to services.<sup>43</sup>
- National Alliance for Mental Illness, (NAMI), provides support groups and classes for consumers and their families, as well as community education to dispel the stigma and discrimination of mental illness. Examples include information on medications for mental disorders, developing coping skills and finding resources for recovery. In East King County, staff reports that the Family to Family class tends to have at least 30 people on the wait list all the time; last year it was more than 100. They have increased the number of classes they offer each year to meet the need, from 2 to 5 classes.<sup>44</sup>
- Crisis Clinic provides a 24-Hour Crisis Line and the 2-1-1 Community Information Line. In 2012, the 24-Hour Crisis Line responded to 7,240 calls from Bellevue residents, a 44% increase from 2011 (4,021 calls). Of those calls, there were 5,847 calls related to emotional health, including 377 related to suicide. There were 297 callers who were seriously considering suicide, but 68% agreed to keep themselves safe until they could arrange for help, after talking with a phone worker.<sup>45</sup>
- In August 2012 King County opened the Crisis Solutions Center which is funded by the Mental Health and Drug Dependency (MIDD) sales tax (described later in this chapter). The Center diverts adults in mental health and/or substance abuse crisis from use of jail/criminal justice and medical hospital systems by using a Mobile Crisis Team, a Crisis Diversion Facility, located in Seattle, and Crisis Diversion Interim Services. As a result of these new services, adult crisis stabilization services rose 75% in 2012 compared to 2011.<sup>46</sup>
- Sound Mental Health staff reports that each year, they serve more clients; the downturn in the economy over the past several years brought increased financial stress and unemployment. More of their clients show more impaired levels of functioning as shown on assessment scores upon Intake. More of their clients have both addictions and mental health problems.<sup>47</sup>

## Access to Publicly Funded Mental Health Care

- A mental health system needs assessment conducted in 2006 by the Washington State Department of Social and Health Services found that almost half of the low-income people who do not have private health coverage are also not able to access state-funded mental health services. Access is a problem even among those served; about one-third said they rarely, or never, see their therapist when needed. Barriers identified by consumers included lack of providers who speak languages other than English, and legislative decisions to limit services to the most severely impaired, or have the “right” diagnosis. Lack of early intervention services and coordination/integration of services were also cited as problems with the current system.<sup>48</sup> However, the Affordable Care Act will include mental health coverage in its Medicaid expansion component, so providers hope that this gap will be addressed for many who will soon have health insurance.
- In 2007 the King County Council voted to enact a one-tenth of one percent sales tax to fund the Mental Illness and Drug Dependency (MIDD) program whose goal is to prevent and reduce chronic homelessness, involvement with criminal justice and emergency medical systems while promoting recovery for people with mental illness or chemical dependency. The programs that are funded range from mental health and substance abuse services for older adults in clinics countywide as well as survivors of domestic violence in East King County, to Crisis Intervention Team Training (CIT) for first responders. About 5,000 East King County residents received MIDD funded services between October 1, 2011 and September 30, 2012, about 16% of the total number served countywide.<sup>49</sup>
- In King County, 43,929 clients were served in the Regional Support Network through the fourth quarter of 2012 which is a 3% increase compared to the same timeframe in 2011, and nearly the same served in 2010. About 1,559 people in East King County received county-administered mental health

outpatient services in 2012. In 2012, 886 Bellevue residents were enrolled in the outpatient services (not including inpatient or crisis care) funded by the County compared to 859 in 2010.<sup>50</sup> In the past, people who did not qualify for Medicaid, such as the working poor, were rarely funded through the Regional Support Networks; however, after the MIDD was passed, the proportion of non-Medicaid outpatients has risen to 12% exceeding the previous peak of 11% in 2010 which was more than double the rate prior to implementation of the MIDD in 2008. Of the outpatients who were homeless when they began services, 38% found housing in 2012 compared to 31% in 2011 and 29% in 2010.<sup>51</sup>

## Community Perceptions

- Nineteen percent of phone/online survey respondents rated *mental illness or emotional problems* as a major/moderate community problem in 2013, a significant decrease from 2011 (27%) but the same as 2009. This area was also a first tier concern of phone/online survey respondents in their households with 15% of respondents noting it as a major/moderate problem (down from 20% in 2011 but similar to 16% in 2009).
- Of those survey respondents who found help for their problems, 32% were seeking help for mental health counseling. Help-seekers were only slightly more likely to receive help from a mental health therapist than a family member, friend or neighbor (38% vs. 36%) a reversal from years past. Of the respondents who indicated that they or someone in their household had sought help for at least one of the problems ranked as major/moderate, only 9% could not find help for mental health counseling.
- Nearly 32% 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, an increase from 26% in 2011.
- Over half of the providers responding to an online survey reported that mental health care was a service that families needed but could not get. It was the second most frequently mentioned, after transportation.

- Faith community representatives mentioned in key informant interviews the need for culturally appropriate mental health counseling, for example, in the growing Muslim and Chinese communities in East King County. In many cultures, there is a reluctance to speak about personal matters outside of the family unit, so counselors from specific cultures or with knowledge about the cultures need to be available.
- City of Bellevue employees who have direct contact with Bellevue residents report more hoarding issues amongst the people they encounter as part of their work. Reports have come from Code Enforcement staff who are investigating reports of extensive clutter in residents' yards; from Bellevue Fire Cares social work interns who have appointments with residents in their homes to provide resources for human services needs; and from staff from the Bellevue Major Home Repair Program who sometimes cannot find contractors to do repairs because the piles of possessions are so densely packed inside the dwellings of prospective clients. In conversations with residents living in several South Bellevue neighborhoods recently annexed to the city, some residents also expressed concerns that incidents of hoarding were increasing. Most hoarding has been identified by professionals as a mental health issue associated with obsessive compulsive disorder, which is related to anxiety. Therapeutic interventions are usually required in order to address this issue.

### Implications for Action

- With the implementation of the Affordable Care Act's expansion of Medicaid eligibility and establishment of the Health Care Exchange for others who are currently uninsured, there is great potential for residents to gain improved health and well-being. The next few years will be critical in ensuring that all people who are eligible are enrolled and receive all the benefits to which they are entitled.
- Even though the Affordable Care Act requires health plans to include services for mental health under the federal and state parity laws, there will likely still be gaps for some people needing these services. Funding cuts made by the State, County and foundations have impacted the number of clients that community mental health providers can serve currently but there are still hopes that health care reform will address this issue.
- The influx of immigrants and people who are English Language Learners 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 adults and youth is on the rise, particularly the use of heroin. Continued community education about the risks, and better understanding about the causes, such as ongoing stress and early exposure to Adverse Childhood Experiences, need to be part of the community dialogue to address this increase.

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