

Special Focus Area: COVID-19



The COVID-19 Pandemic



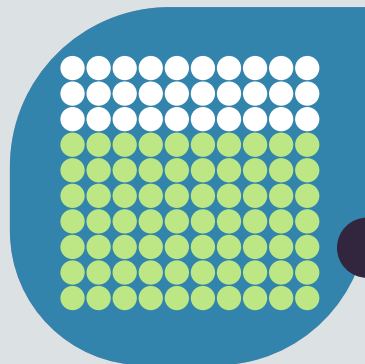
Nearly **160,000** documented **COVID-19** cases in King County, approximately **7,000** in Bellevue alone.

86% of King County residents are fully vaccinated against COVID-19.



16% of Bellevue households experienced a decrease in income specifically because of the pandemic.

More than **\$11 million** in additional human services funding to help residents weather the pandemic.



70% of East King County human service providers report an increase in service demand since the pandemic started.

The COVID-19 Pandemic

This Special Focus Area of the 2021-2022 Human Services Needs Update provides a brief background of COVID-19 as well as the pandemic's impacts.

- Far-reaching effects, including impacts on health outcomes as well as economic indicators;
- Disproportionate impacts on low-income communities and communities of color; and
- Consequences for human service providers and the overall safety net.

Finally, the chapter closes out with a discussion of how the City of Bellevue has responded to human service needs related to the crisis.

This chapter discusses these topics as they pertain to the broader community. For more information about how this chapter relates to specific populations (Older Adults, Refugees and Immigrants, People with Disabilities, School-Aged Children and Youth, and Veterans) within our community, please see their respective chapters. Similarly, for additional information about some of the broader topics raised in this chapter (e.g., rental assistance, mental health), see their respective chapters:

- Goal 1: Food to Eat and Roof Overhead
- Goal 2: Supportive Relationships
- Goal 3: A Safe Haven from All Forms of Violence
- Goal 4: Health Care to be as Physically and Mentally Fit as Possible
- Goal 5: Education and Job Skills to Help Individuals Reach their Full Potential

Finally, we recognize that disparate outcomes based on race exist regarding prevalence of and responses to the issues covered in this chapter. As part of the City's ongoing efforts to continue growing as a culturally competent and racially equitable organization and city, we have, when possible, highlighted racial disparities throughout this report, denoted by the phrase, **"Racial (In) Equity Data Point."**

Key Findings

- Many low-income Bellevue households' pre-pandemic safety net was eliminated as households had to use these resources to meet their basic needs. Many households are continuing to work to overcome the obstacles they encountered due to the pandemic, including job loss, wage reductions, medical costs, the unavailability of childcare, and either high amount of back rent or even loss of housing.
- The pandemic has highlighted that health equity is still not a reality; COVID-19 has disproportionately impacted communities of color, putting them more at risk of getting sick and dying from COVID-19.
- The pandemic has caused both a tremendous increase in human service need as well as significant adjustments to how services are delivered. Both have stretched organizations' already-limited resources at a time when costs are increasing and revenue is decreasing.

Background

Washington State confirmed the first COVID-19 case in the United States on January 21, 2020, followed shortly by the first death from the disease in the U.S. on February 29. East King County was immediately and profoundly affected by COVID-19, as a long-term care facility in Kirkland was identified as an early epicenter for the disease.¹

Since those initial cases, efforts to limit the spread have included widespread closures of schools, businesses, and non-health related services, mass testing and contact-tracing efforts, and vaccine drives (see Timeline of Key COVID-19 Policies for an overview). From March 2020 through October 2021, Washington had approximately 660,000 confirmed cases; Figure 1 shows the growth in COVID-19 cases across King County over that same period. Bellevue's COVID-19 cases followed similar trends, reaching a total of 6,873 cases through October 2021.²

Public health experts agree that the true number of cases in the state is much greater than the number that have been confirmed by laboratory tests. It is very difficult to know the true number, as many people may experience only mild illness or be asymptomatic and testing is not widely available. In addition, new variants such as Delta (identified in summer 2021) and Omicron (identified in fall 2021) may spread more rapidly, lead to more severe illness, and/or be resistant to some forms of treatment.³ As of November 2021, approximately 9,000 Washingtonians had died of COVID-19 across the state, 2,020 of which were in King County.⁴

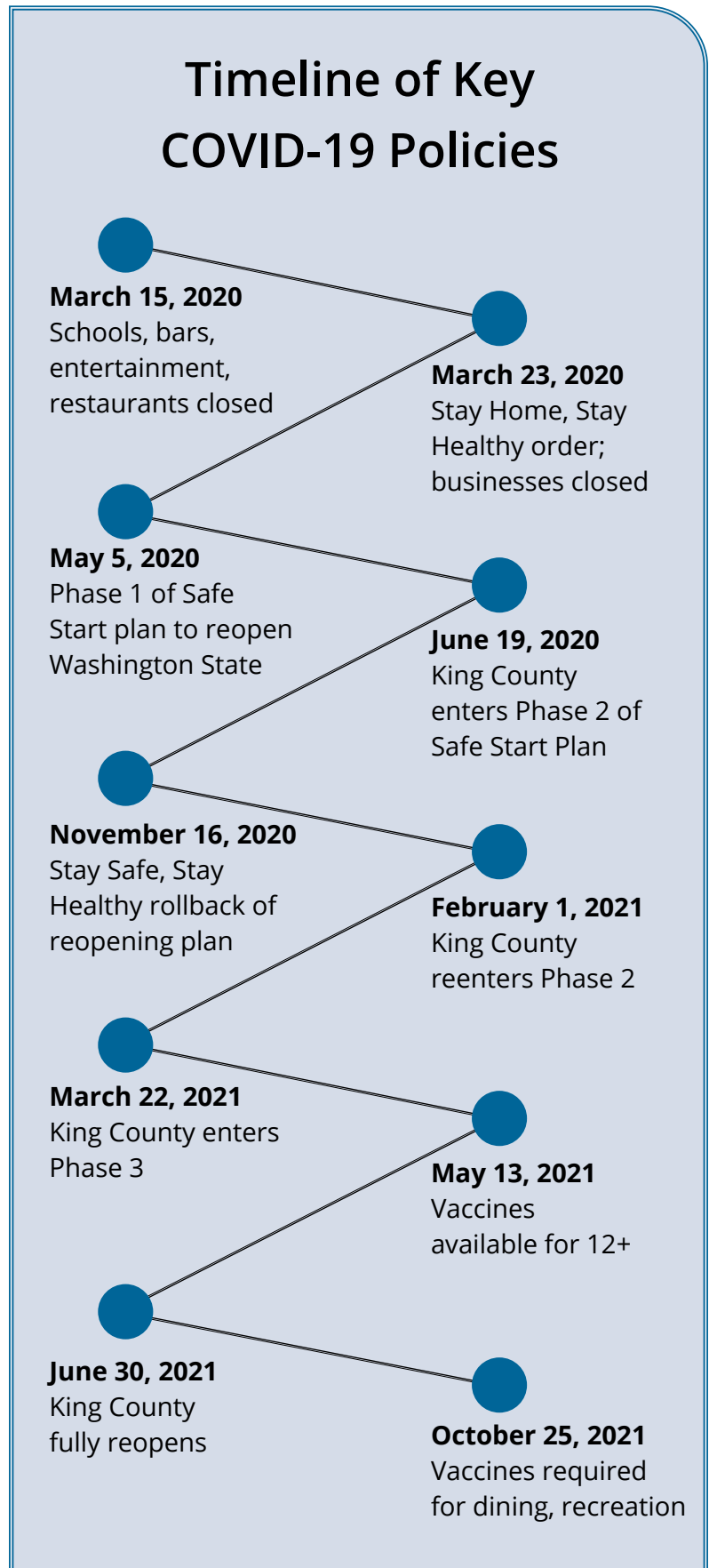


Figure 1 | Source: Public Health Seattle & King County—Economic, social, and overall health impacts dashboard

Despite the grim reality of the pandemic’s toll, there are some reasons for hope. Washington State enjoys one of the highest vaccine rates in the nation, with more than 70% of all eligible residents fully vaccinated and 78% having received at least one dose.⁵ More than 93% of all King County residents had received at least one vaccine dose, and 86% had been fully vaccinated; across the Bellevue, Issaquah, and Mercer Island region, nearly 92% of all eligible residents have received at least one dose of the vaccine.⁶ Racial and ethnic disparities within vaccine rates do exist; for example, across both King County and the East region, Hispanic/Latino residents have the lowest vaccination rates at 77% and 76%, respectively.⁷ However, all groups have exceeded the 70% threshold, a critical step toward achieving herd immunity.⁸

Cumulative COVID-19 Cases in King County

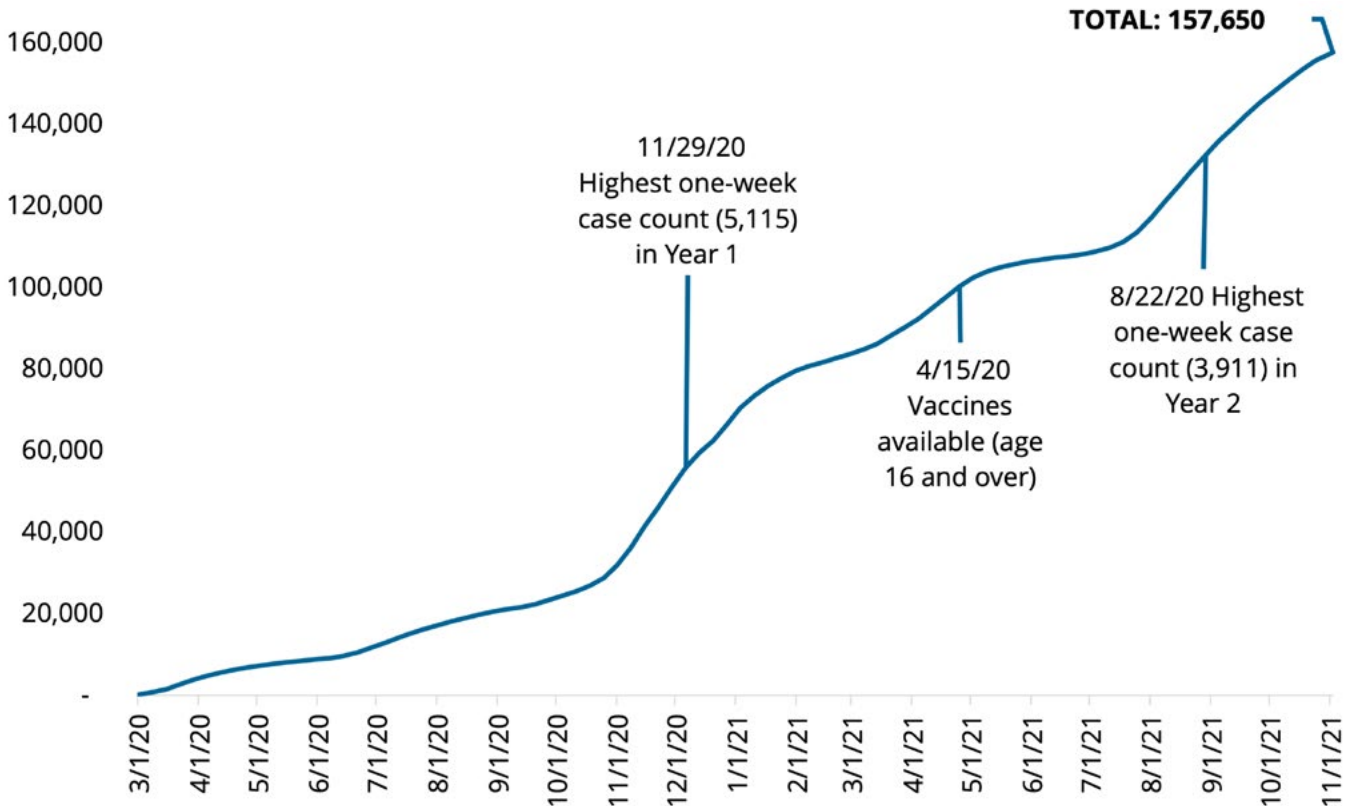


Figure 2 | Source: Washington State Department of Health

COVID-19’s Far-Reaching Effects

Efforts to limit the spread of COVID-19 have contributed to the dramatic increases in the number of King County residents who are unemployed or furloughed, and/or need assistance affording food, utilities, housing, and accessing health care. In addition to social isolation, the disruption of daily life, and grief, these stressors have strained many people’s mental health and coping abilities.⁹ The following data points highlight just some of the pandemic’s pervasive and continuing effects:

- Approximately 9,000 more King County households received Basic Food assistance in November 2021 than January 2020, a 9% increase.¹⁰ Over that same period, there was an 11% increase in Bellevue (zip codes 98004, 98005, 98006, 98007, 98008) households receiving Basic Food assistance.¹¹
- There are numerous indicators of worsening behavioral health as the pandemic has continued. Countywide, there was a 25% increase in calls to the behavioral health crisis

line in October 2021 compared to 2019.¹² As of October 11, 2021 (the most recent data available), approximately 23% of Census Pulse Survey respondents from the Seattle/Tacoma/Bellevue Metropolitan Service Area reported feeling down, depressed, or hopeless for more than half the week. In terms of anxiety, approximately 27% of respondents reported feeling nervous, anxious, or on edge for more than half the week.¹³ While not directly

comparable, only 11% of King County adults reported experiencing 14 or more days of poor mental health in a given month prior to the pandemic.¹⁴

- In a 2020 survey, 25% of King County respondents reported that COVID-19 had an impact on their ability to meet financial obligations. In a 2021 survey of Bellevue residents, 81% of respondents that experienced a decrease in income attributed it to the COVID-19 pandemic. Across all Bellevue households, approximately 16% experienced a decrease in income specifically because of the pandemic.¹⁵
- Across King County, 49% of 211 calls between January 4 and November 28, 2021 requested housing-related assistance.¹⁶ As of July 2021, approximately 7,600 Bellevue households were considered “very” or “somewhat” likely to be evicted in the next two months. The average rental debt owed by these households ranged from \$4,000 to \$11,000.¹⁷
- King County’s unemployment rate peaked at 15.1% in April 2020; during that same period, nearly 220,000 workers were receiving unemployment benefits. Although some data indicate the economy is recovering (for example, as of October 2021, the countywide unemployment rate had dropped to 4.4%), there are still nearly 40,000 unemployed individuals across the county.¹⁸ As of July 2021, there were approximately 3,300 unemployed, job-seeking Bellevue residents.¹⁹ Furthermore, in the 2021 phone/online survey, unemployment was considered a major/moderate problem by 26% of respondents, a significant increase from 2019.²⁰

“[We have] transitioned to all remote services... we are conducting groups via telehealth, although many of our clients are not participating in those groups ...We are seeing that telehealth services are not as effective for some of our clients, which is causing some to experience increased symptoms along with COVID-19 isolation.”

~ Provider Respondent,
COVID-19 Funding Impact Survey

Racial (In)Equity Data Point: The Disproportionate Impacts of COVID-19

The COVID-19 pandemic has affected everyone in our community, but certain groups – including racial and ethnic minorities – are more vulnerable than others. The pandemic has highlighted that health equity is still not a reality as COVID-19 has disproportionately impacted communities of color, putting them more at risk of getting sick and dying from COVID-19. For example, Figure 2 shows that Bellevue residents identifying as Hispanic account for approximately 7% of the city’s population, but nearly 18% of all COVID-19 cases.²¹

Bellevue and King County COVID-19 Cases by Race/Ethnicity

	Bellevue		King County	
	Percent of Total	Percent of All COVID-19 Cases	Percent of Total	Percent of All COVID-19 Cases
American Indian/Alaska Native	0.31%	0.43%	0.61%	0.88%
Asian	35.70%	20.42%	19.00%	13.17%
Black	2.46%	5.92%	6.77%	10.93%
Hispanic	6.92%	17.66%	10.35%	20.41%
Native Hawaiian/Pacific Islander	0.33%	0.76%	0.86%	2.78%
Other	4.52%	7.98%	4.73%	6.39%
White	49.75%	46.83%	57.68%	45.44%

Figure 2 | Source: Public Health Seattle & King County, COVID-19 Data Dashboards²²

The Center for Disease Control (CDC) has identified several factors that contribute to the disproportionate impact of COVID-19 on communities of color.²³ These include:

- Healthcare:** Some racial and ethnic communities face multiple barriers to healthcare access and use. At least 6,000 Bellevue residents were uninsured as of 2019, but stark differences exist across racial and ethnic groups. For example, the uninsurance rate among White residents was approximately half that of Black residents and American Indian/Native Alaska residents, a quarter that of Native Hawaiian/Pacific Islander residents, and only one-tenth that of residents of another race.²⁴ Even with insurance, out-of-pocket costs may still prevent individuals from seeking treatment. Across King County, between 9% and 22% of adults had unmet healthcare needs due to cost. Once again, there are clear differences across racial and ethnic groups. Approximately 9% of both White adults and Asian adults had unmet needs due to cost, compared with 14% of both Black adults and multiracial adults and 18% of Hispanic adults (of any race).²⁵ For more information about health care access, see Goal 4: Health Care to be as Physically and Mentally Fit as Possible).

- **Occupation:** Some racial and ethnic minorities are more likely to work in essential settings (e.g., healthcare facilities, farms, factories, grocery stores, public transportation), which substantially increases likelihood of exposure to COVID-19. For example, in Bellevue, 7% of Asian residents worked in the service industry, compared with 12% of White residents and multi-racial residents, 24% of Black residents and Native Hawaiian or Pacific Islander residents, 35% of American Indian or Native American residents and Hispanic residents (of any race), and 47% of residents of some other race.²⁶ In addition, the annual median earnings of full-time workers in service occupations in 2019 was just \$39,051;²⁷ as a result, workers may forego missing work (even if sick) as they may not have enough saved up to cover essential items like food, rent, and other important needs. For more information about employment, see Goal 5: Education and Job Skills to Help Individuals Reach Their Full Potential.
- **Housing:** Living in crowded conditions can make it very difficult to quarantine when a household member is or may be sick. Nationwide, people from racial and ethnic minority groups are more likely to live in crowded housing (defined as more than one person per room) than non-Hispanic White people, and this crowding can enhance exposure to COVID-19. While not directly correlating with race or ethnicity, native-born residents in Bellevue have, on average, smaller household sizes than their foreign-born counterparts.²⁸ Similarly, Bellevue households whose primary language is not English were more likely to exceed one person per room than those who primarily spoke English at home.²⁹ For more information about housing, see Goal 1: Food to Eat and Roof Overhead.

Organizational Impacts of COVID-19 on Human Service Providers

Human service providers inevitably face capacity challenges, even without a global pandemic. However, COVID-19 has caused not only a tremendous increase in service need, but it has also necessitated substantial adjustments to how services are delivered, both of which have stretched organizations' already-limited resources.

- **Changing service demands.** The speed and scale of the COVID-19 pandemic has severely disrupted the social safety net, and nonprofits are struggling to ensure that the community's needs are being met. For example, in a 2021 survey of East King County human service providers, 70% (n=27) of respondents report an increase in service demand over the previous 2 years. For those organizations reporting either no change (n=7) or a decrease (n=5), many referenced state-mandated closures (e.g., childcare centers) or reduced enrollment due to fear of COVID-19 exposure (e.g., dental care).³⁰ Regardless of the type of change, fluctuating service demands have necessitated adjustments in how services are provided, as many providers have expressed concern about how to continue to safely meet client need while social distancing. Although many programs have successfully transitioned their services to a virtual format, this approach can be a barrier depending on the type of service and/or client capacity (e.g., access to computer, webcam, internet) and capability (e.g., comfort with technology).
- **Increased expenses.** In a 2020 survey of East King County providers, respondents reported substantial increases in operations due to the COVID-19 pandemic, including staffing costs (42%, n=25), PPE (58%, n=35), cleaning supplies (60%, n=36), and technology (65%, n=39). Although 92% of respondents (n=55) reported receiving additional funding

(e.g., loans, grants, donations) to offset COVID-19's impact, providers reported average additional spending of \$306,780 (min: \$0, max: \$2,575,000) in 2020 due to the pandemic.³¹ Unsurprisingly, these trends continued into 2021: 80% (n=39) reported their programs continued to incur additional, unbudgeted expenses because of the pandemic. The three most common drivers of these additional expenses were costs related to staffing (e.g., hazard pay, continued need for Personal Protective Equipment; 48%), increased service demand (26%), and technology requirements for virtual services (20%).³²

“Earned revenue is down, staff time to outreach efforts to engage clients is greater, and the work is being done mostly via telehealth and online portals, which has added extra costs. In-person is happening on a limited basis and has added extra costs to maintain PPE standards and safety.”

~ Agency Respondent, Provider Survey

- **Reduced revenue.** Beyond just these additional expenses, two-thirds (n=60) of East King County providers reported that their 2020 revenue was significantly impacted by the pandemic, with “impact” defined as a 10% or greater loss in budgeted revenue. Overall, the average projected revenue loss through the end of 2020 was \$494,657, although projected losses ranged from \$3,000 to \$4,000,000. Furthermore, 4% of respondents also pointed to substantial reductions in fundraising revenue and program funding.³³

The City's Human Services Response to COVID-19

The City of Bellevue has responded and continues to respond to the human service needs created by the pandemic in a wide variety of ways.

Additional Human Services Funding

The City has made several additional human services investments throughout the pandemic to ensure residents can access critical supports to help them stabilize throughout crisis. Additional investments have been made in the areas of food assistance, behavioral health, childcare, and legal services. These include:

- \$450,000 from the Council Contingency Fund towards 5 existing contracts the City had in place for rent assistance.
- \$1,560,658 in special Community Development Block Grant Coronavirus relief funds (CDBG-CV, CDBG-CV2, CDBG-CV3) authorized under the CARES Act. These dollars supported several pandemic-related services, including rental assistance, homeless shelters, food assistance, behavioral health, and childcare.
- \$506,934 in unallocated prior year CDBG funds authorized under the CARES Act. These funds supported homeless shelters, childcare and legal services responding to the coronavirus.
- \$1,579,493 in Coronavirus Relief Funds authorized under the CARES Act. These funds supported emergency financial assistance, food assistance, and general operations support.
- \$7,000,000 in American Rescue Plan Act, federal funding designed to provide direct relief to cities, towns, and villages in the United States as they work to address the growing needs from the pandemic. These funds were allocated to support housing stability, specifically in the form of rental, mortgage, and move-in assistance.

Bellevue Conflict Resolution Center (BCRC)

BCRC helps the community resolve conflicts through free, confidential, and impartial conflict coaching, conciliation, and mediation. In 2021, BCRC provided the Eviction Resolution Pilot Program for negotiating repayment plans between landlords and tenants as an alternative to eviction proceedings. In addition to negotiating these cases, BCRC works with consortiums of rental assistance agencies and homelessness organizations to tighten the safety net under tenants and landlords experiencing the challenges of rent shortfalls.³⁴

Bellevue Fire CARES (BFCARES)

At the onset of the pandemic, many social service organizations suspended their services and community outreach. Due to the overwhelming increase in referrals to and need for Bellevue Fire CARES (BFCARES) services, BFCARES continued to provide in-person services, often bridging the gap left by the absence of other services. For example, BFCARES:

- Visited homes and conducted video calls with King County Fall Prevention to assess the environment and make recommendations to prevent future falls.
- Provided support to older adults (who may struggle with technology or remote services) by sitting with them while they completed phone assessments, facilitating tele-health appointments, and bringing paper applications for social services.
- Made daily phone calls to individuals who had become isolated because of the quarantine and had no one checking on them.
- Picked up and delivered prescription medication to individuals with COVID-19 and older adults unable to leave their homes.
- Delivered food boxes to clients with COVID-19 or COVID-19 symptoms when Hopelink volunteers were no longer able to do so. As the pandemic continued and Hopelink lost volunteers, BFCARES took over daily food delivery to Hopelink clients.

Bellevue Fire Department

The Bellevue Fire Department deployed mobile teams of firefighter/emergency medical technicians to ensure that vulnerable residents were able to access vaccines, including those in adult family homes and those unable to leave their homes. In addition, the Fire Department's mobile teams have conducted vaccine pop-up clinics throughout the community.³⁵

Bellevue Police Department

The Police Department maintained police services to those who contacted the city with needs during the pandemic and continued to respond to all calls. For those who did not feel comfortable with in person contact we changed our processes to take calls in other ways (by phone, or online) or make contact with the public differently (not entering houses or maintaining distance). Police teamed with the Bellevue Fire Department for a coordinated response to high risk COVID-19 locations like nursing homes and group living locations (i.e., Congregations for the Homeless).³⁶

Communications

In the spring of 2020, as many Bellevue residents and businesses were reeling from the COVID-19 pandemic and the economic shutdown it triggered, the City of Bellevue took a comprehensive approach to communicating resources to residents. Web pages were translated into multiple languages with details about COVID-19 and food, shelter and rental assistance. Social media posts in multiple languages provided information about the City's response to the pandemic and available resources. All Bellevue addresses received a postcard translated into four languages

with information about food banks and other local nonprofits. A special edition of the resident newsletter, *It's Your City*, went to 67,000 residential and business addresses in Bellevue. Online versions were available in multiple languages. The "Apart Together" issue, presented in multiple languages, featured an insert with a map of local food banks and other key resources. In addition, 50,000 COVID-19 resource flyers for food access, housing and rental assistance, and medical/mental health assistance were circulated in seven languages through Bellevue School District, nonprofits, and faith-based organizations.³⁷

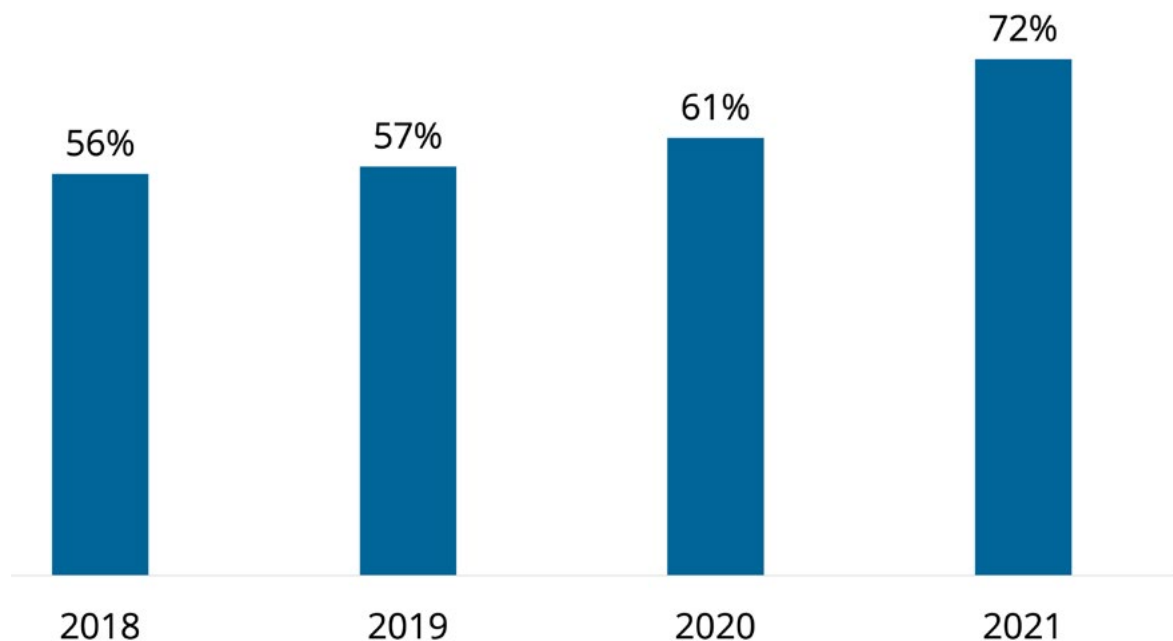
Homelessness

The Homeless Outreach Coordinator worked with shelters and day centers to address isolation and quarantine space needs, expand hours, and identify needed resources. Staff worked with Congregations for the Homeless to modify the temporary shelter space at Lincoln Center to accommodate physical distancing and isolation needs, and provided additional facilities to allow for quarantine of active COVID-19 cases (porta-potties, pallet shelters). Staff updated the City's website and distributed informational cards to help unhoused residents find current information about shelters, food banks, and other resources. Direct outreach with unhoused clients has continued throughout the pandemic, with updated protocols and PPE to enhance safety.³⁸

Mini City Hall's COVID-19 Resource Navigator Program

Crossroads Mini City Hall is an information and resource hub for delivering culturally appropriate, linguistically inclusive customer service to the Bellevue community. In recognizing the need to provide greater support to community members who have experienced the health and economic impact of the pandemic, the Mini City Hall COVID-19 Resource Navigator Program was created in April of 2020 to specifically help people access health and safety information and to navigate human service resources. In 2020 alone, Mini City Hall served more than 10,000 people and handled more than 30,000 requests, the vast majority of which were human service related.³⁹ Meanwhile, human service needs as a percentage of all Mini City Hall requests have continued to grow throughout the pandemic.

Human Service Needs as a Percentage of all Mini-City Hall Requests



Probation

The clients served by the Adult Misdemeanant Probation Division in the City of Bellevue consist of a high number of criminal justice-involved vulnerable individuals. Many of these clients face many challenges such as socioeconomic barriers, chronic health issues and disability, and housing instability. The staff of the Probation Division pivoted to provide virtual supervision and supportive classes to ensure these clients could continue to meet their obligations to the court, which increases safety for the entire community.⁴⁰

Recreation

North Bellevue Community Center and Highland Community Center staff quickly identified the impact of isolation on the vulnerable populations most served at these centers: older adults and individuals with disabilities. As a result, while in-person services were suspended early in the pandemic, staff at these centers engaged in intentional outreach to their customers and their caregivers, and also developed virtual programming to ensure the older adults and individuals with disabilities in the Bellevue community continued to receive opportunities to engage and recreate. In addition, the Bellevue Aquatic Center has remained open for much of the pandemic (after the initial closure of all facilities), thus ensuring that the Warm Water Therapy Pool was open for people living with chronic health conditions along with their caretakers and physical and occupational therapist.⁴¹

Utilities

To help residents experiencing financial stress due to the COVID-19 outbreak, from March 11, 2020 through December 31, 2021, Bellevue Utilities suspended all water shutoffs for non-payment. During this time, customers were not assessed additional fees or charges for past-due payments.⁴²

Endnotes

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