

The Human Services Commission approved these minutes on September 8, 2021

CITY OF BELLEVUE
HUMAN SERVICES COMMISSION
MINUTES

July 20, 2021
6:00 p.m.

Bellevue City Hall
Virtual Meeting

COMMISSIONERS PRESENT: Commissioners Amirfaiz, Ma, McClure, Mercer, Piper
COMMISSIONERS ABSENT: Chair Kline, Mansfield
STAFF PRESENT: Alex O'Reilly, Dee Dee Catalano, Christy Stangland,
Toni Esparza, Megan Farwell, Department of Parks and
Community Services;
GUEST SPEAKERS: MB Johnson, Friends of Youth; Justin Daignault,
BGLAD; Steve Knipp, Gen Pride Seattle
RECORDING SECRETARY: Gerry Lindsay

1. CALL TO ORDER

The meeting was called to order at 6:00 p.m. by Vice-Chair Ben Piper who presided.

2. ROLL CALL

Upon the call of the roll, all Commissioners were present with the exception of Chair Kline (who was excused) and Ted Mansfield.

Chair Kline stated that because in-person meetings are prohibited by the Governor's emergency order, the Commission will be holding its meetings remotely for an unknown period of time. As a result, the Commission's by-laws regarding remote participation and the order of business were suspended until such time as meetings were no longer being held remotely.

3. APPROVAL OF MINUTES

A. June 15, 2021

A motion to approve the minutes as submitted was made by Commissioner McClure. The motion was seconded by Commissioner Mercer and the motion carried without dissent; Commissioner Ma abstained from voting.

B. June 29, 2021

A motion to approve the minutes as submitted was made by Commissioner Ma. The motion was seconded by Commissioner Amirfaiz and the motion carried without dissent; Commissioner Ma abstained from voting.

4. ORAL AND WRITTEN COMMUNICATIONS – None

5. COMMUNICATIONS FROM CITY COUNCIL, COMMUNITY COUNCIL, BOARDS AND COMMISSIONS – None
6. STAFF AND COMMISSIONER REPORTS

Human Services Manager Alex O'Reilly took a moment to introduce Megan Farwell who recently was hired to serve as a human services coordinator focused on behavioral health and housing/homelessness services issues.

7. INFORMATION FOR THE COMMISSION

- A. Human Services Issues and Trends Within the LGBTQ+ Community

Justin Daigneault with Youth Eastside Services said he has for more than seven years been involved with BGLAD, a support group for youth age 13 to 19. He said there is a history of stigma in the mental health world around gender or sexuality. There has for many years been a history of pathologizing shame and stigma stemming from the diagnostic manual used by professionals which for a long time included homosexuality and gender dysphoria, which used to be called gender identity disorder. It is not because people are LGBTQ+ that they experience greater risk, rather it is the reaction from systemic pressures and the marginalization that comes from living in a transphobic and heterocentric society. He said as a white, non-disabled male-presenting person he has access to resources that reduce his risk in society, but many do not enjoy the same privileges. Those who are most at risk are those who hold multiple intersection identities at the same time, such as Black trans women who experience a lot of violence. The conversation cannot be held without also talking about systemic racism, misogyny, sexism or ableism. LGBTQ+ identity is inherently linked to many other identities that intersect in different ways. He encouraged the Commissioners to review the 2017 King County Youth of Color Needs Assessment and the 2018 King County Community Health Needs Assessment, which included an LGBTQ+ community spotlight.

Mr. Daigneault said one thing Youth Eastside Services is looking at is social determinants of health, which are health disparities in populations. The determinants are different things that may impact a person's health in terms of access to things like healthcare, education, and housing. Being unhoused is a primary topic in the needs assessment. All of those factors play into someone's outcome, and they are complicated for those in the LGBTQ+ community in light of the stigmatizing nature of physical or medical care in terms of finding affirming providers. Religion can be aversive stimulus for someone who preaches shame or who simply tolerates a person based on their identity. Legal services can also be difficult to obtain. Youth Eastside Services does not provide housing assistance but does have some funding for homelessness prevention.

Mr. Daigneault said the top reasons LGBTQ+ youth are homeless or at risk include having run away due to family rejection, being forced out by family, emotional/physical/sexual abuse at home, foster care and financial or emotional neglect. He said most emergency shelters are split between the male/female genders, leaving many feeling unsafe, especially those in the trans and non-binary community. Even when they can self-select, there is often no place for non-binary folks, which reinforces the issue of conformity for safety. The Gender Justice League has shelters in some counties in Washington, including Seattle, but there is nothing on the Eastside. In general, homelessness has not been a top issue for LGBTQ+ youth, though being temporarily unhoused is. Employment is a factor for being unhoused or homeless, and employment is often a factor of who is affirming, who has insurance to help cover transition-related care, and whether or not an employer asks for pronouns.

With regard to youth suicide, Mr. Daigneault said there is a distinction between the immediate

risk of being dead soon and passive suicidal ideations and self harm. Non-suicidal self injury is a term used by many.

LGBTQ+ youth need positive role models in the form of supportive adults and families. They also need access to behavioral health support in reducing the stigma. The youth tend to have less power and they need to have an increasing voice in decision making.

Commissioner Mercer said she was surprised to learn that homelessness is not an issue facing the LGBTQ+ population. Mr. Daigneault clarified that homelessness is an issue for some but said he had not personally seen it at Youth Eastside Services, likely because the organization does not provide housing.

Ms. O'Reilly asked if those in the BGLAD group fall into any specific age range. Mr. Daigneault said BGLAD is advertised to high school students in the 13-19 age range. However, advertising has been kicked off for a middle school group, which requires parental consent. Above age 13, parental consent to participate in the group is not required.

Ms. Esparza asked if youth are having a more difficult time finding affirming behavioral health care. Mr. Daigneault said there are many who advertise themselves as being affirming, yet they offer an approach that evokes more privilege and power in their therapies, which is harmful. Those who claim to be experts do not necessarily work well with every person they meet. He said he urges those he works with to look for a good match in a therapist and stressed that it may take a couple of tries.

Ms. Esparza asked what is being heard from queer youth in terms of their experiences in the Bellevue School District or other schools in the Bellevue community. Mr. Daigneault said most schools have some kind of GSA/QSA experience. The issues that come up are around allies and people who invade those spaces because the schools cannot limit students to go to a GSA or QSA because they identify as LGBTQ+, so that means everyone can go in, including straight sex gender people. If those people end up running the show, the others can still feel marginalized and unsafe.

Commissioner Mercer said as someone who identifies in the LGBTQ+ and has and interacts with children who are in the LGBTQ+ community, she knows the speed with which things move and change across the gender and sexuality spectrum. It is challenging for anyone to be always affirming. There is a clear need to move at the pace of the youth who are constantly redefining how it all works.

Human Services Planner Christy Stangland asked about the effects of COVID on the LGBTQ+ community given that many were in isolation for nearly a year. Mr. Daigneault said over the past year he has been working with many via a virtual platform. He said he has found that many choose not to use cameras or microphones, electing only to chat. That can be because they do not want to be seen by others or because they only want to present in certain ways. Many fear that if they are seen they will end up judging themselves and be judged by other people. Many have experienced stress as a result of being home with non-supportive parents and by not being able to interact in-person with their friends.

MB Johnson with Friends of Youth said the longstanding non-profit organization serves youth, young adults, and their families on the Eastside. The organization focuses on behavioral health support, home visiting, transitional living, housing, shelter, and outreach services, as well as residential services for immigrant and refugee youth. She said as a licensed marriage and family therapist, she works with clients aged four to 24 in youth and family services and runs the LGBTQIA+ group Under the Umbrella for teens, as well as a support group for parents with children in the population.

Ms. Johnson said she sees a lot of younger clients in the pre-puberty range starting to explore their gender and sexuality. Many are experimenting with name changes and pronouns. Across the board there has been an increase in self-harm, suicidality, depression, anxiety, gender dysphoria and substance use. She said she has also been seeing gatekeeping within the community in schools and in the larger LGBTQIA+ group. Many clients are saying that even their gay friends do not understand their gender and accept them. Invalidation is an issue for many in that their family members will not use their names or pronouns. Most are unsure about how to advocate for themselves.

On the parent/caregiver side of things, many are experiencing an increase in stress. There are many issues around grief and loss, and many conversations around the feeling of having lost their son or daughter. There is also a lack of knowledge or understanding between the parents and the language being used by the youth. The resistance many parents demonstrate flows from their lack of understanding and lack of education. Unfortunately, some parents pull their youth from services out of fear and uncertainty stemming from the belief that Friends of Youth is putting ideas in their heads. There is also a general lack of support for the parents or caregivers.

The LGBTQIA+ youth do have a higher risk of self-harm and suicidality. Having even a single supportive person in their lives dramatically decreases their risk. Many of them face homelessness and housing insecurity after leaving their homes for safety reasons or because they do not feel validated or supported. Many in the population are dropping out of school for a variety of reasons, including bullying. Many of the youth who come to the shelter also have complex backgrounds, including foster care, adoption, or chaotic family settings.

Ms. Johnson said the LGBTQIA+ population is well represented within the Friends of Youth clientele and services. In the agency's Homeless Youth and Services program, 20 percent of the clients who accessed the adult shelter identified as LGBTQIA+. In the Specialized Residential Services program, 45 percent who accessed the youth shelter identified as LGBTQIA+. About 30 percent of outpatient mental health patients identify in the group. The shelter staff are mindful of supporting youth expression and identity, honoring pronouns and enforcing respectful language. Funding for case management would be helpful, something the shelters used to have. Having medical services onsite would also be beneficial. The shelter does currently have a nurse who is funded through Healthcare for the Homeless but having a prescribing physician onsite who could prescribe psychiatric medications and hormones would eliminate barriers to access for many of the youth. Many who access the shelter do not have gender-affirming clothing or accessories and as such they do not feel comfortable going to job interviews. There is also a huge shortage of clothing for trans women in the shelter. Gift certificates for things like binders would be helpful.

Also needed are options for and access to transitional housing for LGBTQIA+ youth, many of whom are discharged from psychiatric hospitals and come directly into the shelter due to another place to go. Career pathways and opportunities to work alongside other professionals, even those who may also identify as LGBTQIA+, are often limited.

Ms. Johnson said the list of other services that might be needed in the community include parenting education groups; a decrease in the gatekeeping at schools; more funding for additional groups; more safe spaces; updating forms to add proper pronouns and blank spaces for gender and sexuality; and affirming medical resources.

Commissioner Ma said he is admittedly challenged by his privilege. He asked if there would be value in supporting more parental education groups for people like him who need educating in the language and how to be affirming, or if the focus should be on providing

more safe spaces. Ms. Johnson said her initial thought was to say support for both is needed. Mr. Daignault said parent education groups target only those parents who are receptive to the information and who are likely already supportive to some degree. On the other hand, focusing only on providing safe spaces will yield clear benefits.

Commissioner Mercer said she spends some of her time as a suburban parent educating folks so that when they encounter someone from the LGBTQIA+ community, including in their own families, they can be a little more prepared. She said using pronouns and the like helps to create more safe spaces, but the only way to do that is through educating people.

Steven Knipp with Gen Pride Seattle said it is somewhat disheartening to still be dealing with the same issues after so many years. He explained that Gen Pride is a non-profit organization dedicated to serving and empowering older LGBTQ adults. Since 2016, the organization has filled a critical gap in the community by providing services designed and tailored to address the unique challenges that were identified in a national and regional survey. The survey found that while many older adults face higher levels of anxiety, isolation and health challenges, LGBTQ seniors are more at risk for those outcomes, and often face discriminations. A 2018 study found that most LGBTQ seniors in King County were not accessing needed senior and housing services because providers were felt to be non-LGBTQ affirming.

Mr. Knipp said the organization's social worker has found that almost everyone she works with lives alone, is low or very low income, and is often disabled in some capacity. A high percentage of participants have histories of discrimination and trauma, which makes it very difficult to find resources that feel safe. Many are used to being independent and managing on their own, have a distrust of systems, and are reluctant to seek help from mainstream resources outside the LGBTQIA+ community. Many are experiencing loneliness and isolation, often related to displacement or the loss of a spouse or partner. There is a big need for more LGBTQIA affirmative aging resources, including access to low-income housing, long-term care, healthcare, mental healthcare providers, and LGBTQIA-affirming navigators to help connect with safe resources. On the positive side, the social worker has stated how impressed she is with how people are surviving and finding creative and ingenious strategies for managing and cultivating beauty, humor, a deeper understanding of self and the world. They are caring for others, reaching, and getting backup.

Mr. Knipp said Gen Pride has programs and activities planned for 2021 ranging from Covid outreach to fitness programs, movie nights and educational workshop. The organization is continually looking for ways to reach out to and connect with older LGBTQ adults and their supporters. The organization is also building its caregiver support program and storytelling workshops. One group project workshop that was completed recently involved the publishing of a collection of short stories about LGBTQIA seniors. Titled *Unmuted*, the stories highlight the resilience and determination of the community as it has faced on personal challenges.

LGBTQ adults face significant hurdles to finding service providers who are knowledgeable and sensitive to the unique experiences in the LGBTQ community. One way cities can respond is through the provision of training to learn more about LGBTQ people. Gen Pride's workshops provide information on how service providers can create a more welcoming and inclusive environment for everyone they serve. The workshops are free to anyone in King County through a grant from the city of Seattle.

Another way the organization is responding to the needs of the community is with the construction of Pride Place, a 118-unit LGBTQ-affirming affordable senior housing development in the heart of Capitol Hill in Seattle. The organization will be on the ground floor operating a senior community gathering space and health services center. The project will break ground in September.

Ms. O'Reilly asked if any of Gen Pride's workshops have been held on the Eastside. Mr. Knipp said some workshops have been held in Issaquah, Carnation and Snoqualmie.

Ms. Esparza asked if queer people of color are well integrated in finding access, or if there are separate providers providing them with a safe space. Mr. Knipp said the situation is evolving for everyone involved. When it comes to including the BIPOC and other marginalized communities together, a lot of work needs to be done in terms of self biases. Gen Pride is engaging with many senior centers, and there are providers in south King County and other areas that focus on the BIPOC and immigrant communities. Gen Pride seeks to be accessible and open and is committed to making sure such populations are part of the decision-making processes under way that are focused on the new building.

Mr. Daignault said Youth Eastside Services has sought to incorporate specific ground rules and verbiage around anti-racism. There have been gaps and barriers to people of color to becoming group facilitators. The agency does keep statistics on demographics and generally there are low numbers of BIPOC persons and people of color in general in the 13 to 19 age range who are LGBTQ+ identified coming through the door seeking services.

Ms. Johnson said the statistics for Friends of Youth are similar. The organization does serve the refugee and immigrant populations that include BIPOC individuals. Many immigrant clients are undocumented and have been kicked out of their residence for identifying as non-binary. On top of that they often deal with outward and internalized racism. Many BIPOC persons who access the shelters also culturally face some safety issues.

B. 2021-2022 Human Services Needs Update: Initial Findings

Ms. Stangland said the key data sources for the Needs Update include the phone/online survey, the provider survey, the consumer survey, the key informant interviews, and community conversations. The phone/online survey is a weighted representative sample survey. The providers survey involves reaching out to agencies funded by the City as well as others that are not funded by the City; that survey will be completed in August. The consumer survey will be done virtually due to COVID. Staff will work with providers to distribute the survey electronically via email link, via flyer with a QR code link, and via paper copies. For the key informant interviews, the focus is on people who have inside knowledge, are experts on certain topics, or who are part of an existing group. To date, 17 community conversations have been conducted, with an additional five in the process of being scheduled. The phone/online surveys were offered in seven languages, including English, and the community conversations include interpreter services where requested.

Seventy-four percent of the phone/online survey said the lack of affordable housing is either a major or moderate community problem. Fifty-one percent called out the lack of affordable child care, and 49 percent said having a job that does not pay enough for basic needs is a community problem. Forty-six percent highlighted homelessness, while 45 percent called out the lack of affordable medical insurance and 46 percent mentioned lack of affordable medical care. Forty-two percent pointed to medical illnesses and emotional problems. Forty-one percent indicated inadequate public transportation; 37 percent said drug abuse; and 41 percent called out a lack of other transportation options. The lack of transportation options question was added to the survey for the current iteration.

Ms. Stangland noted that many of the highlighted community problems were only slightly higher or lower than the previous rating. However, there was an eight percent increase in mental illness or emotional problems, and a four increase in homelessness as a community problem. Regarding the biggest increases or decreases from the previous survey, she said

unemployment had the largest increase at 15 percent. Lack of affordable housing and racial and ethnic discrimination both had a ten percent increase. Domestic violence saw a nine percent increase. Mental illness and emotional problems had an eight percent increase. Lack of services for children and teens increased by seven percent. Lack of services for non English-speaking members of the community had a six percent increase. Lack of money for basic services, lack of people with disabilities and violence in the community each increased by five percent.

In terms of household problems, Ms. Stangland noted that nine issues fell within the top tier. Anxiety, stress, or depression that interferes with daily work was highlighted by 24 percent. Twenty-one percent called out not being able to find affordable child care. Nineteen percent said children with emotional or behavioral problems. Seventeen percent put down inadequate public transportation. Fourteen percent called out living in housing in need of unaffordable major repairs. Twelve percent mentioned not being able to find work to support themselves or their families. Eleven percent ticked not being able to pay for doctor or dental bills, and ten percent highlighted not having access to medical health counseling.

Comparing the 2019 and 2021 data, Ms. Stangland highlighted the issues that saw the largest changes. She said there was a seven percent increase in the number of respondents reporting that they live in a house that needs major repairs which they cannot afford. There was a five percent increase in those reporting not having access to mental health counseling. There was a four percent increase for both anxiety, stress or depression which interferes with daily life, and children or teens with emotional or behavioral problems. There was a four percent decrease for both not being able to find affordable child care and inadequate public transportation.

The household issues considered major or moderate that had the largest changes included some percentage decreases. There was a seven percent decrease in not having enough funding to pay for housing; a seven percent decrease in not being able to find healthcare or daycare for an elderly person; a four percent decrease in not being able to find affordable child care; and a four percent decrease in inadequate transportation. The reasons for the decreases can be tied to factors such as people working from home for the past year, reducing the need for some services such as daycare for older persons and child care; increases in rental assistance; the closure of restaurants and businesses for some time; and people not having the costs associated with commuting.

Commissioner Ma commented that the household needs data contrast with the community needs. Ms. Stangland said historically that has been the case. Perceived community problems are often those issues that are talked about by friends and family and on social media and the news. Those may not in fact be household issues. It is always enlightening and striking where household and community problems are in sync.

Commissioner Ma asked if picking out just those who responded with major problems versus moderate and major would highlight anything of note. Ms. Stangland said the results would be very similar with only slight changes. Historically, anything listed a major or moderate problem has been considered a problem.

Human Services Coordinator Megan Farwell asked if the survey company notes the statistically significant differences between the new survey and the previous surveys. Ms. Stangland allowed that they do. She pointed out that only a few of the changes were considered to be significant in each of the areas.

Ms. Stangland reported that a new element of the 2021 survey was the offer to text a link to the online survey to those who indicated they did not have time to take the phone survey.

Ms. Stangland said the three initial themes drawn from the data were similar to what was highlighted by the past several surveys: 1) Cost of living, which includes housing, child care, wage adequacy, service costs and transportation; 2) health-related, which includes lack of affordable medical and dental care, lack of affordable insurance, substance use, mental illness, stress/anxiety; and 3) discrimination, both racial and ethnic as well as other types of discrimination.

Ms. Stangland said the next steps will involve continuing with community outreach, conducting the community conversations and key informant interviews. The consumer survey is in the process of being translated and will be released into the community in late July or early August. The provider surveys will also be conducted. Staff will begin the process of writing the document in August. The draft will be presented to the Commission in either late November or early December, and to the Council in January.

Commissioner Ma expressed an interest in seeing which problems were highlighted as major problems by the respondents. He said when someone calls out a problem as being major, they feel strongly about it, while indicating a problem as being a moderate issue could be the respondent indicating their neutrality. Ms. Stangland said that information has always been included in the appendix to the Needs Update.

With regard to the community conversations held to date, Ms. Stangland said she has met with the Eastside Homelessness Advisory Council, which is comprised of providers, City staff and housing advocates. Their comments provided a wide picture of the needs around homelessness. The data gathering exercise around HB-1590 included reaching out to homeless shelters and that data will ultimately be included as well. A community conversation was held with the Bellevue Diversity Advisory Network and they had some great input. Debby Lacey with Eastside for All put together a group of individuals with a focus on refugee and immigrant needs in the community. There will be an area of intersectionality between race and each of the different subjects, with some follow-ups with key informants. A community conversation was held with LifeSpring, a provider the Commission recently started funding. A meeting is scheduled with India Association of Western Washington staff. A meeting was conducted with a parenting group at Stevenson Elementary that was comprised primarily of Latinx persons. Data was also gathered from the BGLAD support group as well as from staff at Mini City Hall, the wraparound staff, Bellevue School District Family Connections staff, and a number of internal groups, including Bellevue Fire Cares and Neighborhood Outreach.

8. OLD BUSINESS

Ms. O'Reilly reported that the Commission's recommendations for funding from HB-1590 were presented to the City Council on July 20. Chair Kline did a great job of summarizing the process and the recommendations. The Council was appreciative of the Commission's hard work.

9. NEW BUSINESS

Ms. O'Reilly reminded the Commissioners that there would be no meetings in August. The first meeting in September will be on Wednesday, September 8 because of the Labor Day holiday.

10. CONTINUED ORAL COMMUNICATIONS – None

11. ADJOURNMENT

A motion to adjourn was made by Commissioner Ma. The motion was seconded by Commissioner Mercer and the motion carried unanimously.

Commissioner Piper adjourned the meeting at 7:46 p.m.