



## Access to Care

### Objective:

Increase the number of healthy years that residents live

### Strategy:

Ensure access to affordable, appropriate, and quality physical and behavioral health services

### Why is this strategy important?

Access to health services contributes to the number of healthy and total years that individuals live. Unfortunately, the increasing cost of health care and the economic downturn mean that fewer residents have access to healthcare through health insurance. When people miss work because they or their kids are sick, it can result in job loss. And when people can't pay expensive medical bills, it can result in bankruptcy. Increasing access to insurance and appropriate services helps people to achieve their full human potential and optimal health. Ill health affects the economy, educational success, the family and taxpayers.

Access to affordable, quality physical and behavioral services maximizes the ability of individuals to lead long, healthy lives and to achieve their full potential.

Studies show that both mental health and substance abuse treatment work. The best treatments for serious mental illnesses today are highly effective - most individuals have a significant reduction of symptoms and improved quality of life with a combination of medicine and psychosocial treatment and supports. For children and adolescents, research shows improved functioning and school performance, improved quality of life, and reduction in violence and self-destructive behaviors with mental health treatment. Mental health treatment also decreases recidivism rates for adults and juveniles with mental illness previously incarcerated in correctional facilities.

Research has shown that substance abuse treatment can help persons addicted to drugs stop using, avoid relapse, rebound from relapse, and successfully recover.

### How is our performance?

The proportion of King County adults without health insurance (16.1 percent, 2009-2011 average) is lower than that in Washington State and the nation, but some race/ethnic and income groups are much less likely to be insured than others. Forty-three and seven tenths (43.7) percent of Hispanic/Latinos and one-quarter of African American and American Indian/Alaska Native adults are uninsured. Uninsured adults in households living at or less than 138 percent of the Federal Poverty Level will be newly eligible for Medicaid coverage in 2014 due to the Patient Protection and Affordable Care Act (ACA). Since this income group has the highest uninsurance rate (39.0 percent), we expect ACA implementation to address a portion of the large inequities in insurance coverage.

Even for households with insurance, cost can limit access to care. One in 10 adults countywide said they did not get needed medical care in the last year due to cost. However, more than a quarter of Hispanics/Latinos, Blacks/African Americans, and individuals from households making less than \$25,000 per year have not seen a doctor in the last year due to cost.

Health services play a critical role in preventing and reducing the impact of chronic and communicable disease. King County adults report receiving recommended blood cholesterol checks and HIV tests at rates that do not differ across income groups. In contrast, 72 percent of adults from households making more than \$100,000 per year have received recommended cancer screenings and immunizations, while only 38 percent of those from households making less than \$20,000 per year did.

King County's role is to help assure access to high quality health care for all populations by: 1) convening and leading system-wide efforts that improve access and quality, 2) advocating for access to quality health care for all, 3) forming partnerships with service providers and others to address health and other issues that impact health, and 4) directly providing individual health services for children and adults through our public health centers and Regional Support Network (for mental and behavioral health services).

King County has worked to 'bridge the gap' by providing needed primary care and prevention services and support to low and moderate income individuals who will eventually have insurance coverage through the reforms of the Federal Patient Protection and Affordable Care Act. Through identifying new types of health care teams that connect people to other assistance (such as housing, job placement and food) within our community so that they can enjoy maximum health, and quality improvement initiatives in our clinics, the County is modeling ways to serve more people, more efficiently, and with better results. In addition, King County provides free services that help to protect the health of the overall county population, including immunizations against disease, and educating the public about ways to stay healthy.

Availability of health care services, particularly providers who accept uninsured patients and those with publicly funded insurance, influence access to health care. Compared to other areas of Washington State, access to care is sometimes easier in King County, as it has the largest number of Community Health Centers, including King County's twelve public health centers, providing services to those who cannot afford to pay. Language, immigration status, lack of transportation, fear or distrust of the medical system, and belief systems are other frequent barriers to care.

King County advocates for a high quality and inclusive system. From 2007-2009, King County led the effort to expand access to needed care for low-income children through the King County Children's Health Initiative (CHI). County funding for this initiative ended in December 2009, yet the CHI program is operating on a streamlined basis, targeting the populations with highest need, while continuing to seek funding. King County continues to advocate for restoration of state funds for adult dental services, as well as for family planning and interpreter services to ensure that all residents have access to health care that they need, particularly as a 'bridge' to health insurance in 2014. King County also works to assure that the types of benefits that individuals will have in 2014 include opportunities to prevent illness, not just manage or treat it. Finally, because of the county's unique role as a provider of health services to the county's jail prisoners and mental and behavioral health services to low-income individuals, the County supports linking health and mental/behavioral health treatment strategies through demonstration models, targeted Federal and state funding, pilots and planning. These efforts are intended to increase access, improve care, and reduce overall costs by reducing the high number of repeat visits to emergency rooms, and other county services.

Through a unique public-private partnership called Global to Local, the County is leading efforts to leverage the knowledge and expertise of the many global public health organizations in our community to areas of our community with the greatest diversity and health needs. Other partnerships include the County's leadership role in the Committee to End Homelessness in King County, which includes providing health care to individuals experiencing homelessness.

The County provides a safety net of health care services to low-income insured and uninsured individuals including special clinics for teens, dental care for children, maternity support for pregnant women and their babies through age 2 months, additional intensive support for first-time young moms to ensure that they and their babies are healthy, care for patients with tuberculosis, STD and HIV testing. These services support some in our community as a type of 'safety net' of services, though the demand often far outpaces the ability of the county to provide services to every individual in need.

King County manages the countywide publicly-funded mental health and substance abuse service systems. Mental health services are provided by a network of 16 outpatient service providers who are licensed as community mental health centers to low income individuals who meet medical necessity criteria. These services include individual and group therapy, family therapy, medication management, employment/vocational services, supported housing, and many other supports.

Substance abuse services include detoxification services, outpatient treatment, medication assisted treatment, and recovery support. These are provided by a network of over 20 community providers. In-patient treatment is managed by the State.

For 2011, 58,395 unduplicated persons were served through publicly funded mental health and substance abuse programs King County manages. This number has grown from 45,312 in 2008, primarily due to the new programs made possible through King County's .001 percent sales tax known as the Mental Illness and Drug Dependency (MIDD) tax.

Through the Veterans and Human Services Levy, King County funds several physical and behavioral health programs. These include trauma/post-traumatic stress disorder services for veterans and their families and survivors of domestic violence as well as in-home services to treat depression in seniors. In 2011, 36,309 persons received services funded by this levy.

## **What can you do?**

If you are an individual:

Learn how you may now qualify now for free or low-cost insurance (see related links, below), and in 2014 how you may qualify for new coverage under the Federal Medicaid program or how you may be eligible for aid with your insurance premium if you purchase it in a new state insurance pool called the Exchange. The best ways to stay healthy are to get insurance coverage for yourself and your children, and keep up with your health through regular preventative check-ups, screenings and immunizations, along with eating right, and not smoking.

If you are a community organization or community leader:

Learn more about the differences in life expectancy and other health disparities that occur just based on where we live. Access to health insurance, prevention and wellness visits, and targeted strategies to improve overall community health through policies, systems and environmental change that help

prevent disease are some of the strategies that King County is pursuing to close the gap on life expectancy differences that are based on your zip code.

If you are a provider:

Consider opening your doors to Medicaid and uninsured patients. Medicaid rates for primary care providers have recently increased, and some providers reserve time in their schedules for uninsured or Medicaid patients on a limited basis. Allowing low-income clients the opportunity to see a provider when there are otherwise appointment cancellations can mean the difference between a trip to the emergency room or untreated health conditions with dramatic health consequences for the individual and our community. Unnecessary health costs from emergency room visits are costs that we all share, as hospitals increase their costs and pass them on to other consumers, and government costs increase with taxpayers sharing more of the burden for emergency room care. Prevention and wellness visits with health care providers can make a big difference in our community.

Help reduce mental health and substance abuse stigma:

Stigma is one of the biggest barriers to identifying or admitting a mental health or substance abuse problem, seeking treatment for oneself, or getting support for a loved one's problem. Share your own experiences with others you trust. The more people acknowledge having a problem with mental illness or substance abuse in their family and thereby visibly share their recovery, the more hope and strength will be created for others.

Support funding for mental health and substance abuse services:

The State of Washington is the primary funder of mental health and substance abuse services in King County. Over the past several years, cutbacks have been made to the amount of funding for these programs. To ensure no future cuts are made and to increase current funding levels, contact your State legislative representatives to educate them about the importance of these services.

Embrace the concept of recovery from mental illness and substance abuse:

A common perception is that persons with mental illness or substance abuse problems can't get better. Research and the experiences of countless individuals show that with the right supports, persons with mental illness and substance abuse problems can and do recover. People in recovery lead healthier lives, both physically and emotionally, and contribute in positive ways to their communities. Like many other localities, King County has placed recovery at the center of its strategic plan for mental health and substance abuse services.

## **Moving forward**

To prioritize its investments in the most effective programs, King County will continue to evaluate the success of all its mental health, substance abuse, and other programs.

King County will continue its current publicly funded mental health and substance abuse programs. Also, King County's Mental Health, Chemical Abuse, and Dependency Services Division will further embed the concept of recovery into its services through its adoption of an Integrated Behavioral Health Recovery and Resiliency Plan in the coming months.

See Health and Human Potential Integrated Services Strategy for more information about access and outreach work happening at Public Health Seattle and King County.

On January 1, 2012, King County began implementation of the 2012-2017 Veterans and Human Services Levy, approved by King County voters in August 2011. In order to improve access to affordable, appropriate and quality physical and behavioral health services for veterans and their families, several modifications to the Levy Service Improvement Plan (SIP) were made. These include creation of a Veterans Treatment Court that will be piloted in 2012, with possible establishment of a permanent court, pending results; expanded support for military family counseling beginning in 2014; and capital funding for permanent supportive housing.

The King County Department of Community and Human Services (DCHS) is collaborating with Seattle and King County Public Health (PHSKC) to prepare for implementation of major provisions of the Affordable Care Act. Along with the King County Health Reform Planning Team, they have identified "ensuring access to health coverage and care" as one of five priority areas for the upcoming year. Significant resources will be needed to provide outreach and engagement to newly eligible individuals under the Affordable Care Act to assist in enrollment and retention in health coverage. This will make health and behavioral health services more accessible and affordable to King County residents.

## **Related Links**

**[Public Health-Seattle & King County](#)**

**[Free or Low-Cost Health Insurance & Care](#)**

**[Information about King County Public Health Centers](#)**

**[King County Mental Health Services](#)**

**[King County Substance Abuse Services](#)**

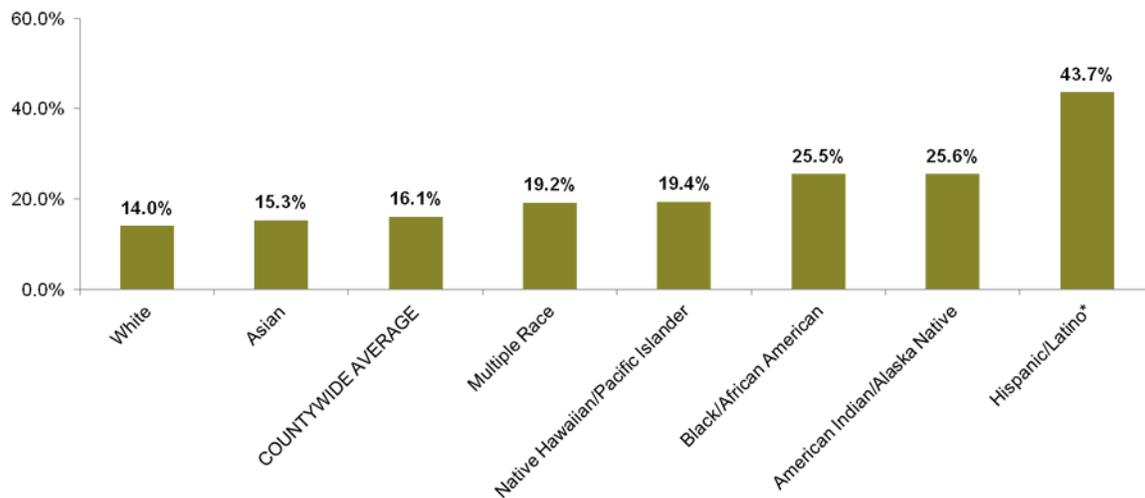
**[King County Veterans and Human Services Levy](#)**

## **Technical Notes**

1. Data for Adults Without Health Insurance from the American Community Survey.
2. Data regarding Unmet medical need and Received preventive services by income level from the Behavioral Risk Factor Surveillance System, Washington State Department of Health; Prepared by Public Health - Seattle & King County, Assessment, Policy Development and Evaluation, 4/2010
3. Mental health and substance abuse program customer count is based on an unduplicated count of KCIDs in a combined query of the mental health (php96) and TARGET download databases, and an ad hoc MIDD Excel file with a number added to adjust for Strategy 1g clients with no KCID in the data file used.
4. The Veterans and Human Services Levy data come from the 2011 Levy Report.

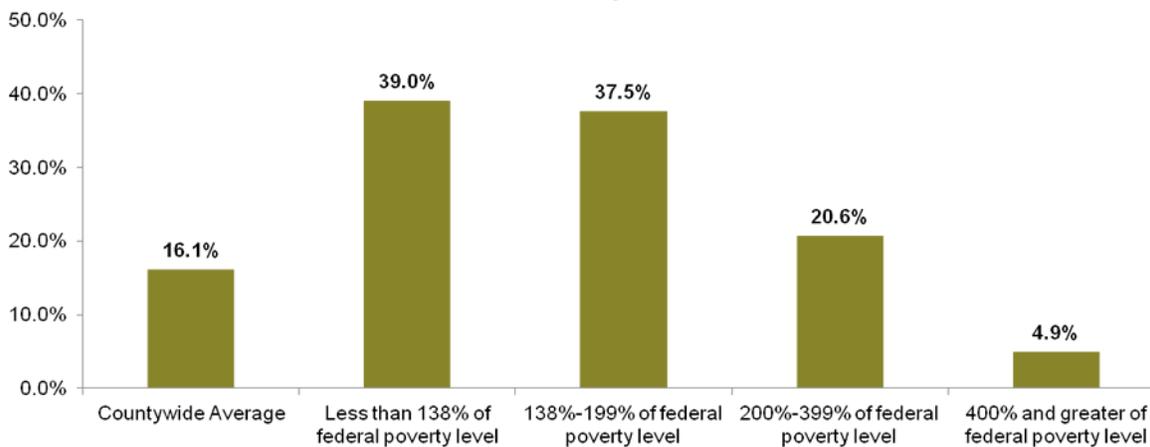
## Charts and Maps

### King County Adults Without Health Insurance by race/ethnicity



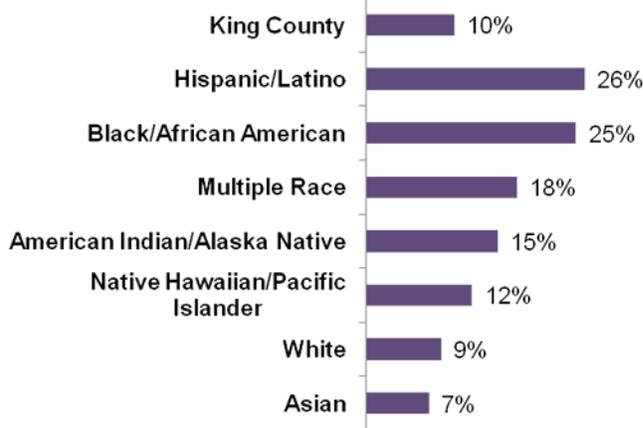
\* defined as ethnicity by the Census and race groups not mutually exclusive. Hispanic/Latino included in other race groups.  
Data Source: American Community Survey, 2009-2011

### King County Adults Without Health Insurance by income



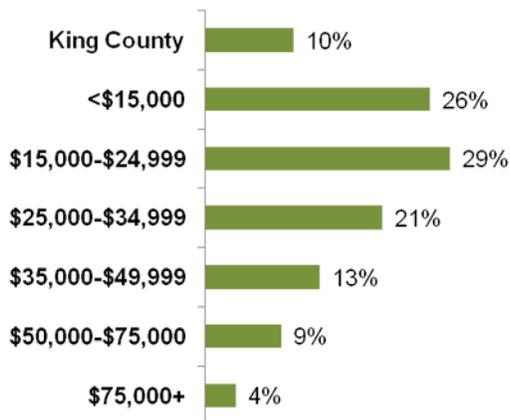
Data Source: American Community Survey, 2009-2011

**Percent of Adults and Who did not See a Doctor in the Past Year  
Due to Cost  
(by race/ethnicity, 2007-2011 average)**



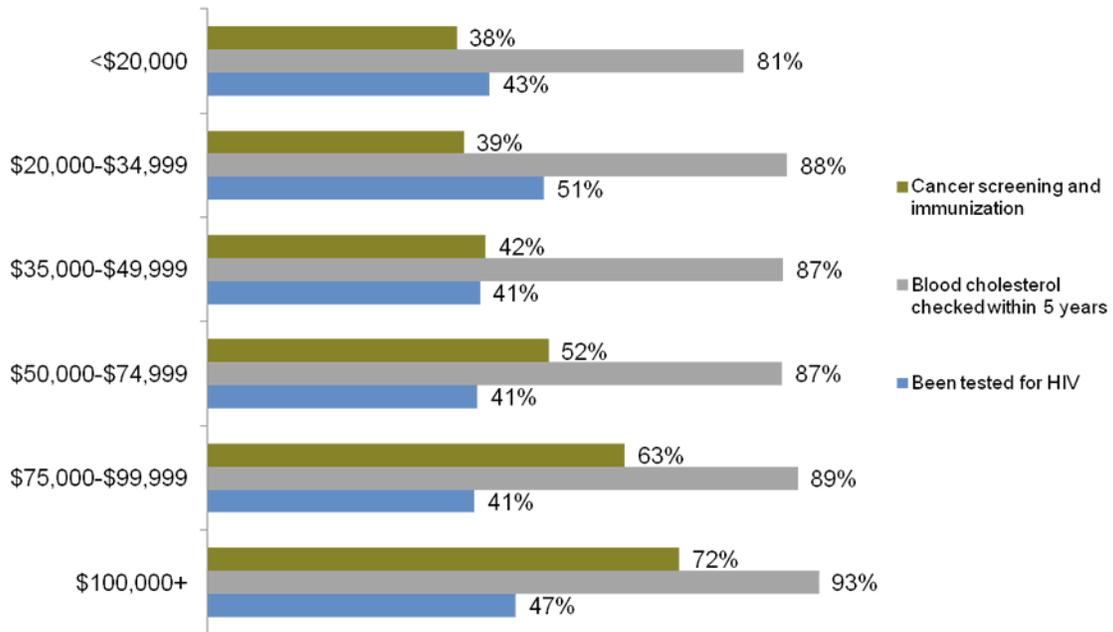
Data Sources: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System supported in part by Centers for Disease Control and Prevention Cooperative Agreement, Public Health-Seattle & King County Assessment, Policy Development & Evaluation Unit

**Percent of Adults and Who did not See a Doctor in the Past Year  
Due to Cost  
(by household income, 2007-2011 average)**



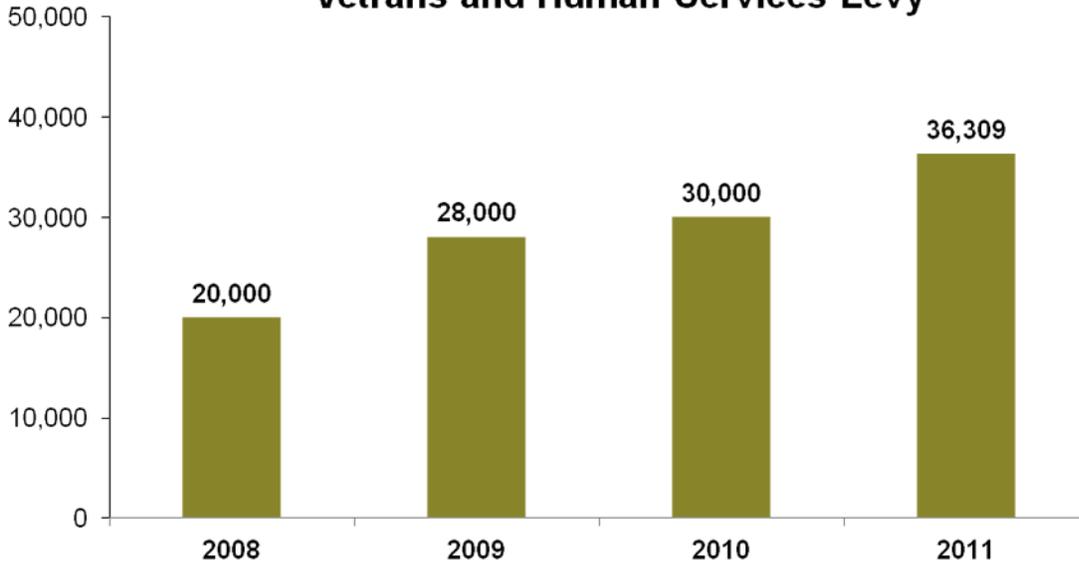
Data Sources: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System supported in part by Centers for Disease Control and Prevention Cooperative Agreement, Public Health-Seattle & King County Assessment, Policy Development & Evaluation Unit

**Percent of Adults Receiving Recommended Clinical Preventive Services  
(adults by household income, 2010-2011)**



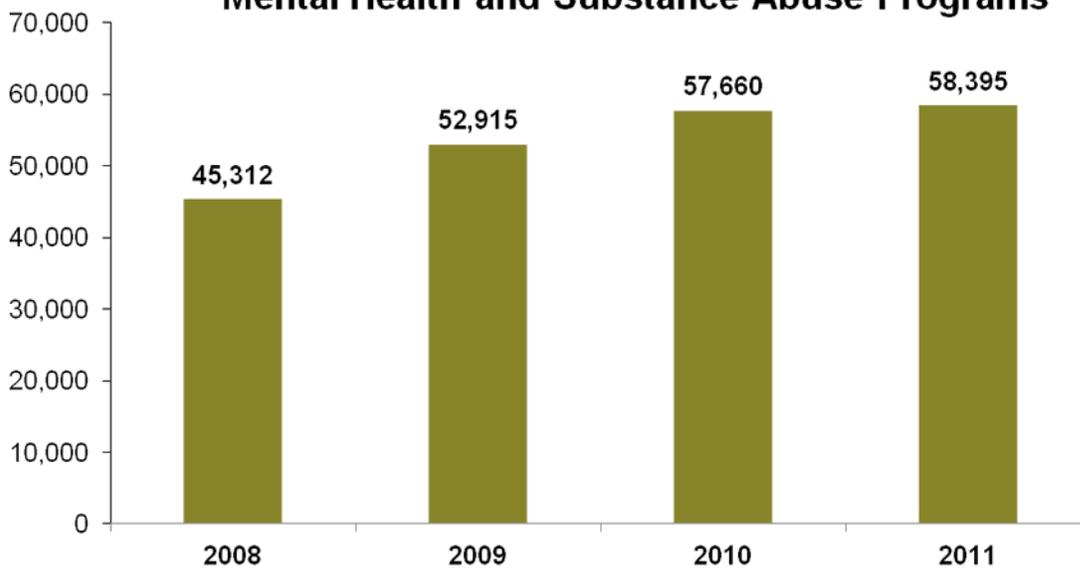
Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System supported in part by Centers for Disease Control and Prevention Cooperative Agreementm, Public Health-Seattle & King County

### Number of People Receiving Services Funded by the Veterans and Human Services Levy



Data Source: King County Department of Community and Human Services

### Number of People Served in Publicly Funded County Mental Health and Substance Abuse Programs



Data Source: King County Department of Community and Human Services

