



Comprehensive Plan Section 4 – Targeting Problem Behaviors and Risk Factors Network-Wide

Overall data

The South King County Community Network is the largest of the community health and safety networks and includes over half a million people in several cities, towns and unincorporated areas. There are diverse economies, life styles, needs and strengths. The Network includes eight different school districts. Physical distances complicate service delivery. Planning for this region presents special challenges. Data on problem behaviors, risk factors and protective factors are not yet well defined for any of the networks in the state. That clarification is an ongoing task for networks in collaboration with communities.

The following section discusses available data on problem behaviors for the Network as a whole. Each subnetwork, or school district, is then discussed. Data on problem behaviors were not generally available for the subnetworks. The South Central School Districts was combined with Highline because the population was too low to calculate reliable rates for most indicator data. The primary data source was the Youth Risk Assessment Database compiled by the Washington State Department of Health and Department of Social and Health Services. Even though the Database is limited, it is a first step in drawing information from many sources into one place, and a beginning at common definitions and shared usage.

The population in the South King County Community Network grew by almost 9 percent between 1990 and 1993, from 515,100 to 560,400. This rapid growth was not shared equally. The smallest subnetworks, Enumclaw and Tahoma, grew most. Some of the larger subnetworks grew least. The Network includes a higher percentage of young adults 25 to 34 compared to the state. Youth 10 to 17 made up more than 10 percent of the Network population in 1990, comparable but just below the state.

The Database provided some broad indicators of socioeconomic status. Extreme poverty, for example, can underlie problem behaviors. Overall people in the Network enjoyed a higher per capita income compared to the state and a lower percentage of population in poverty. While lower than the state, almost 10 percent of Network children lived in poverty, based on the 1990 US Census,

Other indicators of poverty show a steady rise in the Network. The percentage of people and children receiving AFDC cash benefits, children receiving food stamps and free or reduced cost lunches, along with unemployment claims rose steadily between 1990 and 1993.

People in the Network are slightly more transient compared to the state. A higher percentage had moved the five years prior to the Census. There were more renters, more persons who were divorced or separated and slightly more children living in single-parent households.

Data about each of the seven problem areas--teen substance abuse, teen pregnancy, youth suicide, violent delinquent acts, high school dropouts, child abuse and neglect, and domestic violence are presented in the paragraphs below.

Teen Substance Abuse. There is no one best indicator of the degree of teen drug and alcohol abuse. Arrest figures are limited--only a small portion of teen substance abuse ends in arrest. Geographic assignment is made on the basis of arrest location, not on the address of the arrested person. These and other factors limit the usefulness of the data.

Arrests for drug law violations in the South King County Network among youth 10-17 and 18-24 were below state rates for the same age groups from 1990 to 1993. Seattle arrests were several times as high in comparison.

Rates of liquor law violations and DUI arrests declined in recent years at the state level, likewise in the Network. Lower rates in the Network, however, do not necessarily mean that the problem behavior occurs less, because State Patrol arrests are counted in state totals and excluded from the Networks.

Rates of treatment of youth in state-sponsored programs has declined in recent years (1991-1993) in the state and in the Network. Rates of treatment in the Network are very near state levels, but above the other networks in King County except Seattle.

Alcohol and drug-related hospitalizations declined in both the state and the Network each year from 1988 to 1992. Hospitalizations among youth 18-24 were a bit higher in the Network than in the state.

Teen Pregnancy and Male Parentage. The rates of teen pregnancy in the South King County Network among women 12 to 14 and 15 to 17 were above the state (1991-1993). Six hundred young women were known to have been pregnant, based on records available to the state on births and abortions--35 were between 12 and 14 years old.

The average rates of pregnancy among younger girls (12 to 14 years old) were, of course, much lower than those for the older group. The average rate for the Network was 3.2 per 1000, which is slightly above the state (3.1 per 1000).

Childbirth and complications from pregnancy combined were the leading cause of hospitalization among children ages 5 to 17 in King County in 1992. (Healthy Children, Youth & Families in King County, King County Children & Family Commission)

Teen birth rates in portions of King County outside of Seattle rose through the 1980s until 1992, with the sharpest increase beginning in 1986. While pregnancy rates dropped a little, the rate of abortions dropped dramatically, resulting in higher birth rates. Average birth rates by health planning area for 1990 to 1992 for 15 to 17 year olds show considerable variation within South King County. (Lost Youth: Teen Pregnancy and Birth in King County, Seattle-King County Department of Public Health)

Unprotected sexual activity is a factor in teen pregnancies. While that cannot be measured directly, the incidence of sexually transmitted diseases does give an indication of unprotected sex. Chlamydia, gonorrhea and syphilis account for 80 percent of sexually transmitted diseases. Two years of information available (1992-1993) put the rate of diagnosed STDs among 15 to 19 year olds in the South King County Network almost 20 percent above the state.

Youth Suicide. Statistics on suicide deaths and hospitalizations underestimate the true extent of the problem. Some estimate that for every successful suicide, there are from 50 to 200 attempts. There is a reluctance to record suicide as the cause of death. Many accidents are, in fact, suicides. Attempts at suicide do not always result in emergency room visits or hospitalization.

Suicides among youth 15 to 19 years old in Washington rose sharply from 1985 to 1988 and then declined to 1993. This decline, coupled with a rise in death from homicides, made homicide the second leading cause of death in this age group in recent years.

Comparison of suicides by gender shows some interesting differences, especially for youth under 20. The rate of hospitalization for attempted suicides by females is higher than males; the likelihood of successful suicide is higher among males.

"In 1990-92, 82 percent of suicide attempters between the ages of 10-14 were female. Male suicide deaths outnumber female suicide deaths by a ratio of nearly four to one." (An Assessment of Suicide in Washington State, Washington State Department of Public Health)

The rate of deaths from suicide among older youth (20 to 24 years old) was higher in the South King County Network than other King County networks for which data was available. The rate was almost 22 percent above the state and over 70 percent higher than the Seattle City Network.

Suicide deaths among 15 to 19 year olds was more on a par with the state and Seattle, but higher than the national rate.

Rates of hospitalization for suicide attempts by Network youth 15 to 19 were consistently higher than the state every year from 1988 to 1991. The decline in 1992 brought the average rate for both the Network and the state to the same level (1.4 per 1000). Rates of hospitalization for older youth (20 to 24) were 20 percent higher in the Network than the state.

The number of successful suicides is, fortunately, small. The average annual number of suicides in the whole Network during the 6 years from 1988 to 1993 was 4.3 for youth aged 15 to 19 and 8.0 for youth 20 to 24 years old.

Violent Delinquent Acts. There is a notable lack of succinct data showing levels of youth delinquency and violence. Perpetrators of many crimes are not apprehended; others may not be reported at all. Individual jurisdictions report to the Washington Association of Sheriffs and Police Chiefs on a voluntary basis, which leaves gaps in the state database. Data are compiled by place of booking, not residence of the person arrested. In addition, there are practically no methods in place for describing early instances or indicators of delinquency.

Homicide is perhaps the most dramatic and widely publicized indicator of violence. Yet, homicide is a small part of violent crimes, accounting for only about one percent in the state and the nation during 1993. (Violent crimes include homicide, rape, robbery and aggravated assault.) The average annual rate of youth homicide victims (15-24) was lower in the Network than the state, substantially below national, and less than one third the rate in Seattle for the period 1988-1993. The average number of homicide deaths for victims 15 to 24 is between five and six per year.

Average rates of arrest of youth for serious violent crimes, including homicide, were lower in the Network than in the state during the period from 1990 to 1993. South King County Network rates of arrest for serious violent crimes are only a fraction of those in the Seattle City Network--one-tenth the rate for youth 10-17 years old and less than half the rate for youth 18-24.

Network arrest rates of youth for simple assaults (fighting with no weapon involved and which does not result in severe injury) were roughly comparable to state figures. Arrest rates were quite a bit higher for older than younger youth. Domestic violence arrests (mandatory in Washington) are often simple assaults and may contribute to this difference. Network arrest rates for youth 18-24 were about the same as those in the Seattle City Network. The Seattle rate for youth 10-17 was about one-third higher than the Network.

Early academic failure is an indicator of future violence and delinquency, along with other problem behaviors. Standardized achievement tests are administered at grades 4, 8 and 11. The South King County Network scores in reading, mathematics and science were near state and federal norms during each year from 1991 to 1994 with a few exceptions. 8th grade scores were slightly higher in each category for each year tested. 11th grade scores were lowest. However, not all 11th grade students were tested and the comparison was based on a Washington, rather than national, norm.

A recent state law requires school districts to report weapons violations. "Weapons" include guns, SKCCN Comprehensive Plan – Section 4

knives and other weapons. In 1993/1994, 344 violations were reported in Network schools, which translates into a rate of 3.4 per 1000--a little higher than the state. Firearms alone occurred much less frequently, of course. There were 56 firearms violations reported in all Network school districts in the 1993/1994 academic year.

Youth arrests for property crime (burglary, theft and arson) were slightly higher than state levels for youth ages 10 to 17 and a bit lower for youth 18 to 24. Rates in the Network fluctuated from year to year without evidence of clear trends.

Adult crime rates may also predict youth violence and delinquency. Arrest rates in South King County for serious violent crimes and property crimes were at or below state arrest rates in the state. Arrest rates do not reflect real rates of crime, however. "According to the National Crime Survey...only 48 percent of rapes, 47 percent of robberies, and 58 percent of aggravated assaults are reported to the police." (Too Many, Too Young: Violence in Seattle and King County, Seattle-King County Dept. of Public Health) The rate of homicide in King County outside of Seattle has remained relatively stable since 1985. However, other violent crimes (rape, robbery and aggravated assault) have increased. The average rate of arrest of adults for simple assault was slightly above the state rate (by about 6 percent) for 1990-1993.

Currently it is required that emergency examinations performed for sexual assault be billed to the Department of Labor and Industries, Office of Crime Victim Compensation. In both the state and the Network, a substantial leap in reported assault examinations occurred between 1990 and 1991, which may reflect reporting requirement changes, or institution of the billing procedure, rather than an actual increase in the number of examinations. Regardless, rates of examinations in the Network were consistently higher than in the state.

Averaging rates for several years eliminates yearly fluctuations. The average annual rate of sexual assault examinations for adult women (18 and older) for 1990 to 1993 in the Network was almost 50 percent above the state.

High School Dropouts. School dropout figures are available beginning in 1988. The South King County Network average dropout percentage is below the state and considerably below Seattle for the same period. The percent of dropouts fluctuated annually. No consistent trend was evident.

Almost 14 percent of adults over 25 in the South King County Network lacked a high school diploma, compared to 16 percent in the state and almost 25 percent in the nation. (1990 Census)

These statistics represent students who drop out of school during the school year for any reason except death and relocation. Accurate information is not available on dropouts prior to the 9th grade.

The cumulative effects of school dropouts are not considered. The size of any class diminishes each year as students leave school. The net loss is, therefore, higher than these dropout figures represent. A new state reporting system will help track the number of students who enter 9th grade and continue through to graduation.

Child Abuse and Neglect. According to the Washington State Survey of Adolescent Health Behaviors, 1992, 28 percent of 12th grade females and 8 percent of 12th grade males report having been sexually abused. Nineteen percent of 12th graders reported having been physically abused or mistreated by an adult. (Healthy Children, Youth & Families in King County, King County Children & Family Commission)

One measure of child abuse and neglect is the number of referrals accepted for investigation by Child Protective Services, which includes those children determined to be at risk of abuse and neglect. Data are available only since 1992, which makes it difficult to determine trends.

The average rate of accepted referrals for the two-year period 1992-1993 showed the Network rate slightly above the state. The Seattle City Network experienced the highest average rate of accepted referrals among King County networks.

Another indicator of child abuse is the number of sexual assault examinations of children 0-17 in emergency rooms and sexual assault clinics. Those figures must be reported to the Department of Labor and Industries, Office of Crime Victim Compensation. A jump in reported cases across the state may correspond to this reporting requirement. Average rates give a more reliable picture until data on trends can be established. The South King County Network was below the statewide average rate, although both Highline/South Central and Auburn exceeded it.

Foster care placement in South King County was roughly equal to that in the state as a whole for the period 1992-1993, but several subnetworks exceeded the state average rate of placement.

Domestic Violence. Arrests for domestic violence are increasing in the state. There was a 70 percent increase from 1988 to 1993. Some of this increase may be due to a mandatory arrest law in the 1980s. Many of these arrests are counted as simple assaults. Still, the degree of domestic violence is not accurately reflected in arrest figures. Many victims are reluctant to report violence to the authorities.

Estimates place the incidence much higher than reported. One national survey found "...that 34 percent of adults in the United States report having witnessed a man beating his wife or girl-friend and that 14 percent of women report that a husband or boyfriend has been violent with them." (Database)

Some studies indicate that less than 7 percent (1 in 15) cases are reported to the police or to medical care providers. Direct population-based surveys reveal a much higher level of abuse which goes unreported and untreated. (Too Many, Too Young: Violence in Seattle and King County, Seattle-King County Department of Public Health)

Although data are limited, the following factors were considered by the Human Services Roundtable for King County:

"The most common cause of women's injuries is abuse at home--occurring more often than auto accidents, muggings and rapes combined, and accounting for 22 to 35 percent of women's visits to emergency rooms."

"In 1989, the shelters in King County for domestic violence victims turned away an estimated 10,000 victims and their children."

The King County Protection Order Advocacy Program (POAP) provided assistance to more than 2,450 battered women during its first year of operation in 1989. Eight-four percent of those receiving services at the POAP had no previous contact with any other service for victims of domestic violence." (Stop Family Violence Now: Steps Toward a Community Free of Family Violence, Human Services Roundtable)

In addition to arrests for domestic violence, the number of protection petitions filed is also used as an indicator of the problem. The state average rate of 5.4 per 1000 for the period 1988-1993 almost certainly underestimates the severity of the problem.

There was no separate data on domestic violence-related arrests of adults or on protection petitions filed for the Network in the Database.

4.1.2 Overview of Community Resources

The availability of community resources in the South King County Network has not fully kept pace with the population growth of the region. The infrastructure of community services historically was largely provided by the King County government and local municipalities. As more areas have incorporated, the distribution of community resources has changed - often in an environment in which the overall

resources to meet local need fell short.

A resource inventory of community services in South King County follows in Section 5 of this report, but several consistent elements are worth noting as the discussion of community needs and priorities continues.

The public health department provides an array of services in sites throughout South King County, especially maternal and child health services. In addition to direct primary care, the Health Department has emphasized provision of outreach and public nursing services targeting the well being of children and teen-agers. The Health Department has, in several communities, served as both the catalyst and primary organizer of community/citizen networks addressing the prevention of youth substance abuse, teen pregnancy and teen violence.

Youth service bureaus provide youth counseling, substance abuse prevention and treatment linkage, and family counseling in each of the Network's eight subnetworks. The youth services bureaus cooperate in a countywide network of their own, allowing for some coordination of services and planning.

Afterschool and late night recreation programs are increasingly prevalent across the subnetwork areas.

Parks and recreation departments, as well as schools, are significant providers of youth programming in the South County network.

Transportation barriers are significant in South King County, and specialized services are typically sited in Seattle or in a single South County site. This can create access problems for families seeking help. Services which are culturally specific or available multi-lingually are limited in South King County. Residents requiring these specialized services often find that they must travel to Seattle to receive them. While translation services are more broadly available, culturally focused services remain concentrated in Seattle.

In many South King County communities, neighborhood level organizations, centers or other means of linkage are scarce. This can create a difficult environment for families and youngsters trying to connect with their neighbors and lead to a high sense of isolation.

4.2 Auburn

4.2.1 Community overview and specific community characteristics

The subnetwork boundaries are relatively consistent with school districts with some exceptions. The Auburn subnetwork data include small pieces of the Dieringer School District falling within the Muckleshoot Reservation.

The Auburn subnetwork grew by over 9 percent from 1990 to 1993, from 54,700 to 59,700 people. Over 11 percent of the population in 1990 were youth 10 to 17, a little higher than the Network average. Auburn had one of the highest percentages of children receiving AFDC cash benefits and had the highest rate of new claimants of unemployment benefits. Per capita income was lower in Auburn than in the Network, and other indicators of socioeconomic stress were generally above the Network average.

Information on problem behaviors was often not available at the subnetwork level. When it was available, it was unevenly presented either because a jurisdiction did not report or because the numbers were too low to calculate valid rates. Most arrest data, for example, were reported in the Database for Auburn and Renton, but not for other subnetworks.

Substance abuse is a problem in Auburn, although arrests of youth for drug law violations are below the state rate. Hospitalizations of kids 10-17 and 18-24 related to drugs and alcohol are both above the state rate. Teen pregnancy in Auburn was 22 percent above the state (1991-1993) and sexually transmitted diseases in teens also higher during this period. Suicides in youth 20-24 occurred at rates

above both federal and state averages. Arrests of youth for serious violent crimes were below the state, but the arrest rate for simple assaults, which includes some domestic violence arrests, was higher. Examinations of adult women for sexual assault exceeded the state rate by 150 percent. Also higher than the state were referrals of children to Child Protective Services and examinations for sexual assault in children 0-17. High school dropouts were also elevated above state percentages in the Auburn subnetwork.

4.2.2 Community Meeting Results

Auburn residents defined the risk and protective factors they perceived as most significant in their community at an October Community Meeting. They were:

Favorable parental attitudes towards problem behaviors (alcohol and drug use, violence) and parental involvement in problem behaviors.

Low neighborhood attachment and community disorganization.

Youth having friends who engage in problem behaviors.

Auburn residents identified the strongest community assets as:

Auburn Youth Services (AYR)

Churches

Mentoring programs

In addition, they noted the presence of Project Empower, a pregnancy prevention program; Healthy Families - a support program for young families; and programs through the Auburn Parks and Recreation Department.

4.2.3 Coalition meeting results

Unexpected cancellation of the Auburn Youth 2000 coalition meeting prevented a meeting with this community coalition from occurring during the targeting phase of the needs assessment.

4.2.4. Youth Meeting Results

Members of the Auburn Youth Council (all youth themselves), in their meeting, identified the most significant risk factors identified as:

Having friends who engage in problem behaviors.

Easy availability of drugs.

Family management problems.

Alienation/rebelliousness/Lack of positive bonding.

4.3 Enumclaw

4.3.1 Community overview and specific community characteristics

Enumclaw saw the highest increase in population among the subnetworks. The population in 1990 was 19,600. By 1993 this had increased over 29 percent to 22,600 people. Almost 13 percent of the population in 1990 were kids 10-17.

The per capita income in Enumclaw was below the Network rate in 1990. The percentages of the population and children in poverty were very close to the Network as a whole. Other indicators of socioeconomic conditions place Enumclaw at or below Network averages.

Data on many problem behaviors are limited for Enumclaw. Youth arrest data were largely absent. Teen suicide rates were not calculated. Pregnancies and births to teens were low among the subnetworks. Sexually transmitted diseases were diagnosed relatively infrequently compared to other subnetworks. Just about three percent of students dropped out of school during the year (1988-1991).

One indicator was high in Enumclaw--weapons violations in schools among kids 6-17.

4.3.2 Community Meeting Results

Participants in the community meeting held in Enumclaw in October, 1995 identified the most significant risk factors in the community as 1/ family management problems and 2/ low neighborhood attachment and community disorganization.

They identified significant community assets as including the Enumclaw Youth Center, programs through the Parks and Recreation Department, Young Life (a Christian youth outreach program), and school sports. They noted that a new coalition addressing youth issues was organizing even as the Network was beginning its planning process.

4.3.3 Coalition Meeting Results

The Enumclaw Youth Coalition hosted a meeting to discuss the risk and protective factors prevalent in the community in October, 1995. Results at this meeting mirrored those of the Enumclaw Community Meeting, with family management problems and low neighborhood attachment considered significant risk factors in Enumclaw. In addition, respondents at this meeting spoke of financial stress and long commute times related to a tight job market, and the stress created in families in response to these economic realities.

4.3.4. Youth Meeting Results

Youth were surveyed at the Enumclaw Late Night Drop-In Center, with a total of 32 youth responding. Youth identified the following as the most important risk factors in their perception:

- Friends engaging in problem behaviors.
- Family management problems.
- Availability of drugs and/or alcohol.
- Poor parental attitudes.

4.4 Federal Way

4.4.1 Community overview and specific community characteristics

Federal Way is among the largest of the subnetworks. The 1993 population of 115,200 was 9 percent above that in 1990. Just about 10 percent were kids 10-17. The per capita income in Federal Way was higher than in the Network as a whole. A lower percent of the population and children lived in poverty. However, about 9 percent of children 0-17 received cash benefits from AFDC which was a 60 percent increase from 1990 to 1993.

Arrest data are absent in the subnetwork. Problems with substance abuse, violence and delinquency are somewhat difficult to assess in relation to other subnetworks. Rates of state-sponsored treatment for drugs and alcohol, as well hospitalizations related to drugs or alcohol were comparable to Network averages. Weapons violations in schools were higher in Federal Way than in both the Network and the state. Teen pregnancies and sexually transmitted diseases were reported at rates similar to the Network. High school dropouts in Federal Way were higher than the Network average by about 18 percent, but still below the state.

4.4.2 Community Meeting Results

At a community meeting held in Federal Way in late October 1995, community members identified the most significant risk factors in Federal Way as:

- Family Management Problems
- Alienation/Rebelliousness/Lack of Positive Bonding
- Media portrayal of violence

Participants at this meeting noted that a variety of community supports are available to youth, although their distribution is uneven between the east and west sides of the city. They also noted that the city is relatively recently incorporated, and services/infrastructure are still in the process of development. Several programs, notable Headstart, the Boys and Girls' Club, and a local core of skilled and responsible child-care providers were agreed on as community assets. The Federal Way Family Network was also noted as a strong community resources focusing on the needs of youth.

4.4.3 Coalition Meeting Results

It was not possible to schedule a coalition meeting with the Federal Way Family Network during the first phase of planning.

4.4.4 Youth Meeting Results

Youth at the Federal Way Community Center Teen Night identified the greatest risk factors affecting Federal Way youth as being:

- Media portrayal of violence
- Availability of firearms
- Friends engage in problem behavior
- Lack of commitment to school

4.5 Highline/South Central

4.5.1 Community overview and specific community characteristics

Data for South Central were incorporated with that for the Highline School District because of the small population in the South Central district. The districts were combined into the Highline/South Central subnetwork for data purposes. Even so, limited data were available, including absence of arrest data.

The combined populations make this subnetwork the largest. The population in 1993 was just over 133,000, up 6.5 percent from that in 1990. Nearly 9 percent of that population was youth 10-17. While slightly above the state level, per capital income in this area was below the Network average. The percentage of children in poverty exceeded the state average. Almost 18 percent of children 0-17 were receiving AFDC benefits--over 40 percent higher than the state.

While arrest data are absent, substance abuse is clearly a problem. The rate of treatment for youth 10-17 in state sponsored programs was nearly 60 percent higher than the state average for the same period. Drug-related hospitalizations for youth 5-17 in the Highline/Burien health planning area was 90 percent above the county average. (The King County Social & Health Indicator Report, Ph. II, Seattle-King County Department of Public Health)

Teen pregnancy is also an issue. The average birth rate in the Highline/Burien health planning area was 62 percent above the King county rate. (Lost Youth: Teen Pregnancy and Birth in King County, Seattle-King County Department of Public Health) The rate of diagnosed sexually transmitted diseases in Highline/South Central was about 70 percent above the state.

The teen suicide rate is higher than both the Network and state among youth 15-19 and 20-24. Adult suicides are also high in this area. Data on youth arrests are absent. Weapons violations in school are highest in Highline/South Central. Some adult crime is high in this area. Tukwila had the second highest rate of rape in the state (1989-1991). Child abuse and neglect are also an issue. Six out of 100 children were accepted as referrals by Child Protective Services (1992-1993)--more than one in 20. Sexual assault examinations for children are also up--it was one-third higher than the state average during 1990-1993.

4.5.2a. Highline Community Meeting Results

24 participants at the Highline Community Meeting identified the risk factors most affecting youth in the Highline area as:

Parental attitudes and involvement in problem behaviors
Transitions and mobility
Family management problems
Media portrayal of violence

Community assets on which participants in the meeting focused were quite varied. Those identified as some of the strongest supports for youth included:

Youth Fair Chance - a Department of Labor program focusing on drop-outs, providing employment alternatives and reducing involvement in gangs and violence in schools.
Southwest Alliance for Youth - a teen-run committee working to empower youth and provide them with opportunities for positive involvement in the community.
Boys and Girls' Club - particularly working with younger children.
Mentoring programs in the elementary schools.
Teen Parenting Program sponsored by the Pregnant and Parenting Alliance.
After-school Activity Center

Among other resources were included the Senior Center, the SE Asian Kids Society, PATH, the Lunch Buddy Program, Parks and Recreation programs, and the King County library.

4.5.3a Highline Coalition Meeting Results

The Network was unable to identify the appropriate coalition with whom to meet during the first phase of the planning.

4.5.4a Youth Meeting Results

103 youth contacted in schools and through the Youth Leadership group at the White Center Boys and Girls' Club participated in youth meetings in the Highline school district. These youth reported that the primary risk factors affecting their community are:

Availability of drugs
Family management problems
Friends engaging in problem behaviors

4.5.2b South Central Community Meeting Results

Residents of Tukwila, at the South Central School District Community Meeting, identified a number of risk factors. The South Central School District was one of the few to identify Extreme Economic Deprivation as a risk factor. In addition, they identified:

Favorable parental and community attitudes towards problem behaviors;
Poor quality early childhood education; and
Family management problems.

The most frequently mentioned community assets in the South Central community meeting were networking programs, the Late Night Program through the Parks and Recreation Department, and adults in general who care about kids. Other assets mentioned included: Cities in Schools Program, a strong provider network, Headstart and ECEAP programs, the Alliance of churches, and police department involvement with the schools.

4.5.3b Coalition Meeting Results

The Network was unable to identify a coalition with which to meet during the priority problem targeting

phase of the planning process.

4.6 Kent

4.6.1 Community overview and specific community characteristics

The Kent subnetwork had the second highest population. It grew over 10 percent from 110,000 in 1990 to 121,400 in 1993. Youth 10-17 made up 9.5 percent of the population. The per capita income was higher in Kent than in the Network as a whole. A lower percentage of the population and children lived in poverty.

Data on substance abuse and teen violence, and youth arrests, were lacking for Kent. Teen pregnancy, while not the highest in the Network, occurs at a higher rate than in the county as a whole. Sexual assault examinations among adult women were higher in Kent than in the state by 70 percent.

High school drop out was somewhat lower than the Network average. Other indicators were at or below Network averages as well.

4.6.2 Community Meeting Results

Participants in the Kent Community Meeting identified three risk factors as most significant in their community:

Family management problems
Low Neighborhood Attachment and community disorganization
Alienation/Rebelliousness/Lack of Bonding

The most noted strengths in the Kent Community Meeting discussion were:

Family Advocate program in the Kent school programs,
Lighthouse evening program, the Alternative Response System (intervention in low-level CPS referrals),
Kent Parks and Recreation programs - especially those linked to apartment complexes and schools, Churches, and John's Gym (Diaz Fitness Center).

4.6.3 Coalition Meeting Results

The Kent Community Youth-At-Risk Task Force devoted a significant portion of a meeting to addressing the risk and protective factors present in their community. They identified the most significant risk factors as:

Low neighborhood attachment and community disorganization and
Family management problems

4.6.4 Youth Meeting Results

Youth participating in the Lighthouse Teen Night at Sequoia School provided input on risk factors in Kent. Consistent with both the community and coalition meetings, they identified the primary risk factors in their community as 1/ low neighborhood attachment and community disorganization and 2/ family management problems.

4.7 Maple Valley/Tahoma School District

4.7.1 Community overview and specific community characteristics

The Tahoma subnetwork has the smallest population, yet experienced the second highest growth between 1990 and 1993. The population grew by just over 13 percent from 19,100 to 21,600. About 12 percent are youth 10-17. The per capita income is higher than the Network at \$23,638. Less than half the percent of people and children live in poverty than the Network averages. A lower percent of

children lived in single-parent households.

Few indicator rates of problem behaviors were not contained in the Database for Tahoma. Figures on arrests were absent. Rates of treatment for substance abuse were below Network levels. Rates of pregnancy and teen suicide were not calculated. About 4.4 percent of students dropped out of high school, which was also below the Network average.

4.7.2 Community Meeting Results

Participants in the Tahoma School District Community Meeting identified 3 significant risk factors in their community:

- Low neighborhood attachment and community disorganization
- Family management problems
- Alienation/rebelliousness/lack of bonding

Strengths noted by participants in the Tahoma/Maple Valley Community Meeting included:

- Teen Activity nights at the school
- Lots of sports groups and scouting in the community
- A monthly family movie night for families with small children
- Toddler time for new mothers 2x/week through the school district
- Active youth church groups
- Second step program in the schools - providing anger management, empathy training, and problem solving to elementary and middle-school aged children
- The Tahoma Learning Community

4.7.3 Coalition Meeting Results

The Maple Valley Communities That Care coalition began its initial organizing simultaneously with the Network's planning. At the point that the Network was meeting with community coalitions, the CTC coalition in Maple Valley was not yet fully formed, and could not make meeting time available to the Network. A number of members of that coalition, however, participated in the community meeting.

4.7.4 Youth Meeting Results

Youth provided input in the Tahoma School District through one high school class and a Friday Night Teen Activity Night. A total of 38 youth participated in identifying the "top" risk factors in the community as:

- Friends who engage in problem behavior
- Availability of drugs and alcohol
- Family management problems
- Alienation/rebelliousness/lack of bonding

4.8 Renton

4.8.1 Community overview and specific community characteristics

Renton is the fourth largest subnetwork. The population in 1993 of 86,800 was over 7 percent higher than in 1990 when the census counted 81,000 people. About 9.3 percent of the population were children 10-17. The per capita income at the time of the census was below the Network per capita amount. However, the percent of families and children living in poverty was also lower than in the overall Network.

Arrest data were reported for Renton. Youth arrests for drug and liquor law violations were slightly above Network averages, but below the state. Teen pregnancy among girls 12-14 was about 30 percent above the state. Rates in older teens were comparable to the Network average.

Arrests of youth 18-24 for simple assaults, which includes some domestic violence, was higher in Renton than the state by close to 40% (1990-1993). School dropouts occurred at a rate below the network average. Other indicators were also not remarkable in comparison with Network or state averages.

4.8.2 Community Meeting Results

Participants at the Renton Community Meeting identified the most significant risk factors in the community as:

- Family management problems
- Friends who engage in problem behaviors
- Availability of drugs

Participants in the Renton Community Meeting identified 4 assets as particularly significant in the community:

- Renton and King County Parks and Recreation programs

- The Teen Clinic at the Public Health Department
- After-school clubs and inter-mural programs
- Family support center at Dimmitt

In addition, they noted the availability of the UJIMA program, the Alternative Response System, Head Start, the Domestic Violence Treatment Program, Lighthouse, Renton Area Youth and Family Services, Communities in Schools, the Renton Black Parents' Association, and Raising Healthy Kids, among other resources.

4.8.3 Coalition Meeting Results

At the Renton Communities in Schools, over 20 community members from a wide variety of sectors and perspectives identified the primary risk factors for Renton youth as:

- Friends who engage in problem behaviors
- Family management problems
- Low neighborhood attachment and community disorganization

4.8.4 Youth Meeting Results

74 youth participated in class and community meetings to discuss the risks facing them in their community. Together, they identified the following as the primary risks:

- Availability of drugs
- Friends engaging in problem behaviors
- Lack of commitment to and engagement in school
- Availability of firearms

4.9 Common themes and problems/factors targeted

While the data on the seven problem areas remained somewhat diffuse and inconclusive, there was a striking consistency in the community input received during this phase of the Network's planning. Several themes emerged that are noteworthy:

Lack of attachment to neighborhood, lack of connection with others in the community was a key concern in virtually every adult group. Youth did not report this as a concern as frequently, perhaps because their "community" is so readily identified as immediate family and school. For adults, however, a sense of isolation was palpable.

Economic stress was a factor in most of the community meetings and some of the coalition meetings -

however it only was identified as a primary risk factor in one meeting. The effects of economic stress and anxiety, however - particularly its effects on parenting - was pervasively discussed.

An expressed need for much more widespread and accessible parenting and family management training was counterbalanced by a sense of frustration that those most in need of that training and support are those least likely to access it.

While formal agency programs were identified as strengths in a number of communities, churches, sports programs, and library programs were also frequently mentioned as community assets important to youth.

One consistent element in the community input processes was the visible absence of teen pregnancy as one of the highest priorities. Among the problem behaviors, teen pregnancy and its correlates (STDs), is the primary area in which some South King County communities consistently outstrip statewide rates. In addition, since many teen parents are ill prepared to raise a family successfully, the problem has impact both in this generation and the next. Its absence as one of the highest priority issues is, therefore, somewhat surprising. The Network may want to revisit this subject as it continues its work, to understand whether this is a problem that community members feel is being addressed, or whether identifying it is a problem for the community in other ways.

Based on a combination of the data and community input, the Network met on November 11th in a 5 hour planning meeting for which they had been provided briefing materials in advance. At that meeting, the Network Board considered the data and community input, heard a panel of youth and adults speak to the problem behaviors, and set priorities for Network action.

The Network acted to maintain all seven problem behaviors as priorities in South King County, believing that all are significant in their impact and should be the focus of community concern. At the same time, the Network identified that it would direct its action, particularly in the first two years of the plan, to 4 of the problems:

- Youth Substance Abuse
- Youth Violence
- Child Abuse and Neglect
- Domestic Violence

In order to address these problems, the Network Board identified risk factors which are significant across the Network's communities, and which underlie each of the problem behaviors targeted. As a result, the Board prioritized:

Reducing these risk factors	Increasing these protective factors
Involvement with friends who engage in problem behaviors	Opportunities for youth to build and practice skills
Family management problems	Opportunities for youth to bond with adults who have healthy behaviors
Low Neighborhood attachment and community disorganization	Opportunities for youth to be recognized for appropriate skills and contributions

These risk and protective factors became the focus of the community resource assessment, of the community survey, and of community meetings and key informant interviews in the second phase of planning.