King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda
Board of Health

Metropolitan King County Councilmembers:
Jeanne Kohl-Welles, Chair
Kathy Lambert, Joe McDermott, Vice Chair
Alternate: Rod Dembowski

Seattle City Councilmembers:
Andrew Lewis, Tammy Morales, Teresa Mosqueda; Alternate: Lorena Gonzalez

Sound Cities Association Members:
David Baker, Susan Honda
Alternates: Krystal Marx; Janice Zahn

Health Professionals: Bill Daniell, MD, MPH; Christopher Delecki, DDS, MBA, MPH, Vice Chair
Non-Voting: Butch de Castro, PhD, MSN/MPH, RN, FAAN

Director, Seattle-King County
Department of Public Health: Patty Hayes

Staff: Susie Levy, Board Administrator (206) 263-8328

1:00 PM **Thursday, February 20, 2020** **Room 1001**

To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of October 17, 2019 and January 16, 2020** **pgs 5-14**
5. **Public Comments**
6. **Chair's Report**
7. **Director's Report**

Sign language and communication material in alternate formats can be arranged given sufficient notice (296-1000).
TDD Number 296-1024.
ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.

8. Election of Chair and Vice Chair

Discussion and Possible Action

9. Resolution No. 20-06 **pgs 15-16**

A RESOLUTION designating the order in which the vice-chairs of the King County Board of Health may act in the absence of the chair in 2020.

Briefings

10. BOH Briefing No. 20-B01 **pgs 17-84**

Youth and Young Adult Gun Violence Report.

Vanessa Quince, Social Research Scientist, Assessment, Policy Development, and Evaluation Public Health – Seattle & King County
Marguerite Ro, Chief of Assessment, Policy Development, and Evaluation / Chronic Disease and Injury Prevention, Public Health – Seattle & King County
Katerin Ugalde, participant in Youth and Young Adult Gun Violence Report research
Akarim Abdi, participant in Youth and Young Adult Gun Violence Report research

11. BOH Briefing No. 20-B02

Novel Coronavirus briefing.

Jeff Duchin, Health Officer, Public Health — Seattle & King County
Patty Hayes, Director, Public Health – Seattle & King County

12. BOH Briefing No. 20-B03 **pgs 85-86**

Healthy Eating Committee Recommendations for 2020 Workplan.

Chris Delecki, King County Board of Health

Discussion

13. Resolution No. 20-07 **pgs 87-92**

A RESOLUTION adopting the 2020 work plan for the King County Board of Health.

Briefing

14. BOH Briefing No. 20-B04

Legislative update.

Anne Burkland, State & Local Affairs, Public Health – Seattle & King County

15. Board Member Updates

16. Administrator's Report

17. Other Business

Adjournment

If you have questions or need additional information about this agenda, please call (206) 263-8328, or write to Susie Levy, Board of Health Administrator via email at slevy@kingcounty.gov

[Blank Page]

King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Minutes
Board of Health

Metropolitan King County Councilmembers:
Jeanne Kohl-Welles, Chair
Kathy Lambert, Joe McDermott, Vice Chair
Alternate: Rod Dembowski

Seattle City Councilmembers:
Sally Bagshaw, Vice Chair; Debora Juarez, Teresa Mosqueda;
Alternate: Bruce Harrell

Sound Cities Association Members:
Angela Birney, Vice Chair; Susan Honda
Alternates: David Baker; Krystal Marx

Health Professionals: Bill Daniell, MD, MPH; Christopher Delecki, DDS, MBA, MPH, Vice Chair
Non-Voting: Butch de Castro, PhD, MSN/MPH, RN, FAAN

Director, Seattle-King County Department of Public Health: Patty Hayes

Staff: Susie Levy, Board Administrator (206) 263-8328

1:00 PM | **Thursday, October 17, 2019** | **Room 1001**

---

1. Call to Order

The meeting was called to order at 1:03 p.m.

2. Roll Call

Present: 7 - Dr. Daniell, Dr. Delecki, Ms. Kohl-Welles, Mr. McDermott, Mr. Baker, Ms. Marx and Dr. de Castro

Excused: 5 - Ms. Bagshaw, Ms. Birney, Ms. Honda, Ms. Lambert and Ms. Mosqueda

3. Announcement of Any Alternates Serving in Place of Regular Members

Boardmembers Baker and Marx served as alternates in place of Boardmember Birney and Boardmember Honda. Boardmember de Castro was also in attendance.

4. Approval of Minutes of September 19, 2019

Boardmember Baker moved to approve the minutes of the September 19, 2019, meeting as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

The following people spoke:
Kassech Zenebe
Alex Tsimerman
Marguerite Richard

6. Chair's Report

Boardmember Kohl-Welles introduced Susie Levy, the new Administrator for the Board of Health, and welcomed her to the Board of Health.

Boardmember Kohl-Welles reported that the State Board of Health adopted an emergency 120-day rule banning the sale of flavored vape products in our state. A letter in favor of the rule was submitted on behalf of the Board of Health. The Governor is expected to introduce governor-request legislation in the 2020 session to address the vaping crisis in our state.

Boardmember Kohl-Welles also announced that this year's Seattle/King County Clinic will be held February 13-16, 2020. If you are interested in volunteering, reach out to Susie Levy.

7. Director's Report

Patty Hayes, Director, Seattle-King County Department of Public Health, provided a report on the class action lawsuit filed in federal court against Juul; increases in fentanyl deaths linked to counterfeit pills; Hepatitis A outbreaks; sexually transmitted diseases and increasing stats from 2017 to 2018; and recommended that the public get flu shots before the end of October.

Briefings

8. BOH Briefing No. 19-B20

West Point Bypass July 2019

Christie True, Director, King County Department of Natural Resources and Parks; Anne Burkland, Government Relations Officer, Public Health; and Mike Haynes, Chief Operating Office for Seattle City Light provided a briefing on the West Point Bypass - July 2019.

This matter was Presented

9. BOH Briefing No. 19-B21

Environmental Health Rate update

Dylan Orr, Deputy Director, Environmental Health Division; and Mike Perez, Manager, Finance and Administrative Services, Environmental Health Division; briefed the Board on the Department's Environmental Health Rate study. This study is required by the Board of Health Code.

This matter was Presented

10. BOH Briefing No. 19-B22

Updates from Washington, D.C., Public Charge Rule

Ingrid Ulrey, Public Health's Policy Director, provided a briefing on updates from Washington, D.C., Public Charge Rule which was scheduled to go into effect on Tuesday as well as a report on the Federal Partnership on HIV.

Ms. Burkland answered questions of the Board.

This matter was Presented

11. Board Member Updates

Boardmember Delecki reported on Healthy Eating Active Living Program (HEAL) and National Rx Drug Take Back Day, October 26, 2019. Find a drop-box near you at: https://kingcountysecuremedicinereturn.org.

12. Administrator's Report

No report was given.

13. Other Business

Adjournment

The meeting was adjourned at 2:44 p.m.

If you have questions or need additional information about this agenda, please call (206) 263-8328, or write to Susan Levy, Board of Health Administrator via email at slevy@kingcounty.gov

Approved this _____ day of _____

Clerk's Signature

[Blank Page]

King County

1200 King County
Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Minutes
Board of Health

Metropolitan King County Councilmembers:
Jeanne Kohl-Welles, Chair
Kathy Lambert, Joe McDermott, Vice Chair
Alternate: Rod Dembowski

Seattle City Councilmembers:
Andrew Lewis, Tammy Morales, Teresa Mosqueda; Alternate: Lorena Gonzalez

Sound Cities Association Members:
David Baker, Susan Honda
Alternates: Krystal Marx; Janice Zahn

Health Professionals: Bill Daniell, MD, MPH; Christopher Delecki, DDS, MBA, MPH, Vice Chair
Non-Voting: Butch de Castro, PhD, MSN/MPH, RN, FAAN

Director, Seattle-King County Department of Public Health: Patty Hayes

Staff: Susie Levy, Board Administrator (206) 263-8328

1:15 PM | **Thursday, January 16, 2020** | **Room 1001**

REVISED
-DRAFT MINUTES-

1. Call to Order

The meeting was called to order at 1:17 p.m.

2. Roll Call

Present: 9 - Dr. Daniell, Dr. Delecki, Ms. Honda, Ms. Kohl-Welles, Ms. Lambert, Mr. McDermott, Mr. Lewis, Ms. Morales and Ms. Marx

Excused: 2 - Mr. Baker and Ms. Mosqueda

3. Announcement of Any Alternates Serving in Place of Regular Members

Boardmember Marx served in place of Boardmember Baker.

Boardmember de Castro was also in attendance.

4. Approval of Minutes of November 21, 2019

Boardmember Delecki made a motion to to approve the November 21, 2019, meeting minutes as presented. Seeing no objection, the Chair so ordered.

5. Public Comments

The following people spoke:
Marguerite Richard
Alex Tsimerman

6. Chair's Report

The Chair welcomed new Boardmembers City of Seattle Councilmembers Andrew Lewis and Tammy Morales, and City of Bellevue Councilmember Janice Zahn, an alternate for the Sound Cities Association.

The Chair reported on a November briefing on climate change and health, that Jeff Duchin, Public Health Officer, provided on the health impacts of climate change.

The Chair also reported on a letter that was submitted to the Washington State Patrol on the Board's behalf in response to the request from Urban Indian Health Institute. The letter requested the State Patrol improve on their work to address the Missing and Murdered Indigenous Women and Girl's Crisis.

2019 accomplishments were discussed along with a survey to Board of Health Members to identify their interests and priorities for the 2020 workplan. There will be an election for the new Chair of the Board at the February Board of Health meeting. Both Boardmember Kohl-Welles and Boardmember McDermott are interested in becoming the new Chair.

7. Director's Report

Patty Hayes, Director Seattle-King County Department of Public Health, welcomed the new boardmembers and provided reports on the new Wuhan coronavirus outbreak, the current flu season, the increase of confirmed cases of Hepatitis A and HIV, and the regional approach to youth gun violence.

8. Reappointment of Health Professional

Boardmember Daniell made a motion to reappoint Boardmember Delecki as a health professional. The motion carried.

Discussion and Possible Action

9. Resolution No. 20-05

A RESOLUTION encouraging the Washington state Legislature to support funding for foundational public health services.

Ms. Hayes briefed the Board and answered questions.

Boardmember Delecki announced that the Seattle-King County Clinic, a free health clinic that occurs for four days each year, is scheduled for February 13-16, 2020, at the Seattle Center.

A motion was made by Boardmember Delecki that this Resolution be Passed. The motion carried by the following vote:

Yes: 12 - Dr. Daniell, Dr. Delecki, Ms. Honda, Ms. Kohl-Welles, Ms. Lambert, Mr. McDermott, Mr. Lewis, Ms. Morales and Ms. Marx

Excused: 2 - Mr. Baker and Ms. Mosqueda

10. Resolution No. 20-01

A RESOLUTION encouraging the Washington state Legislature to restore local authority to enact local firearm policies and pursue firearm policies that would benefit all Washington residents' health and safety.

Karyn Brownson, Community Safety Manager, Violence and Injury Prevention Unit, briefed the Board and answered questions.

A motion was made by Boardmember McDermott that this Resolution be Passed. The motion carried by the following vote:

Yes: 8 - Dr. Daniell, Dr. Delecki, Ms. Kohl-Welles, Mr. McDermott, Mr. Lewis and Ms. Morales

No: 2 - Ms. Lambert

Excused: 4 - Mr. Baker, Ms. Honda, Ms. Mosqueda and Ms. Marx

11. Resolution No. 20-03

A RESOLUTION encouraging the Washington state Legislature to expand affordable health care coverage to all Washington residents.

Ingrid Ulrey, Policy Director, Public Health - Seattle & King County, briefed the Board and answered questions.

Ms. Burkland answered questions of the Board.

Boardmember Honda made a verbal amendment on Line 24, after "insurance program", delete "." and insert ', including senior citizens.' Voting on the verbal amendment, the motion carried.

A motion was made by Boardmember Delecki that this Resolution be Passed as Amended. The motion carried by the following vote:

Yes: 12 - Dr. Daniell, Dr. Delecki, Ms. Honda, Ms. Kohl-Welles, Ms. Lambert, Mr. McDermott, Mr. Lewis, Ms. Morales and Ms. Marx

Excused: 2 - Mr. Baker and Ms. Mosqueda

12. Resolution No. 20-04

A RESOLUTION encouraging the Washington state Legislature to adopt broad regulations to protect Washington's youth from the potential harmful effects of vapor product use.

Scott Neal, Manager, Tobacco Prevention Program, briefed the Board and answered questions of the Board.

A motion was made by Boardmember Delecki that this Resolution be Passed. The motion carried by the following vote:

Yes: 9 - Dr. Daniell, Dr. Delecki, Ms. Honda, Ms. Kohl-Welles, Mr. McDermott, Mr. Lewis and Ms. Marx

Excused: 5 - Mr. Baker, Ms. Lambert, Ms. Mosqueda and Ms. Morales

13. Resolution No. 20-02

A RESOLUTION encouraging the Washington state Legislature to address climate change and its health impacts, with a focus on communities disproportionately impacted by health inequities.

Rachel Brombauch, Energy Policy and Partnerships Specialist, Office of King County Executive, Dow Constantine, briefed the Board and answered questions.

Boardmember Marx made a verbal amendment on line 62 insert "E. Acknowledge the importance of local authority in addressing equity and social justice, and provide funding and/or other resources for local municipalities to address their specific climate concerns and policies. Voting on the verbal amendment, the motion carried.

A motion was made by Boardmember Delecki that this Resolution be Passed as Amended. The motion carried by the following vote:

Yes: 9 - Dr. Daniell, Dr. Delecki, Ms. Honda, Ms. Kohl-Welles, Mr. McDermott, Mr. Lewis and Ms. Marx

Excused: 5 - Mr. Baker, Ms. Lambert, Ms. Mosqueda and Ms. Morales

14. Board Member Updates

No reports were given.

15. Administrator's Report

Suzie Levy, Board Administrator announced that she will be distributing a survey to determine items for the 2020 Board of Health workplan.

16. Other Business

Anne Burkland, State and Local Affairs, gave a brief overview of the legislative session in Olympia.

Adjournment

If you have questions or need additional information about this agenda, please call (206) 263-8328, or write to Susie Levy, Board of Health Administrator via email at slevy@kingcounty.gov

Approved this _____ day of _____

_____

Clerk's Signature

[Blank Page]

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

King County

KING COUNTY

Signature Report

Resolution

Proposed No. 20-06.1 **Sponsors**

A RESOLUTION designating the order in which the vice-chairs of the King County Board of Health may act in the absence of the chair in 2020.

WHEREAS, on April 16, 2009, the King County Board of Health adopted operating rules for the board through BOH R&R 09-04, and

WHEREAS, the adopted operating rules state that the board shall designate annually four vice-chairs, each representing one of the major categories of membership, and

WHEREAS, the adopted operating rules state that, in the absence of the chair, a vice-chair will exercise the duties, powers and prerogatives of the chair, and

WHEREAS, the adopted operating rules state that each year the board shall designate by resolution the order in which the vice-chairs may act in absence of the chair, and

WHEREAS, the adopted operating rules state that the order of the vice-chairs shall rotate annually;

NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King County:

For 2020, the board designates the following order in which the vice-chairs may act in absence of the chair:

20 A. Vice-chair representing the health professionals;

21 B. Vice-chair representing the metropolitan King County council;

22 C. Vice-chair representing the city of Seattle; and

23 D. Vice-chair representing the sound cities.

24

BOARD OF HEALTH
KING COUNTY, WASHINGTON

_____

Jeanne Kohl-Welles, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Board

Attachments: None

King County

King County Board of Health

Staff Report

Agenda item No: 10 | Date: February 20th, 2020
BOH Briefing No. 20-B01 | Prepared by: Vanessa Quince

Subject

A briefing on the Youth and Young Adult Gun Violence Report requested by King County Council Motion 15234.

Purpose

This report provides a comprehensive and updated snapshot of what gun violence looks like from the perspectives of youth, young adults, families, and key informants including providers and experts in King County. The perspectives address themes and factors including what promotes, prevents, and protects people from gun violence; as well as what is being and what more can be done to address gun violence in King County, Washington. This is a response to King County Council Motion 15234 (October 3, 2018), which requests that the Executive engage and collaborate with King County youth and young adults and their family members to develop a report on gun violence among youth (ages 13-17) and young adults (ages 18-24).

Background

Firearm deaths - whether self-inflicted or interpersonal - affect youth, families and communities adversely. Firearms are the leading cause of suicide and homicide deaths among youth and young adults.[1] Roughly three-fourths of the suicide deaths among youth ages 10–14 result from firearms. Firearm homicide rates are highest among young adults ages 18–24 compared to other age groups.[2]

All firearm deaths and injuries among children, youth, and young adults are preventable. In the majority of King County's youth suicide deaths from firearms, youth obtained the weapon from a family member, and in roughly a third of cases, the weapon was stored unlocked or was loaded.[3] Removing access to a firearm decreases the likelihood of firearm-related suicide[4]

[1] Washington State Department of Health. Community Health Assessment Tool (CHAT) Data, self-inflicted death youth 0–24 years, 2015–2017.
[2] Washington State Department of Health. Community Health Assessment Tool (CHAT) Data, self-inflicted death youth 0–24 years, 2015–2017.
[3] Public Health – Seattle and King County. The impact of firearms on King County children and youth. Retrieved from https://www.kingcounty.gov/depts/health/data/youth-firearms.aspx
[4] Giffords Law Center. Retrieved from https://lawcenter.giffords.org/gun-laws/policy-areas/child-consumer-safety/safe-storage/

whereas firearm availability in the home significantly increases the risk of suicide.[5] Effective community and clinical education programs, including those that are applied universally or are selective across different settings, are effective at reducing suicide ideation, re-attempts,[6] and violence prevention.[7]

To understand how King County youth and young adults experience gun violence including what factors contribute to and prevent exposure to gun violence, the Public Health – Seattle & King County (PHSKC) research team conducted focus groups with youth, young adults, and their family members and interviewed King County subject matter experts as key informants. Participants in this data collection effort were recruited from all King County regions (East region, North region, Seattle, and South region), as well as all racial/ethnic groups and ages. Though participants were recruited from all regions in King County, the participants represented in the report are from three (East region, Seattle, and South region) of the four regions. Thirteen focus groups were conducted in English, and one in Spanish. Many of the youth violence prevention and behavioral health programs and services are in Seattle and South King County, thus the perspectives in this report largely represent those of youth and young adults in the Seattle and South King County.

Participants identified numerous factors influencing youth's decisions to engage in gun violence. These include:

- Cultural factors such as popular culture (entertainment, music, and video games), social media, and mass media, can associate guns with looking "cool" or attracting fame and attention. These depictions of guns tend to exaggerate the actual prevalence of guns and gun violence.
- Community conditions including both affluence and poverty can place stress on youth. Furthermore, racism and discrimination may lead to a sense of powerlessness and some youth may turn to gun violence as a result of this anxiety.
- Adolescent brain development is associated with poor decision-making, and adolescent males may react strongly to expectations about masculinity. These factors increase youth susceptibility to gun violence.
- Guns are easily accessible, and youth can often access guns either through their peer networks or household members who keep guns at home. Young adults expressed that existing laws do not present a significant barrier to obtaining guns legally, noting that it is easier to get a gun than to get a job.

---

[5] Mann, J. J., & Michel, C. A. (2016, October 1). Prevention of firearm suicide in the United States: What works and what is possible. *American Journal of Psychiatry*. American Psychiatric Association. https://doi.org/10.1176/appi.ajp.2016.16010069

[6] Robinson, J. et al. (2018). What Works in Youth Suicide Prevention? A Systematic Review and Meta-Analysis. *EClinical Medicine by the Lancet*, 4, 52-91.

[7] Fagan, A. & Catalano, F. (2012). What Works in Youth Violence Prevention: A Review of the Literature. *Research on Social Work Practice,* 23(2), p. 141-156. DOI: 10.1177/1049731512465899.

Services and programs already in place in King County can decrease the impact of these influences and help youth avoid gun violence. These include:

- Community centers that offer after-school activities and the opportunity for youth to develop supportive relationships with each other and with trusted adults.
- Youth development programs offering skill building and intervention resources such as conflict resolution and restorative justice.
- Mental health supports available in schools and clinics.

Some youth encounter barriers to accessing such services, however, particularly if they belong to underserved communities or live outside Seattle.

Analysis

Participating youth, young adults, families, and key informants were asked what should be done to address youth and young adult gun violence. Their recommendations include:

- More education about gun violence for youth, families and community members.
- Increase the range and scope of community centers.
- Increase youth access to mental health services.
- Provide social and emotional skills training to youth at risk of gun violence.
- Increase youth employment and educational opportunities.
- Examine and address youth's ability to easily access guns.
- Develop and increase systems alignment between government and community supports.

Eight report back sessions were conducted with relevant stakeholders and available community members who participated in focus groups or interviews. During these report back sessions, participants had the opportunity to review the methods, findings, and recommendations included in the report. Across sessions, attendees raised common themes, including: prevention and intervention efforts should focus on the community rather than focus solely on individuals and connecting gun violence to mental health issues often shifts the focus on individuals rather than on communities, also, communities want to hear about what actions will be taken to reduce and prevent gun violence.

Gun Violence Perceptions Among Youth & Young Adults

Vanessa Quince, Ph.D.
Assessment, Policy, Development and Evaluation Unit (APDE)
Public Health – Seattle and King County

February 20, 2020

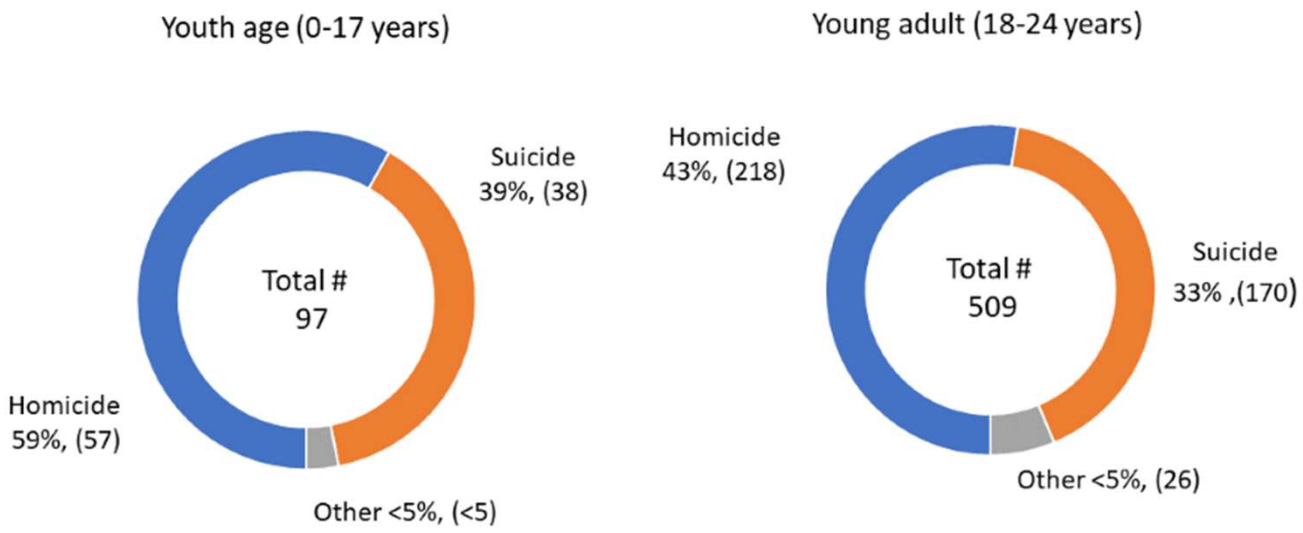
Public Health
Seattle & King County

Project Purpose

- King County Council Motion 15234 (Oct 2018)
- Discussed factors related to gun violence with **youth, young adults, families and advocates**
- Collected **recommendations for how to reduce gun violence** among youth and young adults

2

Firearm deaths by intent in King County, 1999-2017



Note: Other includes unintentional deaths, deaths of undetermined intent, and deaths by legal intervention.

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2010-2017, Community Health Assessment Tool (CHAT).

3

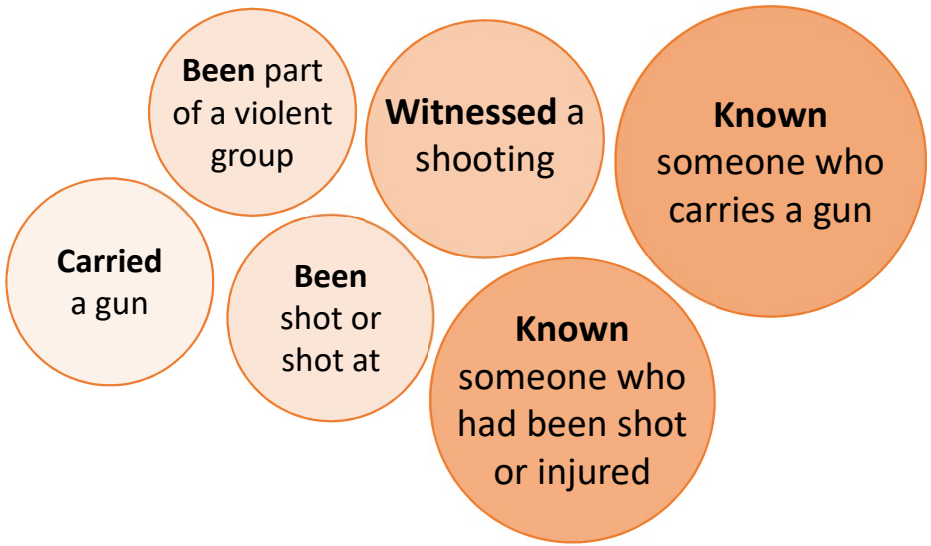
Who we spoke with:

80 youth and young adults

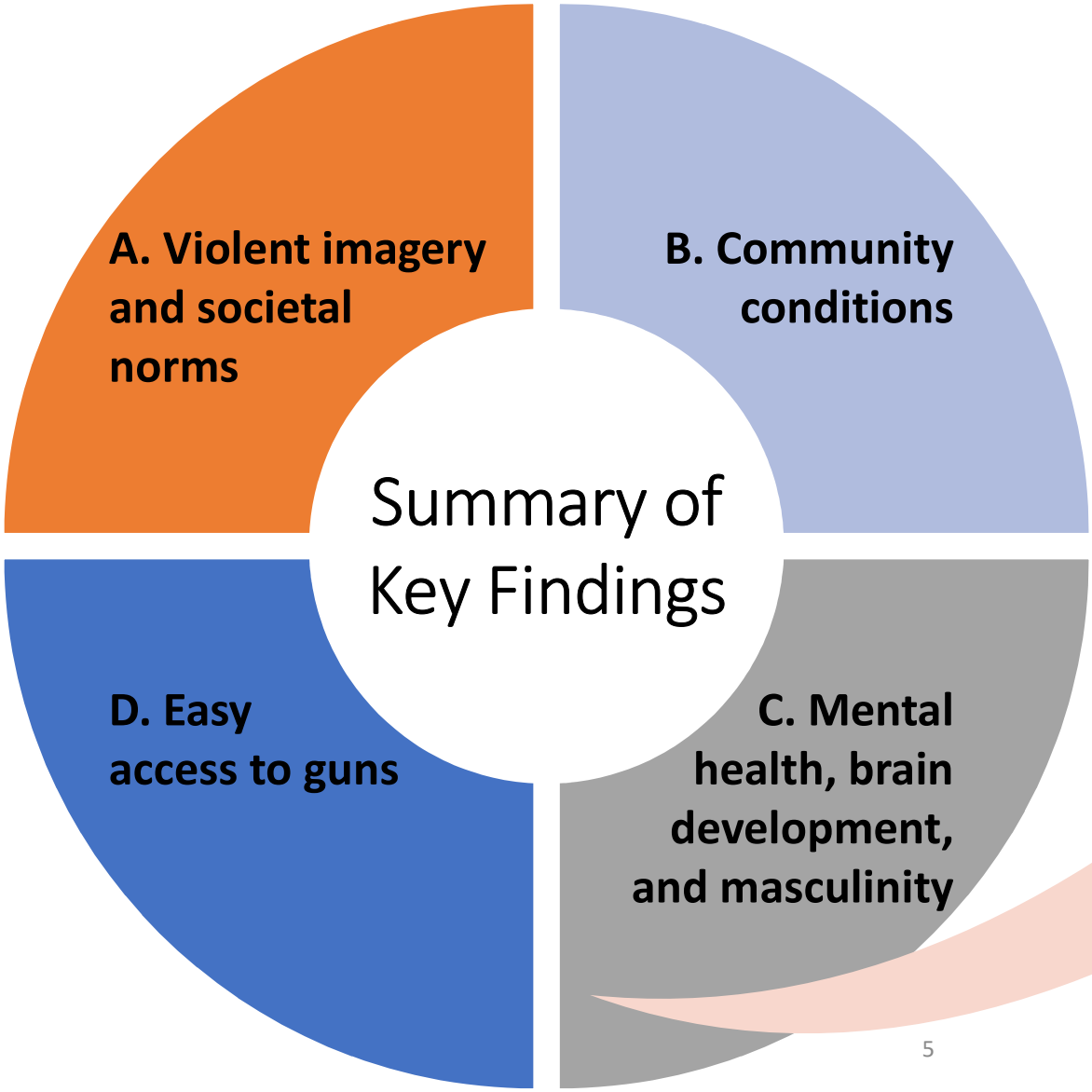
26 family members

10 King County staff members, providers, community members, and researchers

Youth proximity to gun violence:



4



Everyday circumstances and their environments strongly influence youth decisions to engage in gun violence

Violent imagery and societal norms normalize gun violence.

"To me, it's the frequency of images. The narrative on social media … on the evening news. The focus on violence as a legitimate solution and violence as a construct bleeds over into guns."

- Service provider

6

HA10

Community conditions impact youth engagement in gun violence.

- Racism and discrimination
- Poor economic conditions
- Barriers to services
- Affluence and pressure to succeed
- Availability of community centers
- Youth development programming
- Mental health supports

7

Slide 7

HA10 Highlight the community conditions?
- Affluence
- Poor economic conditions
- Racism/discrimination
- Community Supports & Centers

Herman, Augusta, 1/10/2020

Regardless of economic conditions, youth experience stressors that contribute to engagement in gun violence.

"The pressure in King County is directly related to economic pressure on the family. […] They simply have to fight back against that by taking the situation and circumstances of their lives into their own hands – the easiest way they know how, which is to access guns."

- Key Informant

"The kids experience high school as if there are sparse resources—because the perception is that they are going for the top place at Harvard […] So they actually have the same level of stress—as crazy as it might sound—as some kids in really high-poverty regions."

- Parent

While youth development resources may be available, they are not always accessible.

"… the one time [my mother] came [to my game] I thought I was [Michael] Jordan… you can see that as a loss and harp on it but my mom's gotta work. […] If my mom wasn't there, (names adult mentor) was there."

- Youth

"There's a lot [of resources] available. […] but sometimes the resource that I'm giving is really far away, so it's not like an easy option if they don't have a good transportation system to get there."

- Youth Peer Leader

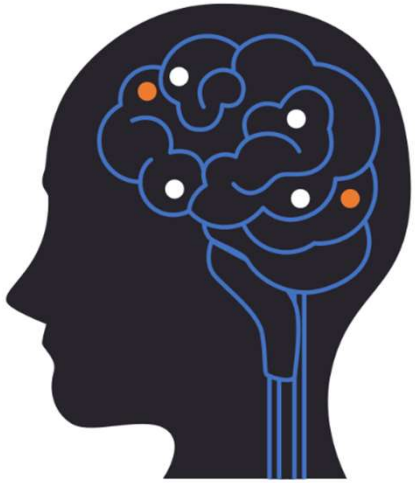
9

Mental health, adolescent brain development and messages about masculinity influence youth's decisions to engage in gun violence.

"People not feeling like they have another solution to their problems. Feeling powerless in a situation. Not knowing what to do, not having support. And maybe they grew up in an environment where they have seen a lot of guns. When people are portraying themselves with guns, they are showing off a lot of power, and they seem like powerful figures."

- Youth

10



Ease of access to guns is a driving factor of gun violence.

"The settings are different for interpersonal and self-directed, but access to guns, whether inside or outside the home, is something that fuels it [gun violence]."

- Key Informant

It is easier to get a gun than to get a job.

- Several participants

11

Community Recommendations

- Increase **education about gun violence** for youth, families, and community members
- Increase range and scope of **community centers**
- Increase youth access to **mental health services**
- Provide social and emotional **skills training** to youth
- Increase youth **employment and educational opportunities**
- Examine and address youth's ability to **easily access guns**
- Develop and increase **system's alignment** between government and community supports

12

Executive Recommendations

- Broadly **disseminate report findings** to stakeholders
- Help community-based organizations **obtain funding** to support existing youth programs
- Zero Youth Detention should consider and **address report findings**
- Use and strengthen **trauma-informed approaches** with youth involved in gun violence
- Generate data reports with community and provider input to **inform gun violence policy and programming**
- Disseminate accurate, **accessible information** to community members
- Increase **internship and employment opportunities** for youth
- Support a regional **network of leaders** committed to reducing gun violence

13

Youth Voices

For more information

Contact us:
Vanessa Quince, Ph.D.
Assessment, Policy, Development and Evaluation Unit (APDE)
Public Health – Seattle and King County
vquince@kingcounty.gov
206-263-3665

For more information:
Report on Gun Violence Among Youth and Young Adults (December 2019)
The impact of firearms in King County: www.kingcounty.gov/firearms

Report in Response to King County Council Motion 15234: Report on Gun Violence among Youth and Young Adults

December 2019

DEDICATION & ACKNOWLEDGEMENTS

This report is dedicated to the families who experience gun violence, especially the many participants who made time to share their diverse perspectives with us. The executive is grateful for the tremendous help we received from community and subject matter experts listed here:

Contributors—

- Mercer Island Youth and Family Services, Bharat Shyam, Tali Harisdon, Willard Jimerson, Ali Rowhani, Meg Carey, Keaton Dickinson, Stacey Hoffman

Staff and stakeholders from existing county programs—

- Best Starts for Kids, Zero Youth Detention, Prosecuting Attorney's Office, Colleen Brandt-Schulter

King County Public Health—

- Anne Burkland, Tony Gomez, Maria Gonzalez, Annie Kirk, Derrick Wheeler-Smith, Joie McCracken, Mike Vu, Susan Worden, Claire Magbanua, Derrick Wheeler-Smith, Claudia Pineda, Abigail Schachter, Myduc Ta

King County Executive's Office—

- Kelli Carroll, Hannelore Makhani

King County Prosecuting Attorney's Office—

- Karissa Taylor, Jimmy Hung

SUGGESTED CITATION

Quince V, Brownson K, Johnson K, Stubblefield M, Tippens KM, Chan NL, Ro M. Report on Gun Violence Amongst Youth and Young Adults. Report for King County Council. December 2019.

I. Contents

II. Executive Summary 5
III. Background 9
IV. Report Requirements 11
Report Requirement D1: Inventory of existing programs 11
Report Requirement B & C: Methods for Focus Groups and Interviews 16
Report Requirement D2: Findings 20
Report Requirement E: Community Recommendations 28
Report Requirement F: Community Presentation of Findings 32
Report Requirement G: Executive Recommendations 34
V. Conclusion 35
VI. Appendices 36

II. EXECUTIVE SUMMARY

This report is a response to King County Council Motion 15234 (October 3, 2018), which requests that the Executive engage and collaborate with King County youth and young adults and their family members to develop a report on gun violence among youth and young adults.[1]

Background

Firearm deaths - whether self-inflicted or interpersonal - affect youth, families and communities adversely. Firearms are the leading cause of suicide and homicide deaths among youth and young adults.[2] Roughly three-fourths of the suicide deaths among youth ages 10–14 result from firearms. Firearm homicide rates are highest among young adults ages 18–24 compared to other age groups.[3]

All firearm deaths and injuries among children, youth, and young adults are preventable. In the majority of King County's youth suicide deaths from firearms, youth obtained the weapon from a family member, and in roughly a third of cases, the weapon was stored unlocked or was loaded.[4] Removing access to a firearm decreases the likelihood of firearm-related suicide[5] whereas firearm availability in the home significantly increases the risk of suicide.[6] Effective community and clinical education programs, including those that are applied universally or are selective across different settings, are effective at reducing suicide ideation, re-attempts,[7] and violence prevention.[8]

Methods

Input from the King County Executive's Office, King County Public Health Violence and Injury Prevention, community and research experts, and published studies shaped the approach to developing this report. To understand how King County youth and young adults experience gun violence including what factors contribute to and prevent exposure to gun violence, the Public Health – Seattle & King County (PHSKC) research team conducted focus groups with youth, young adults, and their family members as well as interviewed King County subject matter experts as key informants. These occurred between June and August 2019 and included:

- 12 focus groups with 80 youth and young adults who have experience with gun violence.
- 2 focus groups with 26 family members of youth and young adults affected by gun violence.

---

[1] In this report, "youth" refers to participants ages 13–17 and "young adult" refers to participants ages 18–24.

[2] Washington State Department of Health. Community Health Assessment Tool (CHAT) Data, self-inflicted death youth 0–24 years, 2015–2017.

[3] Washington State Department of Health. Community Health Assessment Tool (CHAT) Data, self-inflicted death youth 0–24 years, 2015–2017.

[4] Public Health – Seattle and King County. The impact of firearms on King County children and youth. Retrieved from https://www.kingcounty.gov/depts/health/data/youth-firearms.aspx

[5] Giffords Law Center. Retrieved from https://lawcenter.giffords.org/gun-laws/policy-areas/child-consumer-safety/safe-storage/

[6] Mann, J. J., & Michel, C. A. (2016, October 1). Prevention of firearm suicide in the United States: What works and what is possible. *American Journal of Psychiatry*. American Psychiatric Association. https://doi.org/10.1176/appi.ajp.2016.16010069

[7] Robinson, J. et al. (2018). What Works in Youth Suicide Prevention? A Systematic Review and Meta-Analysis. *EClinical Medicine by the Lancet*, 4, 52-91.

[8] Fagan, A. & Catalano, F. (2012). What Works in Youth Violence Prevention: A Review of the Literature. *Research on Social Work Practice,* 23(2), p. 141-156. DOI: 10.1177/1049731512465899.

- 10 key informant interviews with service providers and local experts who work with youth and their families on issues related to gun violence.

Participants in this data collection effort were recruited from all King County regions (East region, North region, Seattle, and South region), as well as all racial/ethnic groups and ages. Though participants were recruited from all regions in King County, the participants represented in the report are from three (East region, Seattle, and South region) of the four regions. Thirteen focus groups were conducted in English, and one in Spanish. Many of the youth violence prevention and behavioral health programs and services are in Seattle and South King County, thus the perspectives in this report largely represent those of youth and young adults in the Seattle and South King County.

Key findings

Participants identified numerous factors influencing youth's decisions to engage in gun violence. These include:

- Cultural factors such as popular culture (entertainment, music, and video games), social media, and mass media, can associate guns with looking "cool" or attracting fame and attention. These depictions of guns tend to exaggerate the actual prevalence of guns and gun violence.
- Community conditions including both affluence and poverty can place stress on youth. Furthermore, racism and discrimination may lead to a sense of powerlessness and some youth may turn to gun violence as a result of this anxiety.
- Adolescent brain development is associated with poor decision-making, and adolescent males may react strongly to expectations about masculinity. These factors increase youth susceptibility to gun violence.
- Guns are easily accessible, and youth can often access guns either through their peer networks or household members who keep guns at home. Young adults expressed that existing laws do not present a significant barrier to obtaining guns legally, noting that ***it is easier to get a gun than to get a job***.

Services and programs already in place in King County can decrease the impact of these influences and help youth avoid gun violence. These include:

- Community centers that offer after-school activities and the opportunity for youth to develop supportive relationships with each other and with trusted adults.
- Youth development programs offering skill building and intervention resources such as conflict resolution and restorative justice.
- Mental health supports available in schools and clinics.

Some youth encounter barriers to accessing such services, however, particularly if they belong to underserved communities or live outside Seattle.

Community recommendations

Participating youth, young adults, families, and key informants were asked what should be done to address youth and young adult gun violence. Their recommendations include:

- More education about gun violence for youth, families and community members.
- Increase the range and scope of community centers.
- Increase youth access to mental health services.
- Provide social and emotional skills training to youth at risk of gun violence.
- Increase youth employment and educational opportunities.

- Examine and address youth's ability to easily access guns.
- Develop and increase systems alignment between government and community supports.

Presentation of Findings to Community and Stakeholders

Eight report back sessions were conducted with relevant stakeholders and available community members who participated in focus groups or interviews. These sessions took place during regular stakeholder meetings and were also scheduled throughout various King County locations and local libraries. During these report back sessions, participants had the opportunity to review the methods, findings, and recommendations included in the report.[9] As part of the presentation, the research lead presented preliminary report findings and asked for additional feedback on the findings and recommendations. Across sessions, attendees raised common themes, including: prevention and intervention efforts should focus on the community rather than focus solely on individuals and connecting gun violence to mental health issues often shifts the focus on individuals rather than on communities, also, communities want to hear about what actions will be taken to reduce and prevent gun violence. The executive's recommendations outlined below are based on these community recommendations as well as areas in which King County has authority.

Executive recommendations

The executive recommends the following to support and strengthen community-based organizations' efforts to reduce gun violence that are within King County's jurisdiction:

- The County should broadly disseminate the findings of this report to governmental and non-governmental stakeholders to ensure that County gun violence prevention efforts are aligned with community recommendations.
- County agencies should help community-based organizations seek and obtain external funding to support the expansion of existing community-based programs targeting youth and their families.
- In developing their implementation strategies, Zero Youth Detention (ZYD), should take into consideration the report findings and demonstrate how the findings are being addressed, such as the expansion of restorative justice practices and connecting youth to community supports prior to engagement with the criminal legal system.
- The County should continue to use and strengthen a trauma-informed approach to working with youth involved in gun violence.
- The County should continue to generate qualitative and quantitative data reports with input from affected communities and providers to inform policy and programmatic efforts to address gun violence.
- The County should continue to disseminate accurate, accessible information to community members about the use of firearms and safe storage practices as well as services that mediate the risk and impact of gun violence.
- The County should increase internship and employment opportunities for youth in communities heavily affected by gun violence.

[9] While the lead researcher was not able to present to the King County Gun Violence Prevention and Intervention Committee, report findings were presented to representatives of law enforcement, civic groups and the King County prosecuting attorney's office.

- County should support a regional network of leaders committed to creating safe, healthy, and hopeful communities to help reduce the epidemic of homicides and shootings among County residents.

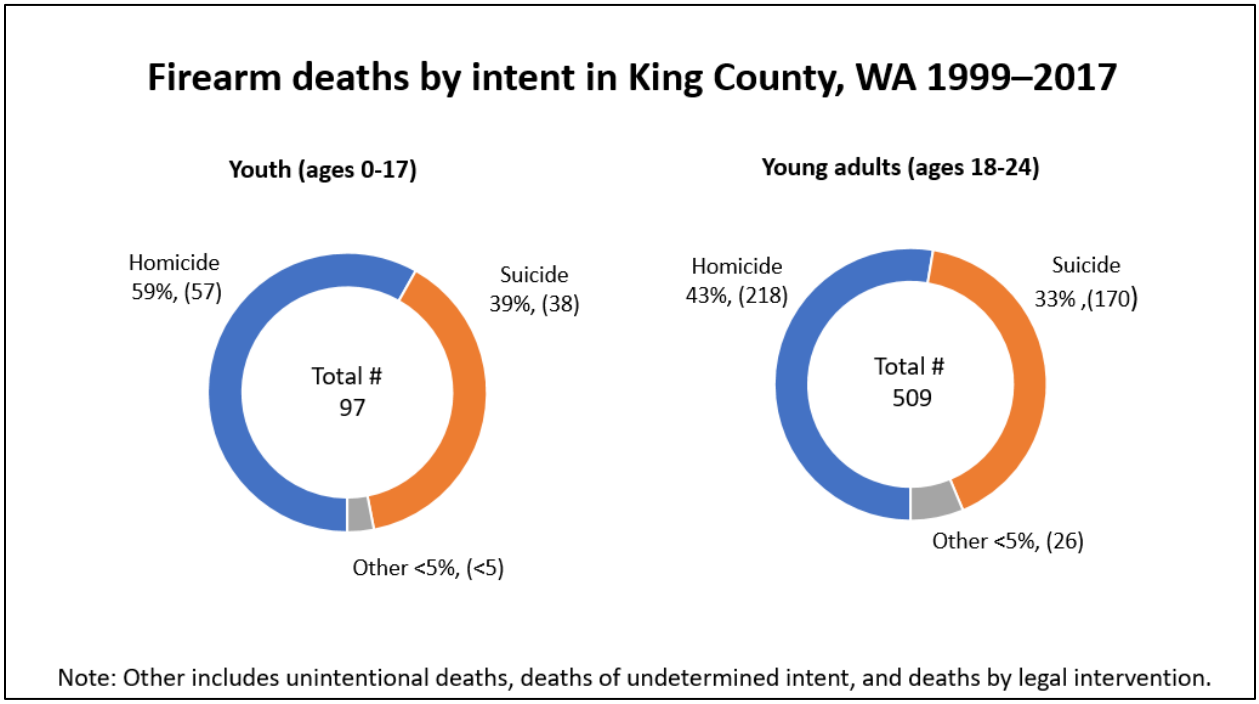
This report provides a comprehensive and updated snapshot of what gun violence looks like from the perspectives of youth, young adults, families, and key informants including providers and experts in King County. The perspectives in this report address themes and factors including what promotes, prevents, and protects people from gun violence; as well as what is being and what more can be done to address gun violence in King County, Washington. This report is designed as a resource for people and organizations working to prevent gun violence among youth and young adults in King County.

III. BACKGROUND

On October 3, 2018, the King County Council passed Motion 15234 requesting that the executive engage and collaborate with King County youth and young adults and their family members to develop a report on gun violence among youth and young adults.[10] A PHSKC research team carried out the work that led to this report. Input from Councilmember Joe McDermott's office, the King County Executive's Office, Public Health – Seattle & King County's Violence and Injury Prevention, community and research experts, and published studies informed the study approach. The report has five sections: 1) background, 2) inventory of programs, 3) methods, 4) findings, and 5) recommendations. In order to give these findings and recommendations context, a summary of updated population data included below assesses what gun violence looks like in King County.

Who is experiencing firearm deaths in King County?

Firearm deaths affect youth, families and communities adversely whether it is self-inflicted or interpersonal. Firearms are the leading cause of suicide and homicide deaths among youth and young adults. [11] Roughly three-fourths of the suicide deaths among youth 10–14 years old result from firearms. Firearm homicide rates are highest among young adults ages 18–24 compared to other age groups.[12]



Male youth are more likely than female youth to have self-inflicted and assault-related injuries and deaths from firearms with rates for male youth at least double those for female youth in King County (Appendix B).

[10] In this report, "youth" refers to participants ages 13–17 and "young adult" refers to participants ages 18–24.
[11] Washington State Department of Health. Community Health Assessment Tool (CHAT) Data, self-inflicted death youth 0–24 years, 2015–2017.
[12] Washington State Department of Health. Community Health Assessment Tool (CHAT) Data, self-inflicted death youth 0–24 years, 2015–2017.

For youth and young adults, firearm suicide deaths occur in all places and among all races, whereas firearm homicide deaths are more likely to occur in Seattle and South King County (Appendix B). Black, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and Latinx youth have much higher firearm homicide rates than White youth. Black youth in King County have a firearm homicide rate that is more than four times higher than that of White youth. Black youth and White youth die by firearm suicide at similar rates (Appendix B).

All firearm deaths and injuries among children, youth, and young adults are preventable. In the majority of King County's youth suicide deaths from firearms, youth obtained the weapon from a family member, and in roughly a third of cases, the weapon was stored unlocked or was loaded.[13] Removing access to a firearm decreases the likelihood of firearm-related suicide[14]and firearm availability in the home significantly increases the risk of suicide.[15] Effective community and clinical education programs, including those that are universal or selective across different settings, are effective at reducing suicide ideation, re-attempts,[16] and violence prevention.[17]

[13] Public Health – Seattle and King County. The impact of firearms on King County children and youth. Retrieved from https://www.kingcounty.gov/depts/health/data/youth-firearms.aspx

[14] Giffords Law Center. Retrieved from https://lawcenter.giffords.org/gun-laws/policy-areas/child-consumer-safety/safe-storage/

[15] Mann, J. J., & Michel, C. A. (2016, October 1). Prevention of firearm suicide in the United States: What works and what is possible. *American Journal of Psychiatry*. American Psychiatric Association. https://doi.org/10.1176/appi.ajp.2016.16010069

[16] Robinson, J. et al. (2018). What Works in Youth Suicide Prevention? A Systematic Review and Meta-Analysis. *EClinical Medicine by the Lancet*, 4, 52-91.

[17] Fagan, A. & Catalano, F. (2012). What Works in Youth Violence Prevention: A Review of the Literature. *Research on Social Work Practice,* 23(2), p. 141-156. DOI: 10.1177/1049731512465899.

IV. REPORT REQUIREMENTS

Report Requirement D1: Inventory of existing programs

D. The youth and young adult gun violence report should include but not be limited to:

1. A comprehensive inventory of existing county programs that focus on youth violence and intervention and other community-based efforts in the county, such as Best Starts for Kids, Community Correction, Juvenile Justice Data and the Family Intervention and Restorative Services Program, which is also known as FIRS, Gang Violence Intervention and Prevention initiatives and the Gun Violence Prevention Initiative[18].

King County has an ambitious and comprehensive approach to child health and community development in pursuit of equity.[19,20] King County's health promotion as well as focused prevention and intervention efforts supplement and cooperate with community-based organizations, advocates, municipal governments, school systems, and others to prevent youth and young adult gun violence with the goal to create a safer and more equitable King County.

The County funds and formally partners with numerous initiatives and programs that support the prevention of gun-related suicide, homicide, and assault (key examples listed below). PHSKC staff reviewed existing programs and consulted with the Executive's Office, the Department of Community and Human Services, and the Prosecuting Attorney's Office for this inventory. Many of the programs were created out of innovative King County initiatives that were intended to strengthen communities and families to improve equity and racial justice. Programs are categorized into three types: A) initiatives and programs building protective factors for youth, B) suicide prevention and intervention programs, and C) violence prevention and intervention efforts (including gang violence prevention and intervention initiatives). See Appendix D to view a list of all the hyperlinks for each key program and example listed in the sections below.

A. Initiatives and programs building protective factors for youth

The Best Starts for Kids (BSK) initiative, funded by a voter-approved property tax levy, invests in prevention and early intervention strategies that promote healthier, more resilient children, youth, families, and communities. BSK strategies and programs focus on protective factors for healthy child

[18] This references a group convened by the Prosecuting Attorney's Office as part of the Shots Fired grant, which ended at the end of 2018. The group existed at the time the ordinance was written but does not now; however, a majority of members were represented among key informants and other participants in this project.

[19] Hancock, J., & Fifty, R. (2016). Voters in This County Raised Their Own Property Taxes to Fund Childhood Wellness. *The Atlantic*. Retrieved from https://www.theatlantic.com/politics/archive/2016/01/voters-in-this-county-raised-their-own-property-taxes-to-fund-childhood-wellness/458778/

[20] Milstein, B. (2018). How System Stewards in Washington's King County are Turning the Tide Toward Equitable Health and Well-Being. Retrieved from https://www.rethinkhealth.org/Resource/how-system-stewards-in-washingtons-king-county-are-turning-the-tide-toward-equitable-health-and-well-being/

development many of which are also protective factors for violence prevention.[21,22,23] BSK is funding new school-based health centers (SBHCs) providing onsite behavioral and physical health services at schools. SBHCs play a critical role in suicide prevention, intervention, and postvention[24]. SBHCs also provide support to students affected by violence. BSK is funding support groups and youth development programs for vulnerable youth including LGBTQ[25,26] (Lesbian, Gay, Bisexual, Trans, Queer/Questioning) and rural youth[27,28, 29] who are at elevated risk of suicide attempts and deaths, through its Youth Development strategy. BSK's Stopping the School-to-Prison Pipeline strategy currently funds 15 programs conducting focused outreach, mentoring, case management, and family treatment programs to prevent youth engagement with the juvenile legal system.
Communities of Opportunity (COO) funded through the BSK levy and the Seattle Foundation's Center for Community Partnerships focuses its investments on places and communities where systemic inequities have resulted in poor health and wellbeing outcomes. As part of the place-based and cultural community investments, several of the COO partnerships support youth-led and community-led strategies and solutions to violence. For example, as part of A Beautiful Safe Place for Youth (ABSPY), Corner Greeters (hired community members) bring people together to foster conversation and interactions that build community to reduce youth victimization and crime in Rainier Beach. The Youth 4 Peace Project (Y4P) has engaged the broader community on how violence affects youth and their families living in southeast Seattle. HOSTED (Healthy Othello Safer Through Environmental Design) is focusing on reducing the environmental causes of person-on-person, injury-causing crimes by using non-arrest solutions tailored to the Othello community's needs.

King County's Zero Youth Detention (ZYD) is partnering with youth, families, and communities to build on their strengths so that communities are safe, youth legal system involvement is limited or avoidable, and all youth have the opportunity to be happy, healthy, safe, and thriving. Building on 20 years of reducing the youth detention population, ZYD is beginning the journey with momentum to advance the

---

[21] Cash, S. J., & Bridge, J. A. (2009). Epidemiology of youth suicide and suicidal behavior. *Current opinion in pediatrics*, *21*(5), 613–619. doi:10.1097/MOP.0b013e32833063e1.

[22] King, et al. (2001). Psychosocial and Risk Behavior Correlates of Youth Suicide Attempts and Suicidal Ideation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(7), p. 837-846.

[23] Walker, S. et al. (2011). Inequality in early childhood: risk and protective factors for early child development. *The Lancet*, 378(9799), p. 1325-1338.

[24] Postvention refers to support to a school or community after a suicide death.

[25] Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health*, 39(5), 662-668.

[26] Russell, S., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health*, 91(8), 1276-1281. https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/.

[27] Kegler, Scott R., Deborah M. Stone, and Kristin M. Holland. (2017). Trends in suicide by level of urbanization – United States, 1999-2015. *MMWR Surveillance Summaries*, 66.10, p. 270-273. Retrieved from https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a2.htm.

[28] Ivey-Stephenson, Asha Z., et al. (2017). Suicide trends among and within urbanization levels by sex, race/ethnicity, age group, and mechanism of death – United States, 2001-2015. *MMWR Surveillance Summaries*, 66.18, p. 1-16. Retrieved from https://www.cdc.gov/mmwr/volumes/66/ss/ss6618a1.htm.

[29] National Advisory Committee on Rural Health and Human Services. (2017). Understanding the Impact of Suicide in Rural America Policy Brief and Recommendations. U.S. Department of Health and Human Services. https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2017-impact-of-suicide.pdf

goal of eliminating youth detention. The ZYD Road Map outlines five objectives: 1) lead with racial equity, 2) prevent youth from entering the juvenile justice system by working upstream and on systems that have the greatest impact, 3) divert youth from further law enforcement, formal legal processes, and secure detention into community-based options, 4) support youth and families to reduce recurrence of legal system involvement and increase healthy outcomes, and 5) align and optimize connections between systems to increase effectiveness. Launched in 2018, the ZYD Implementation Dashboard describes the activities King County and partners are working on to get to zero youth detention, while the Youth Detention Data Dashboard tracks progress on efforts to achieve this goal.

Other County programs support both violence and suicide prevention by strengthening safety practices in families and communities. For example, PHSKC's Lock It Up program promotes community safety through public education campaigns about the importance of safe storage of firearms.

B. Suicide prevention and intervention programs

Firearms are the most lethal means of suicide.[30] Existing King County efforts to address youth suicide include 1) data, case studies, and policy analyses to support community suicide prevention and response efforts, 2) universal education and prevention programs, and 3) direct services to prevent and intervene when risk of suicide is evident. In combination, these efforts (interfacing with education and health systems, community-based organizations, and other municipal programs) represent a comprehensive approach to suicide prevention ranging from data-informed planning through intervention services.

On Public Health's firearm injury data dashboard, information is available about firearm-related injuries and deaths and related safety practices and risk factors in King County. By providing information on the nature and scope of the problem the dashboard can inform programs, services, and policies. All suicides of minors are reviewed in PHSKC's Child Death Review (CDR), convened and managed through the Parent-Child Health Program. CDR brings together multidisciplinary partners, including staff from multiple King County agencies, to identify modifiable risk factors and prevent future deaths.

Countywide behavioral health programs and suicide support services are funded through King County's Mental Illness and Drug Dependency Behavioral Health Sales Fax Fund (MIDD), a countywide 0.1% sales tax generating about $136 million per two-year biennium. MIDD funds a wide variety of behavioral health services, including Mental Health First Aid, a universal education training program to increase the general public and service provider knowledge about behavioral health basics including warning signs to recognize a crisis as well as what to do when someone is in a behavioral health crisis. MIDD also funds the YMCA's Children's Crisis Outreach Services (CCORS) and CCORS-related expansion programs, which provide urgent response to acute child behavioral health crises, including suicide risk, and short-term community-based supports.

C. Violence prevention and intervention programs

A critical source of information beyond the firearm dashboard comes from the Prosecuting Attorney's Office (PAO) Crime Strategies Unit which produces the King County Firearm Violence report based upon the "Shots Fired" project – a compilation of data about shots fired in the law enforcement jurisdictions where the majority of reported firearm misuse occurs.

---

[30] Lethality of Suicide Methods Case Fatality Rates by Suicide Method, 8 U.S. States, 1989-1997. (n.d.). Retrieved from https://www.hsph.harvard.edu/means-matter/means-matter/case-fatality/

Several King County programs provide access to supportive services for youth who are at risk of or newly involved with the juvenile legal system with the aim to reduce further system involvement.[31] These include the following:

- The PAO supports programming by CHOOSE 180. This prevention program focuses on youth and young adults at first contact with the juvenile legal system or when risk factors are present. CHOOSE 180 connects youth with community, empowers them with choice, and teaches them the skills necessary to avoid engagement with the criminal legal system. Young people can get criminal or school suspension cases reduced or dismissed if they participate in programming, which includes coaching, case management, advocacy, and access to community members with similar stories.
- The Juvenile Court's Partnership for Youth Justice diverts youth from the criminal legal system and connects them with community supports. Youth admitted into the program meet with a Community Accountability Board (CAB) made up of volunteers from the community or other community agencies. The CAB and the youth enter into a written agreement about what consequences will be imposed for the youth's behavior.
- The Department of Community and Human Services' Law Enforcement Assisted Diversion (LEAD) program is an award-winning,[32]collaborative community safety effort that offers law enforcement a credible alternative to booking people into jail for criminal activity that stems from poverty or unmet behavioral health needs. LEAD diverts individuals who are engaged in low-level drug crime, prostitution, and crimes of poverty away from the criminal legal system—bypassing prosecution and jail time—and connects them with intensive case managers who provide crisis response, immediate psychosocial assessment, and long-term wraparound services, including substance use disorder treatment and housing.
- BSK's Theft 3 and Mall Safety Pilot Program at Southcenter Mall aims to lower the number of youth Theft 3 cases – a common first contact with the criminal legal system - by linking youth to community supports[33] with a case manager and/or mentoring.

County intervention programs for youth engaged in the criminal legal system include the following:

- The Department of Adult and Juvenile Detention's Community Corrections Division provides the court system, as well as the offender, with pretrial and sentenced alternatives to secure confinement. The alternatives and services offered strive to use evidence-based practices that promote pro-social behaviors and lifestyles.
- The PAO's Family Intervention and Restorative Services (FIRS) is a program for youth who have perpetrated family violence. For youth, FIRS offers alternatives to secure detention, as well as de-escalation counseling to safely reunite youth with their families. At no cost to them, families are offered in-home family counseling, behavioral health services, drug and alcohol services, and the Step-Up Program, which specifically addresses adolescent family violence.

---

[31] A full summary of actions taken by the Executive, Court, and Prosecutor to reduce the use of juvenile detention that dually or secondarily serve as violence prevention and intervention programs can be found in the Road Map to Zero Youth Detention, Appendix I.

[32] 2018 National Criminal Justice Association Outstanding Criminal Justice Program award. Accessed 11/24/2019 from https://www.ncja.org/ncja/about-ncja/ocjp-awards/ocjp-award-recipients-2018

[33] Strengthening organizations in communities that serve youth and young adults at risk of gun violence

- PAO and ZYD provide funding for Community Empowered Disposition Alternative and Resolution (C.E.D.A.R.) navigators. C.E.D.A.R. is an "expedited" track for certain first-time juvenile felony offenders that allows for early acceptance of responsibility and provides positive incentive to engage with community resources and support.
- King County Juvenile Court's Restorative Mediation pilot, brings young people involved in the criminal legal system and those harmed together to discuss the impact on the victim and provides space for everyone involved to share understanding of what happened, and allows for restoration of relationships damaged by the event.
- MIDD supports three evidence-based programs available to young people involved in the juvenile probation system, which have been shown to help young people avoid further involvement in violence and crime: Aggression Replacement Therapy (ART), a group intervention for youth, and Functional Family Therapy (FFT) and Multi-Systemic Therapy/Family Integrated Transition (MST/FIT), family-based interventions. The King County Credible Messengers Initiative pairs youth involved in, or at risk of involvement in, the criminal legal system with adult mentors who have comparable lived experience. Credible messengers with relevant lived experiences are employed by many organizations outside of this specific initiative.

Gang violence prevention and intervention programs are another component of violence prevention and intervention efforts. The Center for Children & Youth Justice (CCYJ) leads an initiative to prevent gang violence in Seattle and King County. For example, CCYJ has brought together schools, law enforcement, policymakers, social service providers, and other organizations to collect similar data and develop an innovative, coordinated approach to address gang/group-involvement countywide. Their Youth Leadership, Intervention & Change program (LINC)[34] aims to unite partners to redirect youth gang involvement.

Other County-funded gang violence programs include the following:

- Safe Futures provides prevention and intervention programs and services to reduce gang involvement, involvement in the juvenile legal system, school truancy and school dropout rates.
- The YMCA's Alive and Free program which targets gang and violence prevention by using outreach workers to connect youth to community-based resources.

[34] LINC was formerly known as the Suburban King County Coordinating Council on Gangs and is responsible for implementing the Comprehensive Gang Model in King County.

Report Requirement B & C: Methods for Focus Groups and Interviews

B. The executive should engage and collaborate with King County youth and young adults that are either at-risk of or have experience with the issue of gun violence.
C. The executive should use engagement and collaboration methods that may include, but not be limited to, individual and family interviews, focus groups and community meetings.

To understand how King County youth and young adults experience gun violence and what factors contribute to and prevent exposure to gun violence, a PHSKC research team[35] conducted focus groups with youth, young adults, and their family members as well as interviewed King County subject matter experts as key informants.

A. Community member participation

The PHSKC research team collaborated with additional staff from PHSKC including staff from the Chronic Disease and Injury Prevention unit, the Office of Performance, Strategy and Budget, as well as referenced data (death certificate data [36]and data provided on Community Health Indicators[37]) to identify communities with high rates of homicide and suicide as well as community members who have experiences with gun violence. The Public Health research team conducted 12 focus groups with 80 youth and young adults, 2 focus groups with 26 family members affected by gun violence, and 10 interviews with experts and service providers (Table 1 and 2). These focus groups and interviews occurred between June and August 2019. All interviews and 13 focus groups were conducted in English, and one focus group was conducted in Spanish.

TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS

Characteristic	Youth & Young Adults N = 80	Family Members N = 26
Age (Years)	17.3	41.6
Sex (% Male)	72.5	11.5
Sexual Orientation		
Straight or Heterosexual	90%	69%
Gay, Lesbian, Or Bisexual	5%	8%
Questioning/Unsure	1%	0%
Did Not Respond	3%	23%
Race/Ethnicity		
American Indian/Alaska Native	3%	0%
Asian	4%	8%
Black/African American	65%	12%

[35] The team consisted of 3 social research scientists and one epidemiologist from the PHSKC Assessment, Policy Development and Evaluation, and one violence and injury prevention program manager from the Chronic Disease and Injury Prevention unit of PHSKC.

[36]Public Health – Seattle & King County. The impact of firearms on King County children and youth. Retrieved from https://www.kingcounty.gov/depts/health/data/firearms.aspx

[37] Public Health – Seattle & King County. Community Health Indicators. Retrieved from https://www.kingcounty.gov/depts/health/data/community-health-indicators/healthy-youth-survey.aspx?shortname=Weapon

TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS		
Characteristic	**Youth & Young Adults** N = 80	**Family Members** N = 26
Hispanic Or Latino	4%	50%
Native Hawaiian/Pacific Islander	5%	0%
Multiple Race	14%	4%
White	5%	27%
Not Reported	N/A	N/A
Percentage Ever Experienced Gun Violence*		
Ever carried a gun	24%	19%
Been shot or shot at	30%	19%
Been part of a group that engages in violence	30%	12%
Known someone that carries a gun	66%	42%
Known someone who has been shot or injured by a gun	62%	54%
Witnessed a shooting	40%	23%

*Participants who responded they had ever carried a gun, been shot or shot at, or witnessed a shooting.

TABLE 2: STAKEHOLDERS INTERVIEWED	
Stakeholder Type	**Participant Affiliation**
King County Staff	• King County Prosecutor's Office • King County Executive's Office • King County Department of Community and Health Services
Providers	• Mental Health Provider • School Service Provider
Community	• Activist • Community advocate • Organizer
Researcher	• Academic

Participants represented three (East region, Seattle, and South region) of the four regions in King County.[38] The PHSKC research team made efforts to recruit youth and young adults from diverse neighborhoods, racial/ethnic groups, as well as ages. Participation was limited to those community partners with capacity to facilitate recruitment and host a focus group. Since many of the youth programs and services targeting violence prevention and mental health supports are concentrated in areas experiencing more gun violence incidents, perspectives in this report largely represent those of youth and young adults in the Seattle and South King County regions.

The PHSKC research team partnered with trusted, community-based organizations that work with youth and/or young adults around issues related to violence prevention. Partners from these organizations recruited youth and young adults to participate and hosted the research team to facilitate focus group conversations about gun violence related to suicide and homicide. PHSKC provided a $150 honorarium to community partner hosts. Prior to each session, hosts received training on the project purpose, expectations, and facilitation techniques as well as reviewed all question guides. Hosts were invited to

[38] The research team was unable to contact a focus group in the North region despite making an attempt to do so.

remain in the room and co-facilitate the focus group with PHSKC staff or leave the focus group room with the research team as the sole facilitator. In 12 of the 14 focus groups, hosts opted to co-facilitate with research staff, while two hosts opted to leave the group. This approach allowed participants to have conversations in familiar settings with a trusted adult/community leader present. Focus group participants were offered a $25 gift card.

B. Content and protocol

The questions used to guide focus group discussions and key informant interviews were informed by existing studies in New York [39]and Connecticut[40], a literature review, and the research team. Questions focused on A) risk and protective factors related to firearm violence for homicide and suicide, B) how youth and communities understand and access firearms, and C) recommendations for preventing gun violence.

The youth and young adult focus groups included the following general questions:

- How does gun violence impact you or other youth in your community?
- At what age did you become aware of gun violence in your community?
- What are some of the reasons why young people use guns?
- Where do you feel safe?
- How easy/hard is it to get a gun?
- What does it mean when someone posts pictures of themselves with guns or weapons on social media?
- What resources, supports, and/or services are available to help you avoid violent situations?
- What resources, supports, and/or services do you wish were available to help prevent gun violence?
- What are some other things you think should be done to address gun violence in King County?

The family focus groups included the following general questions:

- What are some of the reasons why young people use guns?
- How easy is it for youth to obtain a gun?
- What are some existing resources, programs, and/or services that you use to help prevent gun violence in your community?
- What should county government know about the needs of youth and young adults in your community?
- What are some additional resources, supports, or programs that you would need to help avoid violent situations?

The interviews with key informants included the following topics:

- Reasons why youth and young adults may use guns;
- Root causes of youth and community violence;
- Ease of access to firearms;

---

[39] The Gun Epidemic Reconsidered: Creating a Foundation to Reduce Firearm Violence Among Urban Youth. (n.d.). Retrieved from https://nij.ojp.gov/funding/awards/2016-ij-cx-0008

[40]Understanding Youth Violence in New Haven: A Photovoice Project with Youth of New Haven. (n.d.). Retrieved from https://www.ctdatahaven.org/data-resources/understanding-youth-violence-new-haven-photovoice-project-youth-new-haven.

- Perspectives on community resources and needs to support youth wellness; and
- Suggestions and recommendations to address youth gun violence locally.

Focus groups were audio-recorded for note-taking purposes. A note taker was also present during each focus group and interview. The PHSKC research team transcribed then deleted the audio files after incorporating the notes, then removed all personal identification information from the focus group and interview transcriptions.

C. Method of analyses

The research team reviewed transcriptions developed a set of themes or codes[41] that best represented the topics that came up in focus groups and interviews, then analyzed all interviews and focus groups to identify common and unique themes. To ensure consistency in the coding themes, the research team conducted inter-rater reliability testing. Results indicated consistent agreement among coders (average pooled Cohen's Kappa = 0.75). To validate the findings and solicit input on recommendations, the lead PHSKC researcher presented findings between October and November 2019 to the following stakeholders and their feedback is discussed in a subsequent section of this report:

- Available participants from focus groups and provider interviews.
- Representatives from civic groups, local law enforcement, and the King County prosecuting attorney's office.
- Staff from existing county and community-based programs that focus on youth violence prevention and intervention in the county that impact youth and young adults.

[41] Code - A code in qualitative inquiry is a word or phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data.

Report Requirement D2: Findings

D2. Findings from the interviews and focus groups with youth, young adults, their families and providers who work with youth and their families on issues related to gun violence.

An overarching theme across focus groups and interviews for youth experiencing firearm violence through suicide and homicide emphasized the everyday circumstances of youth and their environments as strong influences on youth and their decisions to engage in gun violence. Key findings include:

A. King County youth are growing up in environments of pervasive violent imagery and societal norms that normalize gun violence.
B. Community conditions can moderate or contribute to a youth's involvement with gun violence.
C. Mental health, adolescent brain development, and messages about masculinity may influence a youth's decision to engage in gun violence.
D. Easy access to guns contributes to gun violence among youth.

A. King County youth are growing up in environments of pervasive violent imagery and societal norms that normalize gun violence.

When answering questions about the root causes of gun violence, all 10 community leaders and providers talked about or shared examples highlighting the role of media in the youth's decisions to engage in gun violence. As one service provider described:

> *To me, it's the frequency of images. The narrative on social media…on the evening news. The focus on violence as a legitimate solution and violence as a construct bleeds over into guns.*

Pop culture. Youth described culture as a major influence on their decision to engage in gun violence. Many youth said that the pervasive imagery of guns in pop culture make guns look cool so to look cool and get respect from their peers, many youth turn to guns. As one teen described:

> *Music plays a big influence, also video games. Everybody trying to be the next top dog. Everybody wants to be the next shooter…to act like they're from Chicago.*

Social media. Youth, adults, families, and providers spoke about how social media also influences the decisions of youth to engage in gun violence. Youth participants described posting guns on social media as another way to gain respect from their peers. As one youth advocate described:

> *In my area, there's not a huge need for guns. Sometimes people will have it like in a Snapchat just to be cool… but they would not actually use it. It's maybe like their parents have a gun and they are like, 'Hey, look at this.'*

Mainstream media. Several youth and key informants also identified mainstream media as another venue for the normalization of violence. This influence is particularly strong in the context of mass shootings. As one youth noted:

> *They [other kids] are listening to the news and all these massacres that are happening with famous people and they want to connect with these people [mass shooters].*

Misinformation. Providers and families noted that there is inaccurate imagery and information about gun usage that is spread through the media. Some providers said misinformation may lead youth to perceive that gun usage amongst their peers is more common than it actually is. One service provider discussed the significance that inaccurate information, particularly the use of images, has on a youth's or young person's decision to engage in gun violence:

> *They [young people] tend to exaggerate [the use of guns]. Part of the problem is that all the stuff in the media tends to expand that exaggeration. On itself it's harmless, but it's not… When you think things are more possible, when you think people have more access to guns and when you think it's more normal for someone to commit suicide by guns, then you're statistically more likely to do it.*

B. Community conditions can moderate or contribute to youth engaging in gun violence.
Participants stated that while all youth are subject to the constant messaging of gun violence, localized economic and social conditions also impact the likelihood that youth and young adults will engage in gun violence.

Affluent communities. Families and providers in high-income communities described how pressure to succeed can lead to feelings of anxiety and stress, which can underlie the decisions of youth to engage in self-directed violence. A parent describes existing research:

> *The kids experience high school as if there are sparse resources—because the perception is that they are going for the top place at Harvard… or something like that. So they actually have the same level of stress—as crazy as it might sound—as some kids in really high-poverty regions.*

Communities with poor economic conditions. Youth talked about looking for ways to plug into the economy, especially in South King County. Youth and informants in South King County described limited resources and lack of opportunities for good paying jobs in their communities. Youth talked about using guns as a means of protection given the circumstances that arise in these communities. Several youth mentioned that it is ***easier to get a gun than to get a job***. A key informant explained the relationship between the pressures of poverty and gun violence:

The pressure in King County is directly related to economic pressure on the family. Very early, young people learn that in order to make it financially, in order to eat every day, in order to buy shoes, in order to feel a sense of belonging within their communities, they need resources that their family does not have. As King County continues to increase the cost of living, increase home values, cost of just being in KC shoots through the roof, those systems that impact that young person's life—young people experience those as threatening. They [systems] are not 'for them'… not supportive of them. They simply have to fight back against that by taking the situation and circumstances of their lives into their own hands—the easiest way they know how, which is to access guns.

Some participants also described the use of guns as currency. One participant related the following story:

I stole a gun from my cousin because I thought it would be cool, cuz I didn't have any money and I wanted those J's [Nike Air Jordan shoes]. He left it in the trunk for a week, I plotted on it, caught him slipping, took it, sold it, it was that simple.

Racism and discrimination. While youth, young adults, and families did not explicitly tie racism and discrimination to acts of gun violence, many described how their experiences with racism and discrimination created a sense of powerlessness, while others gave examples of how having a gun created a sense of power. A key informant describes the relationship between feeling powerless and engaging in gun violence:

Young people's psyche of wanting attention, wanting to feel loved, and wanting to feel empowered when they are disempowered in so many ways in our system. I think there's something appealing about the power when you have a gun.

Community supports. Focus group and key informant interview participants identified existing programs and community centers that help reduce stressors that can lead to gun violence.

Community centers. While youth spoke about a desire to connect to the economy as well as the lack of opportunities in some parts of the county, they also spoke about community centers as safe and fun spaces to make connections. They stated that activities like after-school programs, homework help, and sports teams made them feel like they were part of a community and allowed them to build positive connections with other youth. A youth described why he continued to go to his community center:

Positivity and meeting friends and familiar people from the area, neighborhood- and school-wise, and just like hanging out.

Youth and families described community centers as positive places where youth could go in order to cultivate meaningful relationships with trusted adults. These adults often provide support when parents are not present or are unable to be present. One youth describes the significance of the mentorship relationship below:

> *Yeah, honestly, the one time she came [to my game] I thought I was [Michael] Jordan. But it's like, yeah, you can see that as a loss and harp on it… my mom's gotta work, she's tired, so I gotta grind so she doesn't have to continuously work. I'm gonna work [hard] so she can come to one of my games. If my mom wasn't there, [the adult mentor] was there.*

While participants described that there was value in feeling connected through community centers, both community providers and youth also stated that they would like to feel more positively connected to local government. When asked for suggestions on how King County can help to prevent gun violence, one participant responded:

> *Engagement [from the councilmember]. Go to schools and say hi, I am a councilmember. They [kids] want to put a face to a name… Be involved, let them know who you are.*

Youth development. Several youth described the value of existing programs which promoted and taught skillsets that could be utilized to improve the lives of themselves and their peers, as well as programs that allowed them to refer their friends to services. Several youth and many key informants also talked about the importance of programs that aid with conflict resolution, for example, many youth said they had used these programs to settle a "beef" with a peer. One young adult participant described the impact of a structured restorative justice training on his skills and those of his peers who participated:

> *We were actually being put in leadership groups. I was leading classes of sixth graders where I would practice using these different things. There's at least 300 of us now—young adults who have gone through this training—and I'm sure we've all used it in ways to assess situations… figure out problems.*

Mental health supports. Key informants identified existing mental health services in outpatient clinics and schools as valuable resources to help youth cope with the stress and trauma from their environments. A mental health provider explained:

> *We [mental health providers] always screen for suicidality and homicidality as well in people, but we've chosen to make it more specific to guns recently to address some of these concerns [related to gun violence]. That's been one of our bigger components, and it's been a shift in our clinical group.*

Barriers to service. While youth and families noted the significance of existing resources, many described the barriers to entry. As one youth participant put it:

> *There's a lot [of resources] available. Maybe having more counseling that met the needs [of those who need it]. There are a lot of options… but sometimes the resource that I'm giving is really far away, so it's not like an easy option if they don't have a good transportation system to get there. More counseling options, especially for low-income youth.*

Many youth and key informants described location of services as another barrier. One participant said:

> *All the resources that Seattle has, people of color and immigrants are not really getting because those people don't live in Seattle anymore because of displacement. We need to bring different resources to the South end because there are so many families of color that need the help.*

Despite challenges, many youth participants and key informants remained optimistic about the strength and resilience within their own communities. They identified community cohesion and collaboration with one another as some of the most important factors in preventing youth engagement with firearms. Key informants reiterated this sentiment by saying that the best strategies for combating gun violence lie in the community. As summarized by a participant in speaking to the youth around him:

> *We have it, you guys, we just have to realize we do. What makes you think you [all] are not powerful? You are a big influence, big consumers. … We all have to be there for one another. You have to utilize all the tools you have and make them work.*

C. Mental health, adolescent brain development, and messages about masculinity may influence the decisions of youth to engage in gun violence.

Analyses suggest that youth and young adults may by more likely to engage in gun violence when mental health supports, role models, and positive images are absent. A youth participant describes how guns may help youth feel a sense of power:

> *People not feeling like they have another solution to their problems. Feeling powerless in a situation. Not knowing what to do, not having support. And maybe they grew up in an environment where they have seen a lot of guns. When people are portraying themselves with guns, they are showing off a lot of power, and they seem like powerful figures.*

Mental health[42]. Youth participants and providers also described the circumstances arising from their environments as a source of stress and trauma. When youth experience stress and trauma, this may have adverse consequences on their mental health. A school provider discusses the relationship between negative mental health and gun violence as an influencing factor for self-directed violence:

> *Kids who use guns know it will help them meet their ends, and they also know that it will have an emotional impact on their family… They hurt so bad and feel so alone and disconnected that they just want someone to get it. Part of 'getting it' is that desperation to communicate how miserable [they] are… wanting parents and caregivers to know that they are being for real …to take them seriously.*

Masculinity.[43] Many participants discussed how gun violence and the culture around it disproportionately affect men. They identified the role of cultural and social ideas around manhood as an influence on individual decisions to engage in gun violence. One youth participant described that:

> *In male communities there's toxic masculinity, so then you have this father who doesn't let you have your emotions or let you be anything but straight/cis and then you have these weapons.*

Brain development.[44] Service providers who were interviewed and youth participating in focus groups identified adolescent brain development as a contributor for gun violence amongst youth and young adults. They noted that because the prefrontal cortex, which is responsible for decision-making, is not yet fully developed, youth may be more likely to give into emotional impulses rather than logic. As articulated by one youth participant:

> *[The] prefrontal cortex is not developed until age 25, and that's why gun violence is more amongst younger people. Because that's the part of your brain that does the decision-making.*

D. Ease of access to guns contributes to gun violence.

The majority of youth participants and key informants identified ease of access to guns as a driving factor of gun violence. In the words of a key informant,

> *the settings are different for interpersonal and self-directed, but access to guns, whether inside home or outside home, is something that fuels it [gun violence].*

When youth were asked whether guns were easily accessible, the many youth participants said, easy.

---

[42] While behavioral and mental health are often used interchangeably, youth and providers did not emphasize substance abuse as a reason why youth engage in gun violence.

[43] Particular constellation of standards that have held sway of large segments of the populations about boys and men including anti-femininity, achievement, eschewal of the appearance of weakness, and adventure, risk and violence.

[44] For more information on prefrontal cortex and gun violence, see Appendix C.

Access at home. Youth, young adults, and participants identified the home as one of the primary places where youth and young adults access guns. When explaining how easy it is to get a gun, a youth participant noted that:

> *if you live with somebody that has a gun, you technically have full access to it. Say you are home alone and you know where the gun is, then you can take it and do something.*

Existing policies around gun ownership. Young adults and families said that existing laws around purchasing guns made it relatively easy to acquire one. A new young adult gun owner described the ease of access:

> *I went into the police station and got my CPL [concealed pistol license] in about 30 minutes, and then I could just go to the store and get [a gun]. All I had to do in there was just to get my fingerprints done... It's really not hard. You would think they would maybe give you a questionnaire or ask you why you need a gun… but, nothing.*

Peer networks. Youth and young adult participants also identified their peers as another access point for guns. Asked where youth are getting guns, a youth responded:

> *From friends, at school, from neighbors. They just have to pay for it and that's it. Without a license or even having to go to a store. They can just find it in the streets. Especially the drug dealers, because they want to keep the neighborhood working together. They will facilitate a firearm to the youth.*

Summary of Findings

Youth and adult participants identified several factors influencing youth's decisions to engage in gun violence. These include:

- Cultural factors such as popular culture (entertainment, music, and video games), social media, and mass media, can associate guns with looking "cool" or attracting fame and attention. These depictions of guns tend to exaggerate the actual prevalence of guns and gun violence.
- Community conditions including both affluence and poverty can place stress on youth. Furthermore, racism and discrimination may lead to a sense of powerlessness and some youth may turn to gun violence as a result of this anxiety.
- Adolescent brain development is associated with poor decision-making, and adolescent males may react strongly to expectations about masculinity. These factors increase youth susceptibility to gun violence.
- Guns are easily accessible, and youth can often access guns either through their peer networks or household members who keep guns at home. Young adults expressed that existing laws do not present a significant barrier to obtaining guns legally, noting that ***it is easier to get a gun than to get a job***.

Services and programs already in place in King County can decrease the impact of these influences and help youth avoid gun violence. These include:

- Community centers that offer after-school activities and the opportunity for youth to develop supportive relationships with each other and with trusted adults.
- Youth development programs offering skill building and intervention resources such as conflict resolution and restorative justice.
- Mental health supports available in schools and clinics.

However, some youth encounter barriers accessing these services, particularly if they belong to underserved communities or live outside Seattle.

Report Requirement E: Community Recommendations

E. The youth and young adult report should inform recommendations and strategies to prevent youth and young adult gun violence.

The recommendations, examples of existing programs, and policies outlined in this section result from the focus groups with King County youth, young adults, and families at risk of experiencing gun violence as well as interviews with key informants such as providers and community leaders. The additional themes outlined after these specific recommendations were generated through discussions during presentations to available youth, young adults, and their families who participated in the focus groups and interviews, as well as representatives of law enforcement, civic groups, staff from the Prosecuting Attorney's Office, Best Starts for Kids, Zero Youth Detention, and the Juvenile Justice Equity Steering Committee.

A. More education about gun violence for youth, families and community members.

Participants discussed broad misperceptions about guns among youth and adults, including how common they are, what people are doing with them, and what safety looks like. Parents and key informants mentioned that many parents do not believe they have the skills or language to talk with their children about firearm safety, suicide, or mental health. These knowledge gaps make it difficult to prevent violence, suicide, and firearm misuse. The need to empower families, community members, and youth with education may underlie the following recommendations:

- Educate youth, parents, teachers, and other adults about availability of guns, perceptions about gun use, and safe storage.
- Make training available for parents, teachers, and youth workers about how to talk to young people about gun safety and gun violence.
- Educate students in schools about suicide risk and how to support peers experiencing depression or a mental health crisis.
- Address the use of social media that normalizes young people showing off and misusing firearms. Social norms campaigns were brought up recently as one option to address this.

Examples brought up by participants include:

- Moms Demand Action's BE SMART Campaign, which educates parents on how to communicate with their peers about safe firearm storage.
- Sandy Hook Promise's *Know the Signs* programs, which teach students to recognize the signs of depression and suicide.
- Public Health – Seattle & King County's Lock It Up program, which educates the public about safe firearm storage in partnership with firearm retailers, law enforcement agencies, and public events.

B. Increase range and scope of community centers.

Youth identified the importance of having a safe, accessible place to connect with supportive adults and peers as well as a place to access resources such as job training and recreational opportunities. Young participants reported that these types of supportive spaces would keep them and their peers positively connected and out of trouble. There was common perception that there were not enough existing community centers for youth and for those that are available, it could be difficult to commute there without money or a car. The need for community gathering places was brought up in discussions about

safety, employment opportunities, mentoring, and education for youth and families. Specific recommendations include:

- Create more community centers and safe gathering places for youth, particularly in South King County (Renton, Auburn, Federal Way), where there are growing numbers of young people in need and resources are few. These might be municipal community centers or provided by private organizations.
- Make existing community centers and gathering places safely accessible for youth who do not live in the immediate area by providing or increasing transportation resources.
- Create employment pathways for program participants to become program staff, thereby ensuring that community center staff reflect the composition of the community.
- Ensure that available programs reflect the needs and wants of youth in the community, including supporting a range of educational pathways besides college, as well as opportunities for leadership development.
- Provide sports, educational support, arts, and other programming at community centers and gathering places without fees.

Examples of programs mentioned by participants include:

- Boys and Girls Club locations
- YMCAs
- Municipal and parks department community centers
- The International District/Chinatown Community Center

C. Increase youth access to behavioral and mental health services.

Youth, family participants, and key informants discussed the impact of stress, trauma, and limited resources as both a cause and an effect of community violence and suicide. Many recommended accessible, trauma-informed services tailored to the needs of their communities.
Specific recommendations include:

- Make comprehensive mental health services for youth and young adults consistently available and accessible in school and/or community settings, supporting struggling youth before the point of a suicidal crisis or violent incident. Provide equitable, consistent, school-based support for students after a peer's suicide or homicide.
- Ensure a trauma-informed[45] approach when working with youth involved in gun violence. Many youth who use guns are also victims of violence, and either circumstance creates trauma that can influence mental, academic, and social well-being.
- Use an equity perspective to understand social differences in trauma exposure for youth. For some youth in safer or more privileged communities, trauma is an isolated experience, while other youth are exposed to trauma daily.

Examples that were brought up by participants include Mercer Island Youth and Family Services' sliding fee scale for services and Mercer Island's commitment to placing a mental health counselor in every school.

[45] Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing.

D. Provide social-emotional skills training to youth.

Many youth and young adults discussed the importance of learning and developing skills to manage conflict, take care of oneself, and avoid violence. Youth mentioned that trainings related to conflict resolution skills—particularly those provided by youth peers with similar experiences—were helpful in effectively dealing with conflict and aid in decision-making. Key informants reiterated the importance and value of teaching social and emotional learning including life skills to youth. Specific recommendations included:

- Provide trainings facilitated by peers or relatable adults on topics including coping with varied emotions, conflict resolution and de-escalation techniques, how to seek help during difficult times, problem solving, and leadership skills.
- Implement and expand restorative justice practices, such as peacemaking circles and restorative mediation, to heal relationships after a crime or harm has been done.
- Increase opportunities for youth and families to connect with community resources both before and after a crime or violent incident. Instead of excluding youth from the community either through self-isolation or involvement with the juvenile legal system, efforts should be made to engage or re-engage youth with the larger community.

Examples of programs mentioned by participants include:

- Restorative justice circles, such as those available through Point One North Consulting.
- Peace circles, such as those available through Community Passageways.
- Youth Source, which trains youth to ask research questions to help other youth who are not engaging with the system.
- Youth Organizers for Mental Health Education (YOMHE), a youth-led, peer-to-peer suicide prevention program.
- Opportunities available through the Zero Youth Detention strategy in King County.
- Youth Alive in Oakland, California, which trains and educates youth leaders about peacefully engaging in society (mentioned by multiple informants).

E. Increase youth employment and educational opportunities.

Youth and family members in almost every session talked about the importance of employment and training to help youth to gain skills, contribute to their families, and pursue goals without turning to firearm use to gain money or power. These opportunities are especially important for youth experiencing poverty. Specific recommendations include:

- Make internships and meaningful employment available to youth in communities affected by gun violence. Several individuals raised concerns of youth employment that focuses on temporary, low-skill jobs without contributing to career development, and emphasized the necessity of career-path work for young people. Examples of meaningful internship opportunities included Microsoft, school superintendent's offices, and government agencies.
- Fight neighborhood and family poverty by expanding employment programs for youth in neighborhoods with high youth unemployment.
- Incentivize employment by making jobs for youth more meaningful or more lucrative than making money on the street.

- Invest in communities to increase the number of black-owned businesses and entrepreneurship opportunities to build career pipelines for youth.

F. Examine and address youth's ability to easily access guns.

Many participants asked that it be more difficult for young people to get guns, but specific recommendations, particularly from youth participants, were limited beyond requesting that the government confront this problem. Specific recommendations are:

- Address young people's ability to use social media, particularly Snapchat, to buy or borrow firearms.
- Educate the public about existing gun laws, such as Extreme Risk Protection Orders, safe storage mandates, and background check requirements.

Examples of programs mentioned by participants include:

- Safe storage campaigns such as the Lock It Up program, which stem the flow of legally purchased guns into illegal pipelines by encouraging gun owners to secure their firearms.
- Extreme Risk Protection Orders, which families or law enforcement can file to temporarily prevent someone from having firearms if they are a danger to self or others.
- Initiative 1639, which made many changes to state gun laws, including providing a safe storage requirement, limiting legal purchases of semiautomatic assault rifles, and requiring safety training for some firearm purchases.

G. Develop increased systems alignment between government and community supports.

Multiple adult participants noted that efforts to prevent gun violence need to shift away from programmatic responses that tackle symptoms and focus on efforts to address root causes. Youth also talked about being disconnected from local government and felt that they would benefit from raising their concerns directly to policymakers. Specific recommendations are:

- Take a more participatory approach to planning, in which community, government, and other stakeholders work together to prevent gun violence as well as integrate government work with schools, parents, and community members to make gun violence prevention efforts more successful.
- Increase access to local policymakers for youth and young adults, particularly in communities affected by violence. Suggestions included findings ways in which local elected officials could directly engage with youth in schools and programs as well as make public forums accessible to young people and families.

Examples of programs mentioned by participants include:

- Mentor & Me Program in Federal Way, where schools pair youth with a mentor. The mentor then engages with the youth's teacher to ensure that the youth receives coordinated support.

Report Requirement F: Community Presentation of Findings

F. The executive should present the findings of the youth and young adult gun violence report to the following:

1. Youth, young adults and family members who participated in focus groups, interviews and community meetings

2. The King County Gun Violence Prevention and Intervention Committee that includes representatives of law enforcement, civic groups and the King County prosecuting attorney's office

3. Existing county programs that focus on gun violence prevention and intervention and other community-based efforts in the county that impact youth and young adults such as Best Starts for Kids and Zero Youth Detention

4. The juvenile justice equity steering committee; and

5. Other county committee or task force charged with developing recommendations and strategies to prevent youth and young adult gun violence

Eight report back sessions were conducted with relevant stakeholders and available community members who participated in focus groups or interviews. These sessions took place during regular stakeholder meetings and were also scheduled throughout various King County locations and local libraries. During these report back sessions, participants had the opportunity to review the methods, findings, and recommendations included in the report.[46] As part of the presentation, the research lead presented preliminary report findings and asked for additional feedback on the findings and recommendations. Stakeholders and attending participants noted that none of the findings and recommendations were surprising. Across sessions, attendees raised common themes, including: prevention and intervention efforts should be community-based rather than focus on individuals, connecting gun violence to mental health issues often shifts the focus on individuals rather than on communities, and communities want to hear about what actions will be taken to reduce and prevent gun violence. These points are described in more depth below.

Gun violence is more than a mental health issue. Session attendees agreed with the recommendation to increase access to mental health resources and noted that framing the gun violence issue as a mental health issue fails to represent the complexity underlying why youth and young adults engage in gun violence. Participants identified community level trauma as both a risk factor for and result of gun violence. They also emphasized how trauma, stress, and the absence of positive modes of self-expression often shapes a youth's decision to engage in gun violence.

Community-level solutions are needed to prevent gun violence. Stakeholders and participants supported the recommendations described previously and stressed the need to emphasize community conditions and solutions, rather than focusing on solutions centered on the individual. Participants remarked that

[46] While the lead researcher was not able to present to the King County Gun Violence Prevention and Intervention Committee, report findings were presented to representatives of law enforcement, civic groups and the King County prosecuting attorney's office.

individuals are products of the communities they come from and therefore, solutions centered solely on individual behavior is not enough to create change. In other words, focusing on individuals is insufficient for preventing gun violence.

Community members want to know what the next steps will be. People attending asked to be informed about any next steps that will occur as a result of this report. Attendees noted that none of the findings were new or surprising which is problematic because past efforts to reduce gun violence have not been effective. Attendees also emphasized that it is important to have government officials actively engaged in the community to understand the needs of youth and young adults affected by gun violence.

Report Requirement G: Executive Recommendations

G. The executive should develop recommendations on how the county can support and strengthen community-based organizations' efforts to curb gun violence.

In response to community recommendations, the executive recommends the following to support and strengthen community-based organizations' efforts to reduce gun violence that are within King County jurisdiction:

A. The County should broadly disseminate the findings of this report to governmental and non-governmental stakeholders to ensure that County gun violence prevention efforts are aligned with community recommendations.

B. County agencies should help community-based organizations seek and obtain external funding to support the expansion of existing community-based programs targeting youth and their families.

C. In developing their implementation strategies, Zero Youth Detention (ZYD), should take into consideration the report findings and demonstrate how the findings are being addressed, such as the expansion of restorative justice practices and connecting youth to community supports prior to engagement with the criminal legal system.

D. The County should continue to use and strengthen a trauma-informed approach to working with youth involved in gun violence.

E. The County should continue to generate qualitative and quantitative data reports with input from affected communities and providers to inform policy and programmatic efforts to address gun violence.

F. The County should continue to disseminate accurate, accessible information to community members about the use of firearms and safe storage practices and services that mediate the risk and impact of gun violence.

G. The County should increase internship and employment opportunities for youth in communities heavily affected by gun violence.

H. The County should support a regional network of leaders committed to creating safe, healthy and hopeful communities to help reduce the epidemic of homicides and shootings among County residents.

The King County initiatives and programs described in the background section of this report support and further the County's efforts to prevent gun violence as well as supplement other community-based strategies and programs throughout the County. The County's existing strategies and programs works with firearm owners and communities affected by gun violence to understand unsafe firearm practices, raises public awareness of safe storage practices, and uses data to inform the development and evaluation of upstream evidence-based prevention programs. The voter-approved BSK initiative funds and supports community-based organizations that provides services such as health and education to children, youth and families which can impact gun violence prevention. Efforts to reduce gun violence

are more likely to be effective if they are comprehensive, i.e. efforts that address both prevention and intervention as well as efforts that are coordinated across communities and system partners such as Public Health, the Department of Community and Health Services, the Juvenile Division, the Superior and Juvenile courts, and the Prosecuting Attorney's Office.

V. CONCLUSION

Engaging community members through focus groups and interviews to understand their thoughts about gun violence resulted in actionable recommendations to prevent gun suicide, homicide, and assaults that emphasize contextual and community needs as well as supports for individual youth and young people. The executive adopted the following community recommendations which can be summarized as:

- Increase access to behavioral and mental health services.
- Support youth and young adults in communities with education, skill building and employment opportunities.
- Ensure county systems and services are aligned and coordinated with each other and community needs.

These recommendations are true to the County's values of leading the way to equity and social justice, solving problems, and respecting people. They are also compatible with King County's equity and social justice strategic plan's emphasis on upstream preventive solutions, strong community partnerships, and accountable leadership. Several existing initiatives in the County including Best starts for Kids (BSK) and Zero Youth Detention (ZYD) can facilitate translation of these recommendations into actionable next steps in order to respond to community needs.

This report is dedicated to the families who experience gun violence, especially the participants who made time to share their perspectives. PHSKC thanks focus group participants, key informants, and reviewers for their contributions to the study report.

VI. APPENDICES

Appendix A: Motion 15234

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report
King County
October 3, 2018

Motion 15234

Proposed No. 2018-0372.3 Sponsors McDermott and Kohl-Welles

1 A MOTION requesting the executive to engage and
2 collaborate with King County youth and young adults and
3 their family members to develop a report on gun violence
4 amongst youth and young adults.
5 WHEREAS, the most recent available Washington state Department of Health
6 data show that firearms are the third leading cause of injury-related death in Washington
7 state, killing approximately six hundred twenty-five Washington residents each year
8 between 2009 to 2013, and firearms were involved in one in six of all deaths among
9 youth ages fifteen to twenty-four, and
10 WHEREAS, the Washington state Department of Health data also show that one
11 hundred forty-six King County residents died from a gun injury in 2015 including six
12 children age seventeen and younger. Statewide, thirty-nine children, who are age
13 seventeen and younger, died as a result of firearms that same year. That is the equivalent
14 of a child or teen being killed by gunfire every nine days. King County children
15 represent fifteen percent of all children killed as a result of firearms statewide, and

16 WHEREAS, between 2013 and 2015, the Washington state Department of Health
17 data show that twenty-five youth, age seventeen and younger, died by suicide in King
18 County, of which seven used firearms. Statewide, one hundred eighteen youth died by
19 suicide in Washington and forty-seven of these youth died from firearm suicide. King
20 County youth represent twenty-one percent of youth suicide and fifteen percent of suicide
21 from firearm statewide, and
22 WHEREAS, the Washington state Department of Health data also indicate that
23 ninety-five King County residents were hospitalized for nonfatal firearm injuries,
24 including nine youth, age seventeen and younger, in 2015. Statewide, three hundred
25 eight Washington state residents were hospitalized for nonfatal firearm injuries in 2015, 26
including thirty children under eighteen years old. King County residents represent thirty 27
percent of all nonfatal firearm injuries statewide and approximately thirty percent of all 28
nonfatal firearm injuries among children, and
29 WHEREAS, the January 21, 2014 Annals of Internal Medicine report finds that
30 adolescents, between the ages of ten and nineteen years, with access to firearms are 2.6
31 times as likely to die by suicide as adolescents without access to firearms, and
32 WHEREAS, the December 2008 Journal of Adolescent Health study of
33 adolescent (between the ages of ten and nineteen years) suicides by firearm found that
34 over half were carried out with firearms from the adolescent's home. More than seventy-
35 five percent of firearms used in suicide attempts and unintentional injuries were stored in
36 the residence of the victim, a relative, or friend, and
37 WHEREAS, according to Public Health - Seattle & King County's ongoing
38 analysis, monitoring and dissemination of data on firearm violence in King County,

39 firearm violence has a disproportionate impact on communities of color and children of
40 color are victims of homicide by firearms at a higher rate than white children in King
41 County, and
42 WHEREAS, the Washington state Behavioral Risk Factor Surveillance System
43 estimated thirty-four percent of Washington adults eighteen years and older, which is one
44 million eight hundred twenty-five thousand people, reported having a firearm in or
45 around their home in 2015. Just under half of these adults, which is forty-six percent or
46 eight hundred thirty-nine thousand people reported having an unlocked firearm. Access
47 to firearms, including storage practices, are a known risk factor for firearm suicide
48 especially among youth age seventeen and younger, and
49 WHEREAS, only twenty weeks into 2018, there have already been at least
50 twenty-one shootings on elementary, middle and high school and college campuses in the
51 United States, which averages to about 1.1 per week, and those shootings include a
52 February 14 shooting at Marjory Stoneman Douglas High School in Parkland, Florida,
53 and a May 18 shooting at Santa Fe High School in Santa Fe, Texas, and
54 WHEREAS, in the past five years, eight school shootings have occurred in
55 Washington state, four of which resulted in injury or death, and
56 WHEREAS, during the 2015-2016 school year, the Washington state
57 Superintendent of Public Instruction reported one hundred thirty incidents involving a
58 firearm on school premises, transportation systems or school facilities, which resulted in
59 sixty-two suspensions and thirty expulsions and, of these, twenty-one suspensions and
60 fifteen expulsions were in school districts located in King County, and
61 WHEREAS, according to the Washington State Healthy Youth Survey, in 2016,

62 eleven percent of eighth-grade students, sixteen percent of tenth-grade students and
63 twenty-three percent of twelfth-grade students in King County reported that they would
64 not be caught if they carried a handgun without parental permission, and
65 WHEREAS, according to the Washington State Healthy Youth Survey, in 2016,
66 four percent of King County tenth-grade and twelfth-grade students reported having
67 carried a gun on at least one day during the last thirty days, and
68 WHEREAS, gun violence, and threats of gun violence, in schools undermine the
69 sense of security that all students should have in their learning environments, and
70 WHEREAS, local governments in Washington state have taken steps that work to
71 increase gun safety, including encouraging safe firearm storage through the LOK-IT-UP
72 program and enforcement of extreme risk protection orders in King County, and
73 WHEREAS, sensible gun safety legislation will strengthen protections for King
74 County youth and young adults by reducing injury and death from intentional and
75 unintentional shootings, and
76 WHEREAS, the 2015 City of Seattle Youth Violence Prevention Needs
77 Assessment report found that engaging and receiving consultation from youth and
78 families who are most impacted by violence is necessary to identify strategies to address
79 systemic issues of violence amongst youth and young adults;
80 NOW, THEREFORE, BE IT MOVED by the Council of King County:
81 A. The executive is requested to engage and collaborate with King County
82 children and young adults and their family members to develop a report on gun violence
83 amongst youth and young adults.
84 B. The executive should engage and collaborate with King County youth and

85 young adults that are either at-risk of or have experience with the issue of gun violence.

86 C. The executive should use engagement and collaboration methods that may

87 include, but not be limited to, individual and family interviews, focus groups and

88 community meetings.

89 D. The youth and young adult report should include, but not be limited to, the

90 following:

91 1. A comprehensive inventory of existing county programs that focus on youth

92 violence prevention and intervention and other community-based efforts in the county,

93 such as Best Starts for Kids, Community Correction, Juvenile Justice Data and the

94 Family Intervention and Restorative Services Program, which is also known as FIRS,

95 Gang Violence Intervention and Prevention initiatives and the Gun Violence Prevention

96 Initiative; and

97 2. Methods and findings from the interviews and focus groups with youth,

98 young adults, their families and providers who work with youth and their families on

99 issues related to gun violence.

100 E. The youth and young adult report should inform recommendations and

101 strategies to prevent youth and young adult gun violence.

102 F. The executive should present the findings in the youth and young adult report

103 to the following:

104 1. Youth, young adults and their family members who participated in focus

105 groups, interviews and community meetings;

106 2. The King County Gun Violence Prevention and Intervention Committee that

107 includes representatives of law enforcement, civic groups and the King County

108 prosecuting attorney's office;

109 3. Existing county programs that focus on youth violence prevention and

110 intervention and other community-based efforts in the county that impact youth and

111 young adults such as Best Starts for Kids and Zero Youth Detention;

112 4. The juvenile justice equity steering committee; and

113 5. Other county committee or task force charged with developing

114 recommendations and strategies to prevent youth and young adult gun violence.

115 G. The executive should develop recommendations on how the county can

116 support and strengthen community-based organizations' efforts to curb gun violence.

117 H. The executive should develop a final comprehensive report that includes the

118 youth and young adult report and the recommendations as mentioned in sections E. and

119 G. of this motion and transmit the report, and a motion accepting the report, by October

120 1, 2019, in the form of a paper original and an electronic copy to the clerk of the council,

121 who shall retain the original and provide an electronic copy to all councilmembers, the

122 council chief of staff, the policy staff director and the lead staff for the committee of the

123 whole, or its successor.

124

Motion 15234 was introduced on 7/30/2018 and passed as amended by the Metropolitan King County Council on 10/1/201 8, by the following vote:

Yes: 9 - Mr. von Reichbauer, Mr. Gossett, Ms. Lambert, Mr. Dunn, Mr. McDermott, Mr. Dembowski, Mr. Upthegrove, Ms. Kohl-Welles and Ms. Balducci

Excused: 0

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

J. Joseph McDermott,Chair

ATTEST:

Melani Pedroza, Clerk of the Council

Attachments: None

Appendix B: Data Describing the Impact of Gun Violence on Youth and Young Adults

The data for youth (ages 13-17) and for young adults (ages 18-24) were analyzed for the same time period to enable comparisons and were collected from death certificate data from 1999 - 2017, except by race/ethnicity, which reflects data from Washington State from 2004 - 2017.[47]

Table A1 Firearm deaths by intent among youth & young adults King County, WA 1999–2017			
Ages	**Suicide**	**Homicide**	**Other***
13–17	38	57	n<5
18–24	170	218	26

*Other includes unintentional deaths, deaths of undetermined intent, and deaths by legal intervention.

The following tables reflect rates for children and youth (ages 0-17) compared to young adults (ages 18-24). Children ages 0-10 experience very few suicide and homicide deaths whereas rates for children 10–17 are much higher.

Table A2 Firearm death rates per 100,000 by intent among children, youth, & young adults King County, WA 1999–2017				
Characteristic	**Suicide death rate per 100,000**		**Homicide death rate per 100,000**	
	Ages 0–17	**Ages 18–24**	**Ages 0–17**	**Ages 18–24**
Gender				
Female	0.2	0.8!	0.4	1.4
Male	0.8	9.3	1.1	11.5
King County Region				
East region	0.5	5.4	n/a; n<10	n/a; n<10
North region	n/a; n<10	7.2!	n/a; n<10	n/a; n<10
Seattle	0.4	3.4	1.4	6.2
South region	0.6	5.8	0.9	10.9

! Interpret with caution; the sample size is small, so the estimate is imprecise.

Firearm suicide rates for children and young adults are more similar by race than are firearm homicide rates in Washington State (Table A3). American Indian/Alaska Native children and young adults have the highest suicide death rate compared to others, whereas black children and young adults have the highest homicide rate.

[47] Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2017, Community Health Assessment Tool (CHAT), September 2018.

Table A3 Firearm death rates per 100,000 by intent and race among children, youth and young adults WA 2004–2017				
Characteristic	**Suicide death rate per 100,000**		**Homicide Death Rate per 100,000**	
	Ages 0–17	**Ages 18–24**	**Ages 0–17**	**Ages 18–24**
American Indian/Alaska Native	1.8	15.7	n/a; n<10	10.9!
Asian	0.5	2.9	0.6	3.5
Black	0.6	6.9	2.5	30.9
Hispanic	0.3	4.1	1.1	10.8
Native Hawaiian/Pacific Islander	0.0	n/a; n<10	0.0	18.2!
White	0.9	8.2	0.3	2.0

! Interpret with caution as sample sizes are small.

Appendix C: Glossary of Terms

Adolescent brain development: A phase in the development of the human brain during adolescence that is characterized by an imbalance between the limbic and reward systems (which mature earlier) and the not yet fully mature prefrontal control system.[48] The brain development process is considered complete by age 25. Studies support the hypothesis that the adolescent brain is structurally and functionally vulnerable to impulsive or risky behaviors such as drug addiction, impaired driving, and unprotected sex.[49]

Behavioral health: Mental health and behaviors or conditions, including those related to substance use.[50]

Code: A word or phrase generated from qualitative inquiry that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data.[51]

Community Supports: Strengthening organizations in communities that serve youth and young adults at risk of gun violence.[52]

Diversion program: A program that connects individuals with behavioral health conditions who are encountering the criminal justice and crisis systems to social services instead of jail.[53]

Intervention: Action(s) or programs intended to improve health and wellness for a person or group of people.

Mental disorder: Any organic, mental, or emotional impairment with substantial adverse effects on an individual's cognitive (thought) or volitional (action) functions.[54]

Masculinity: A set of ideas about what boys and men should be like. Masculinity ideology is a constellation of standards that have held sway of large segments of the populations about boys and

---

[48] Konrad, K., Firk, C., & Uhlhaas, P. J. (2013). Brain development during adolescence: neuroscientific insights into this developmental period. *Deutsches Arzteblatt international*, *110*(25), 425–431. doi:10.3238/arztebl.2013.0425.
[49] Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., ... & Sharma, S. (2013). Maturation of the adolescent brain. *Neuropsychiatric disease and treatment*, *9*, 449.
[50] King County Code 2.43.005 Behavioral health system (formerly mental health system) definitions. Accessed 11/24/2019 from: https://aqua.kingcounty.gov/council/clerk/code/05_Title_2.htm#_Toc532894016.
[51] Saldaña, Johnny. *The coding manual for qualitative researchers*. Sage, 2015.
[52] Best Starts for Kids. https://www.kingcounty.gov/depts/community-human-services/initiatives/best-starts-for-kids/background.aspx
[53] King County Diversion and Reentry Services. Accessed 11/24/2019 from: https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/diversion-reentry-services.aspx.
[54] King County Department of Community and Human Services, Behavioral Health and Recovery. Accessed 11/24/2019 from: https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/services/crisis-services/FAQs.aspx.

men including anti-femininity, achievement, eschewal of the appearance of weakness, and adventure, risk and violence.[55]

Prevention: Action(s) to avoid, forestall, or circumvent problems before they happen.[56]

Promotion: Action(s) to support the development of protective factors that help to prevent negative outcomes.

Protective factors: Factors that help to prevent negative outcomes or that have been shown to reduce the impact of risk factors.[57] Protective factors related to youth violence are individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events.[58]

Risk factors: Factors that often relate to negative outcomes.[59] Risk factors related to youth violence are characteristics linked with youth violence but are not direct causes of youth violence. A combination of individual, relationship, community, and societal factors contribute to the risk of youth violence.[60]

Trauma-informed: An approach to engage an individual with a history of trauma that recognizes the presence of trauma symptoms and acknowledges the impact that trauma has had on the individual's life.[61] The approach promotes a culture of safety, empowerment, and healing.[62]

Youth participants: Youth ages 13 to 17 who participated in the focus groups for this report.

Young adult participants: Young adults ages 18 to 24 who participated in the focus groups for this report.

---

[55] APA Guidelines for Psychological Practice with Boys and Men. https://www.apa.org/about/policy/boys-men-practice-guidelines.pdf

[56] Centers for Disease Control and Prevention. Handout of key public health terms. Accessed 11/24/2019 from https://www.cdc.gov/publichealth101/public-health.html.

[57] Substance Abuse and Mental Health Services Administration. Risk and Protective Factors. Accessed 11/24/2019 from: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors.

[58] Centers for Disease Control and Prevention. Violence Prevention. Youth Violence. Risk and Protective Factors. Accessed 11/24/2109 from: https://www.cdc.gov/healthyyouth/protective/index.htm.

[59] Substance Abuse and Mental Health Services Administration. Risk and Protective Factors. Accessed 11/24/2019 from: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors.

[60] Centers for Disease Control and Prevention. Violence Prevention. Youth Violence. Risk and Protective Factors. Accessed 11/24/2109 from: https://www.cdc.gov/healthyyouth/protective/index.htm.

[61] King County Code 2.43.005 Behavioral health system (formerly mental health system) definitions. https://aqua.kingcounty.gov/council/clerk/code/05_Title_2.htm#_Toc532894016. Accessed November 24, 2019.

[62] Trauma-informed approach. Washington State Health Care Authority. https://www.hca.wa.gov/about-hca/trauma-informed-approach-tia. Accessed November 24, 2019.

Appendix D: Hyperlinks for Key Examples and Programs

Program Name	Tiny URL	Web Link
Best Starts for Kids (BSK) initiative	https://tinyurl.com/utwkjjy	https://www.kingcounty.gov/depts/community-human-services/initiatives/best-starts-for-kids.aspx
Stopping the School-to-Prison Pipeline	https://tinyurl.com/ucbfgzg	https://www.kingcounty.gov/depts/community-human-services/initiatives/best-starts-for-kids/strategies/stopping-school-to-prison-pipeline.aspx
Communities of Opportunity (COO)	https://tinyurl.com/uc9ueh6	https://www.coopartnerships.org/
Corner Greeters	https://tinyurl.com/w3u6aen	http://www.rbcoalition.org/corner-greeters-are-here/
Youth 4 Peace Project	https://tinyurl.com/yx5fg494	https://www.facebook.com/Y4PADVOCATES/
HOSTED	https://tinyurl.com/rrltz2q	http://www.helloothello.com/hosted/
Zero Youth Detention	https://tinyurl.com/ura89ek	https://www.kingcounty.gov/depts/health/zero-youth-detention.aspx
Road Map	https://tinyurl.com/uk7y3ur	https://www.kingcounty.gov/depts/health/~/media/depts/health/zero-youth-detention/documents/road-map-to-zero-youth-detention.ashx
Implementation Dashboard	https://tinyurl.com/w7w22et	https://www.kingcounty.gov/depts/health/zero-youth-detention/implementation.aspx
Youth Detention Data Dashboard	https://tinyurl.com/saylfya	https://www.kingcounty.gov/depts/health/zero-youth-detention/dashboard.aspx
Lock It Up	https://tinyurl.com/y4ve7nek	https://www.kingcounty.gov/depts/health/violence-injury-prevention/violence-prevention/gun-violence/LOCK-IT-UP.aspx
firearm injury data dashboard,	https://tinyurl.com/rsndnr9	https://kingcounty.gov/depts/health/data/firearms.aspx
Mental Illness and Drug Dependency Behavioral Health Sales Tax Fund	https://tinyurl.com/uj55dc2	https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/midd.aspx
Children's Crisis Outreach Services	https://tinyurl.com/s7d8bf4	https://www.kingcounty.gov/~/media/depts/prosecutor/documents/2019/other/ShotsFired2018.ashx?la=en
Crime Strategies Unit	https://tinyurl.com/vmdffk2	https://www.kingcounty.gov/depts/prosecutor/criminal-overview/csu.aspx
King County Firearm Violence report	https://tinyurl.com/szlx3vh	https://www.kingcounty.gov/~/media/depts/prosecutor/documents/2019/other/ShotsFired2018.ashx?la=en
CHOOSE 180	https://tinyurl.com/uslk27a	https://www.kingcounty.gov/depts/prosecutor/youth-programs/choose-180.aspx
Juvenile Court's Partnership for Youth Justice	https://tinyurl.com/sj9csk2	https://www.kingcounty.gov/courts/superior-court/juvenile/diversion.aspx
Law Enforcement Assisted Diversion (LEAD) program	https://tinyurl.com/sgwbhvf	https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/diversion-reentry-services/lead.aspx
Road Map to Zero Youth Detention, Appendix I	https://tinyurl.com/uk7y3ur	https://www.kingcounty.gov/depts/health/~/media/depts/health/zero-youth-

		detention/documents/road-map-to-zero-youth-detention.ashx
Theft 3 and Mall Safety Pilot Program	https://tinyurl.com/r5zkb6v	https://www.strongchildren.org/programs-diversion
Community Corrections Division	https://tinyurl.com/vqdeadb	https://www.kingcounty.gov/depts/jails/community-corrections.aspx
Family Intervention and Restorative Services	https://tinyurl.com/sg8nxud	https://www.kingcounty.gov/depts/prosecutor/youth-programs/firs.aspx
Step-Up Program	https://tinyurl.com/wego45n	https://www.kingcounty.gov/courts/superior-court/juvenile/step-up.aspx
Community Empowered Disposition Alternative and Resolution	https://tinyurl.com/ql6qek5	https://www.kingcounty.gov/~/media/depts/executive/performance-strategy-budget/documents/pdf/RLSJC/2018/July26/CEDAR-Overview.ashx?la=en
Restorative Mediation	https://tinyurl.com/ud45g8a	https://kcemployees.com/2015/09/09/restorative-mediation-making-a-difference-for-youth/
evidence-based programs	https://tinyurl.com/veu2wsd	https://www.kingcounty.gov/courts/superior-court/juvenile/art-fft-mst.aspx
King County Credible Messengers Initiative	https://tinyurl.com/uk7y3ur	https://www.kingcounty.gov/depts/health/~/media/depts/health/zero-youth-detention/documents/road-map-to-zero-youth-detention.ashx
Center for Children & Youth Justice	https://tinyurl.com/r2mqteu	https://ccyj.org/
Leadership, Intervention & Change program	https://tinyurl.com/w3wvqqx	https://ccyj.org/our-work/reducing-gang-violence/
Safe Futures	https://tinyurl.com/uhoqcbu	https://www.sfyc.net/
Alive and Free	https://tinyurl.com/rzcox7u	https://www.seattleymca.org/accelerator/violenceprevention

[Blank Page]

King County

King County Board of Health

Staff Report

Agenda item No: 12
BOH Briefing No. 20-B03

Date: February 20th, 2020
Prepared by: Susie Levy

SUBJECT

2019 Healthy Eating Subcommittee Recommendations for 2020 Board of Health Workplan

SUMMARY

The Board of Health (BOH) received a briefing from Public Health staff and Nancy Backus, Mayor of the City of Auburn, on the topic of healthy eating and food access at their June 20, 2019 meeting.[1] Subsequently, the Healthy Eating Subcommittee was formed at the request of Board Member Chris Delecki. Board Members Krystal Marx and Bill Daniell participated in the subcommittee alongside four community members recruited by Public Health.

The subcommittee met from October 2019 through January 2020. Discussion topics included the BOH's previous Healthy Eating work, the structure and role of the BOH, shared values of the group, priority policy interest areas, and possible policy approaches. A final discussion focused on making recommendations to the BOH on policy related to healthy food access. The attachment highlights the group's recommendation for 2020 Board action. These recommendations do not require a continued subcommittee, but further community engagement and outreach is recommended.

ATTACHMENTS

1. Healthy Eating King County Board of Health Subcommittee Recommendations for 2020 Workplan

[1] BOH Briefing No. 19-B13

Healthy Eating King County Board or Health Subcommittee Recommendations for 2020 Workplan

Policy Areas	Potential Board of Health Action

Importance of Food Access Resolution
There are opportunities for the BOH to advocate for addressing food accessibility, affordability, and appropriateness at the local, state and federal levels. This resolution can highlight the need for culturally appropriate food access, sustainable food production, and the need to close the food security gap—people who don't qualify for SNAP and other benefits but are not able to afford healthy food. This resolution can also speak to transportation or mobility justice as a piece of food access. Additionally, the resolution can direct the Board to advocate on:
 	
Federal Supplemental Nutrition Assistance Program (SNAP) Advocacy
At the federal level, SNAP eligibility continues to be targeted and restricted, potentially impacting the 278,798 SNAP recipients in King County.
 	
Washington State budget 2021:
Funding for Fruit & Vegetable Incentive Program
State funding for fruit and vegetable incentives will allow thousands of low-income families outside of Seattle to continue to access fruits and vegetables in their diet and enhance their overall health. Funding also supports local farmers and ethnic markets
 	
State level food bank funding
State funding to support Farm to Food Pantry program for funding to expand capacity of food pantries to distribute perishable foods.
	• Invite community organizations working on food access issues to speak to the BOH about their work and opportunities to address access in the County
	• In conjunction with the above briefing, and aligned with the BOH focus on state budget advocacy in 2021, pass a resolution in summer 2020 for the BOH to advocate at the federal, state, and local level in 2020/2021
	• As follow-up to the resolution:
	  ○ Write a letter to federal representatives in support of SNAP
	  ○ For 2021 WA State Leg Session: write letters around ensuring funding for Fruit and Vegetable Incentive Program and State Funding for Foodbanks
	  ○ BOH members can consider opportunities at the local level for investments

Healthy Beverages Access for Children The BOH has several opportunities to advocate for improved access to healthy beverages in spaces frequented by children (e.g. schools, parks, restaurants). *Healthy Kids Healthy Drinks Bill (HKHD)* This WA state bill makes a healthy beverage—water, unflavored milk, or specific non-dairy milk alternatives—the default beverage on every kid's menu instead of sugary drinks. This helps parents provide healthy drink options to their children when they eat out at restaurants or fast food establishments. *State level funding for water access in schools* Advocate for funding to support installation of water bottle filling stations in schools at the state level and locally.	• Track HKHD bill in 2020 • Write a letter and lobby in support • Advocate for funding for water filling stations • Consider local action on default kids meal beverages for 2021 as appropriate

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Resolution

Proposed No. 20-07.1 **Sponsors**

A RESOLUTION adopting the 2020 work plan for the King County Board of Health.

WHEREAS, Washington state law vests in the King County Board of Health broad authority and responsibility to protect the health of the people of King County through including, but not limited to, the enactment of rules and regulations, guidelines and recommendations and resolutions to preserve, promote and improve the public health; the prevention and control of contagious diseases; and the establishment of fees for health-related licenses and permits, and

WHEREAS, through resolutions the King County Board of Health has adopted annual work programs since 2006 to carry out its responsibilities, and

WHEREAS, the priorities set for the King County Board of Health in 2020 include: gender-based violence; climate change; firearm safety; ensuring resources for foundational public health services; healthy food access; allergen labeling; and other emerging issues;

NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King County:

17 The 2020 King County Board of Health Work Plan, Attachment A to this

18 resolution, is hereby adopted.

19

BOARD OF HEALTH
KING COUNTY, WASHINGTON

_____

Jeanne Kohl-Welles, Chair

ATTEST:

_____

Melani Pedroza, Clerk of the Board

Attachments: A. King County Board of Health Draft 2020 Workplan

King County Board of Health Draft 2020 Work Plan

Topic	Specific Issue	Potential Actions: R&R	Resolution	G&R	Discussion	Advocacy	Notes
Board Required Work	2020 Order of Vice Chairs		X				Will be completed Feb 2020
	2020 Work Plan		X				Will be completed March 2020
	Tobacco code updates	X					
	Hazardous Waste Comprehensive Plan updates and policy approaches				X		
	Environmental Health technical code revisions	X					
	Secure Medicine Return alignment with state implementation				X		
Priority: Gun Violence	State action to restore local authority and pursue firearm policies		X				Resolution passed Jan 2020
	Youth and Young Adult Gun Violence Report				X		Will be completed Feb 2020
	Regional Approach to Youth Gun Violence - briefing and possible advocacy actions				X	X	
Priority: Gender-Based Violence	Ongoing subcommittee work						Continued work from 2019
	April committee update and resolution		X				
	Domestic Violence, Sexual Assault, MMIWG Subcommittee					X	
	GBV Guidelines and Tools (as determined by DV, SA, MMIWG subcommittee)			X			
Priority: Climate Change	State action to address climate change and its health impacts		X				Resolution passed Jan 2020
	Health Care Climate Alliance briefing and possible advocacy					X	Continued work from 2019
Health and Wellbeing	Healthy food access resolution and associated advocacy options		X			X	Recommendations from 2019 subcommittee
	Antibiotic resistant bacteria and meat production		X				
	Allergens and restaurant menu labeling food code changes	X					
	State action to protect WA youth from harmful effects of vapor use		X				Resolution passed Jan 2020
	MOV-UP SeaTac Air Quality Study follow-up and APDE asthma analysis				X		Continued work from 2019
	Environmental Justice Briefing (including lead exposure)				X		
	HIV briefing: demographic shifts, upcoming challenges and FPHS				X	X	Continued work from 2019
	Drug user health model briefing				X		
	TBD: Marijuana candy as a risk to children					TBD	As requested by Board Member Baker
	TBD: LGBTQ health					TBD	As requested by Board Member Marx
	TBD: Mental health and suicide prevention for veterans					TBD	As requested by Board Member Marx
	TBD: Aging in place					TBD	As requested by Board Member Morales
	TBD: Mental health needs for retiring firefighters					TBD	As requested by Board Member Morales
	TBD: Local methamphetamine data and potential treatment modalities					TBD	As requested by Board Member Marx
Other Board Advocacy	WSPHA Lobby Day					X	February 5th, 2020
	State Funding for Foundational Public Health Services		X				Resolution passed Jan 2020
	Expanding affordable health care coverage to all Washingtonians		X				Resolution passed Jan 2020
	Resolution for state to improve reimbursement rates for Dental Medicaid		X				As requested by Board Member Delecki
	Establishing BOH legislative priorities for 2021 state legislative session					X	As requested by Board Member Marx
	TBD: Regional Health Plan					TBD	As requested by Board Member Mosqueda
Admin.	Adding a BOH meeting in August 2020						

* topic areas in green prioritized by multiple BOH members

King County

King County Board of Health

Staff Report

Agenda item No: 12 | Date: February 20, 2020
Resolution No. Resolution No. 20-07 | Prepared by: Susie Levy

SUBJECT

A RESOLUTION adopting the 2020 work plan for the King County Board of Health.

SUMMARY AND ANALYSIS OF LEGISLATION

Beginning in 2006, the King County Board of Health adopts an annual work program. The annual work program helps the Board of Health successfully fulfill its responsibilities by establishing goals and priorities and creating opportunities for action within the Board's authority and workload.

Proposed 2020 Work Plan

The proposed 2020 work plan for the Board of Health, Attachment A to proposed Resolution 20-07, builds on the Board's past accomplishments and ongoing work. Along with required reviews and actions on items such as aligning tobacco code with state and federal law, the work plan includes a focus on topics including: gun violence, gender-based violence and sexual assault, climate change and health, and state support for public health needs.

Input to the work plan was solicited from Board of Health members and is reflected in the draft workplan.

ATTACHMENTS

1. Proposed Resolution 20-07, with Attachment A: King County Board of Health 2020 Work Plan

King County Board of Health - Roles and Responsibilities

The King County Board of Health is granted the authority to protect and promote the health of King County residents as outlined in RCW 70.05.060. State law allows the Board to set countywide public health policy, enact and enforce local public health regulations, enforce state public health laws, prevent the spread of infectious diseases, and establishes fee schedules for certain licenses and permits (such as food permits for restaurants).

There are eight city and county elected officials, and three health professionals on the King County Board of Health in accordance with Title 2 of the Code of the King County Board of Health.

The Board of Health:

- Supervises the health of King County residents by voicing and advocating priorities for protection of public health;
- Collaborates with the Public Health Director and Health Officer to set an annual work plan which creates opportunities for action within the limits of the Board's workload and legal authority; and
- May enact local rules and regulations as necessary in order to preserve, promote and improve the public health and authorize for the enforcement thereof.

The Board's Powers:

The Board's operating rules[1] provide three primary tools available to the Board: enactment of rules & regulations, resolutions, and guidelines & recommendations.

1. Rules and Regulations. Codified in the Board of Health Code, the Board enacts countywide rules and regulations, which establish requirements to broadly promote public health, prevent and control the spread of infectious disease, abate nuisances, and establish fee schedules for licenses, permits, and other services. Prior Board rules and regulations pertaining to secure medicine return, and permit requirements for farmers markets and other temporary food establishments. Rules and regulations have the force of law and are general and permanent in nature.

2. Resolutions. Resolutions are policy statements of the Board and are not considered permanent. Unlike rules and regulations, resolutions *do not* have the force of law and do not require a public hearing. Resolutions are typically used to express support for a project, program, or policy. Examples of prior resolutions include supporting efforts for

[1] The Board sets operating rules for itself in conducting the business of the Board. These rules are codified in King County Board of Health Code chapter 2.04 and address membership and officers, staff, meetings, and procedures for adopting, amending, and/or repealing rules & regulations, guidelines & recommendations, and resolutions.

the annual board of health strategic work plan and encouraging the Washington State Legislature to support funding for foundational public health services.

3. Guidelines & Recommendations. Guidelines and recommendations provide policy guidance and express the Board's current thinking. They are advisory and, like resolutions, *do not* have the force of law. A typical use of a guideline & recommendation is to outline best practice based on the expertise and resources of Public Health – Seattle & King County. Examples include information for improving food and beverage nutritional quality in vending machines and healthy housing.

In addition to the above, advocacy is another strong role for the Board of Health. Boardmembers can speak to the media, constituents, and other elected officials and county leaders to educate about health matters. A recent example is a Boardmember publishing an Op-Ed in the Puget Sound Business Journal on secure medicine return.

Fiscal Authority:
The Board of Health does not have appropriation authority. The King County Council has sole appropriation authority over matters of public health. Any Board program or initiative requiring funding must go through the Council's budget appropriation process.

The Board has the authority to enact permit or license fees may not exceed the reasonable cost of providing the particular service.[2]

An interlocal agreement between King County and the City of Seattle established Public Health – Seattle & King County, our joint city-county health department. The interlocal agreement outlines the city's and county's respective financial contributions towards the health department.

[2] RCW 70.05.060(7)