



**King County**

**Task Force on Regional Human Services (TFRHS)  
Regional Services to be Provided Through a Countywide Partnership**

**Basic Service Level Qualitative Analysis  
8-6-04**

<b>#3 Safe Haven From all Forms of Abuse</b>		
<b>REGIONAL SERVICES Recommended for a Countywide Partnership</b>	<b>OTHER REGIONAL SERVICES (primarily funded by state and federal governments)</b>	<b>LOCAL SERVICES (funded by local or municipal governments)</b>
<ul style="list-style-type: none"> <li>• <b>Comprehensive Domestic Violence Services</b> (confidential shelter, transitional housing, supportive services for children, supportive services for domestic violence victims, batterers treatment, domestic violence education and prevention)</li> <li>• <b>Crisis Line/Teen Link Services</b> (violence/suicide prevention)</li> <li>• <b>Comprehensive Sexual Assault Services</b> (support services including counseling and therapy, support groups, legal and medical advocacy, sexual assault education and prevention)</li> </ul>	<ul style="list-style-type: none"> <li>• Elder abuse prevention and intervention</li> <li>• Child abuse prevention and intervention</li> <li>• Guardianship, advocacy and support services for disabled persons</li> </ul>	<ul style="list-style-type: none"> <li>• Gang prevention and intervention</li> <li>• Teen dating violence prevention and advocacy</li> <li>• Community based alternatives to incarceration</li> <li>• Crisis intervention</li> <li>• Suicide prevention training in schools</li> </ul>

The Regional Policy Committee (RPC) Task 2 Report has been the structural basis for the work of the Task Force—the focus has been on the *Regional Services to be Provided through a Countywide Partnership* defined in the report. Throughout Task Force materials, reference to Regional or a Regional System is a reference to a countywide effort, not necessarily to King County government. Reference to a region (sometimes called sub-region) within King County (North, East, South, Seattle) is a reference to the geographic area and the people who live there, not necessarily to the jurisdiction(s) located there.

**Comprehensive Domestic Violence (DV) Services**

**Summary of research, best practices, promising practices**

- The National Advisory Council on Violence Against Women developed the *Toolkit to End Violence Against Women*, designed to assist individuals, policy leaders and community efforts to end violence against women. The Toolkit includes best practices and recommendations for community-based

services, justice system responses, children and youth, health and mental health care and other topics, for a total of 16 chapters. This toolkit was used recently by the City of Seattle to conduct a wide ranging review of the City of Seattle's Domestic Violence system. The City of Seattle has implemented a nationally recognized, comprehensive response to domestic violence that coordinates the efforts of many different agencies.<sup>i</sup>

- There is no single response to domestic violence that can provide safety for every victim, nor is there an identified intervention that can stop the violent behavior of every batterer. Studies on the effectiveness of criminal justice responses indicate that a combination of arrest, prosecution, and batterer intervention can be effective to reduce the violent behavior of some batterers, but the issue is complex. There can be unintended negative consequences of these interventions, particularly for poor communities and communities of color.<sup>ii</sup>
- The federal Centers for Disease Control (CDC) National Center for Injury Prevention and Control has several initiatives underway that seek to broaden the understanding of the causes of violence and ways to prevent it. In 2000, it published *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements*. Five states are establishing tracking systems and testing the definitions and data elements. Concurrent with this activity, they developed two survey instruments to assess prevalence and incidence of intimate partner violence. These are also in a testing phase; after testing they will become optional modules in the Behavioral Risk Factor Surveillance System (BRFSS), which is regularly conducted by state departments of health. Several studies are underway to identify the risk and protective factors in relationship to battering. An evaluation guide is being developed for standardized evaluations of programs to prevent violence against women and a *Promising Practices Guide* is anticipated for release in 2004.<sup>iii</sup>
- The San Diego Children's Hospital Family Violence Program pairs battered women and their children with a 2 person team consisting of an advocate and a therapist. Mother and child receive intensive advocacy, legal consultation and mental health services. The children are often treated for Post Traumatic Stress Disorder (PTSD) and receive a range of preventive and therapeutic interventions. Six months later, the level of physical violence the women experienced had decreased from 88% of participants to 10%, and the number of children exposed to family violence decreased from 85% to 20%.<sup>iv</sup>

### **Prevalence or utilization data**

- An estimated 16,500 to 99,000 King County women may be physically abused by their husbands or boyfriends each year, based on a prevalence rate released by the Department of Justice and the National Institute of Justice in 1998.<sup>v</sup>
- Domestic violence is the leading cause of injury to women between the ages of 15 and 44 in the United States.<sup>vi</sup>
- In 2001, 12,051 domestic violence offenses/crimes were reported in King County, including 11 homicides.<sup>vii</sup>
- The rate of reported domestic violence crimes per 100,000 residents is 79.4 for King County overall. For Seattle, it is 134.1. The rate has increased in East and South regions since 1997.<sup>viii</sup> In Bellevue, reports to the police nearly doubled between 1997 and 2002.<sup>ix</sup> There were 1,245 DV felony filings in Superior Court in 2003.<sup>x</sup>

- Domestic violence homicide risk rates in the State of Washington were disproportionately higher in communities of color: 2.7% greater in African-American women than white women; 2.5% greater in Hispanic women; and 2.3% greater in Asian Pacific Islander women.<sup>xi</sup>
- In King County, the number of domestic violence clients needing an interpreter nearly doubled between 1995 and 1999.<sup>xii</sup>
- The Crisis Clinic refers DV callers to the hotline in the region where the caller lives (Seattle, East, and South). In 2003, 884 South calls were referred, 425 East calls, and 495 Seattle calls.<sup>xiii</sup>
- In 2001, New Beginnings turned away 3,290 requests for shelter; Eastside Domestic Violence Program turned away 2,650, Catherine Booth House turned away 1,960, and DAWN turned away 3,711. The South King County YWCA reported that its emergency housing program received between 30 and 50 requests for housing every day in 2001.<sup>xiv</sup>
- A 2001, King County analysis of service trends from 1995-1999 documented the increase in services to women of color and noted that clients were staying in the program for a longer period of time (from 80 days in 1995 to 97.5 days in 1999). Clients on average received nearly 23 hours of direct services along with emergency shelters, safe homes or transitional housing, for an average of 25 bed nights of shelter. The use of transitional housing rose steadily from ten clients served in 1995 to 172 by 1999. The analysis also noted that there were more children involved in the DV system than adults, and that the range of available children's services did not meet the need.<sup>xv</sup> Over half of DV survivors enter service accompanied by children (average 1.9/family).<sup>xvi</sup>
- There are currently only 25 domestic violence shelter beds and 14 units of DV transitional housing in South Region. In 2003, the turn away rate increased by 15%.<sup>xvii</sup> There is one confidential shelter in East Region.<sup>xviii</sup> There are no DV services located in North Region.<sup>xix</sup>
- Transitional housing providers report 20 qualified applicants for every opening; 48% of the clients served in the system in 1999 cited legal advocacy as an unmet need.<sup>xx</sup>
- For reasons of safety and availability, women seeking DV services often are served somewhere other than in their own communities. In 2001, Seattle based agencies served 1,302 individuals. Only 54.4% were Seattle residents; 34.6% were from elsewhere in King County and the rest were from outside of King County. DV agencies outside of Seattle, in King County, served 74.5% residents from somewhere in King County outside of Seattle; 13% Seattle residents and the rest were from outside of King County.<sup>xxi</sup>
- Studies suggest that in 30-60% of all families where women are being beaten, their children are also victims of abuse.<sup>xxii</sup> Young children who are exposed to domestic violence are more likely to experience eating and sleeping difficulties, mood swings, depression and delays in language or social development. Older children witnessing domestic violence may be anxious, depressed, fearful or socially isolated and may exhibit difficulties in school performance. Youth are more likely to attempt suicide, abuse drugs and alcohol, drop out of school, run away from home, engage in prostitution and commit sexual assaults.<sup>xxiii</sup> Studies indicate that 50-80% of boys who witness domestic violence grow up to become batterers.<sup>xxiv</sup>

## Relationship to other goal areas, regional services, local services, other systems

- In 2002, 386 substantiated King County cases of abuse, neglect or exploitation of vulnerable adults were handled by DSHS.<sup>xxv</sup>
- Domestic violence was the most frequently mentioned reason for homelessness by households in North, East and South King County as reported in the 2002 One Night Count.<sup>xxvi</sup>
- The high cost of housing in East Region limits permanent housing options for women leaving DV shelters.<sup>xxvii</sup>
- A recent economic study found that the availability of legal services decreased the likelihood that women would be abused. Helping survivors legally pursue and obtain protection orders, custody, child support and other financial support gives them the physical safety and financial security that enable them to leave the abuser.<sup>xxviii</sup>
- The 2001 King County analysis summarized the views of DV survivors regarding the barriers to their safety and self-sufficiency: lack of financial resources/lack of employment (24%); continuing legal entanglements (22%); lack of housing (21%); and continued contact with the abuser (19%).<sup>xxix</sup>

## Local planning initiatives

- In 1990, the Human Services Roundtable convened a planning group to work on the domestic violence system. The result of that project was a five year plan to improve the DV system by adding confidential shelters in South and East Region, adding transitional housing, community based advocates, batterers' treatment, children's treatment, training and education of healthcare and legal professionals, and coordination with law, safety and justice systems.<sup>xxx</sup> This report was followed by the 1993 report, *A Regional Plan to Help Children Affected by Domestic Violence*, which made additional specific recommendations regarding system-wide responses for children who experience family violence.
- In 2000, the Human Services Roundtable completed a progress report on the intervening 10 years. Among the key accomplishments identified were: growth in leadership, with specialized DV units and municipal DV task forces; expanded service delivery, with geographic shelter capacity; community-based and legal advocates; standards for batterers' programs; culturally relevant service availability; services for children and teens; countywide education, training and protocol development; and enactment of state legislative reforms. Remaining challenges included improving collaboration at the sub-regional and regional level; the need for further services expansion; continued work on education, training and protocol development; and ongoing legislative advocacy. Specifically, the regional planning and oversight system laid out by the 1990 report had not come to fruition.<sup>xxxi</sup>
- King County has a comprehensive array of services that has been seen as a model in the nation. The DV system was developed over the last several decades as a result of regional planning as well as responsiveness to demonstrated community needs.<sup>xxxii</sup> The system has many of the elements identified by the federal Office of Violence Toward Women:
  - Telephone crisis and referral
  - Emergency shelter
  - Transitional housing
  - Community advocacy

- Community engagement
- Community education, professional training and systems advocacy
- In 2003, the City of Seattle, United Way and the King County DCHS Women’s Program pooled resources to conduct a comprehensive assessment of the accomplishments over the last ten years and plan for the future regional DV system. This assessment is in process and will continue into 2004.<sup>xxxiii</sup>
- Seattle’s Coordinated Response to Domestic Violence incorporates both government and community-based agencies. Specialized units within city government include: the Domestic & Sexual Violence Prevention Office within the Human Services Department; a specialized DV detective unit, Victim Support Team and Crime Survivor Services within the Police Department; the Family Violence Project within the City Attorney’s Office; specialized DV calendars and DV probation unit within the Seattle Municipal Court; and participation by several other key agencies.

The Domestic Violence Council is made up of these agencies, with the goal of developing DV related policy and long range plans. In 2000, it sponsored a series of 10 community forums in which 188 participants discussed a structured series of questions designed to find out community views, build new partnerships and develop future plans. It has regularly co-sponsored an annual 2-day Greater Puget Sound Conference on Domestic Violence for the justice, advocacy, and service provider community—over 1,000 people. The Domestic Violence Council will be the body working with the results of the *Toolkit* assessment and will oversee implementation of the recommendations, which are targeted at further improvement of policies, procedures, and linkages across the system.<sup>xxxiv</sup>

- South Region has just completed its 2003 Regional Domestic Violence Service System Plan, an update of the plan produced in 2001. Among the key improvements since 2001: materials in multiple languages and protocols for working with interpreters; Kent was one of 4 entities nationally to receive a Safe Havens grant, and is partnering with 4 agencies to develop and operate a supervised visitation and exchange center, due to open in 2004; forums to address the needs of children; joint funding of a systems planner; and six cities with regular DV task force meetings. Shelter capacity was identified as a continuing problem. Plans for the future will continue to focus on culturally competent and accessible services, building community skills in regard to DV, and developing a community response to teen dating violence.<sup>xxxv</sup>
- In 2003, Auburn, Burien, Des Moines, Federal Way, Kent, Renton, SeaTac and Tukwila entered into a pilot project for the joint application and funding of four agencies: Community Health Centers of King County, Crisis Clinic, King County Coalition Against Domestic Violence, and King County Sexual Assault Resource Center.<sup>xxxvi</sup>

**Issues identified by presenters to TFRHS**

- More shelter capacity needed throughout the County
- Lack of transitional and permanent housing options for DV survivors and their families
- Need for bilingual and culturally specific services to immigrants and refugee populations
- Services for children who witness violence
- Need for low cost or free legal services for DV survivors

- Funding for DV education/prevention efforts
- Geographic availability of batterers' services

### **Examples of current outcome measurements and performance**

- Over 90% of EDVP clients report increased levels of personal safety, and 91% indicate an improvement in their situation<sup>xxxvii</sup>
- 92% of survivors served in 2003 developed valid safety plans<sup>xxxviii</sup>

### **Recommendations regarding future indicators**

#### *Process indicators*

- Number of people provided community and legal advocacy
- Number of people provided legal assistance
- Number of people provided emergency shelter
- Number of bed nights of emergency shelter provided
- Number of batterers completing treatment services
- Number of children provided with counseling services and support
- Number of youth provided with training in behavior and skills that foster violence-free interactions
- Number of community members educated about violence and abuse
- Number of providers/staff educated about violence and abuse

#### *Outcome indicators*

- Number of batterers with no violations during the 12 month treatment period
- Number of survivors with a viable safety plan and an understanding of the dynamics of DV

### **Crisis Line/Teen Link Services**

#### **Summary of research, best practices, promising practices**

- In 1995, the Legislature charged the Department of Health with writing and implementing a Youth Suicide Prevention Plan. The Plan included best practice public education strategies as well as targeted prevention approaches based on increasing degrees of risk.<sup>xxxix</sup> Initial implementation of the plan focused on public education; training of Gatekeepers—a network of caring adults capable of responding to youth at risk of suicide; and training crisis workers in competencies for assessing risk and improving the response to youth. Subsequent initiatives added the Youth Suicide Prevention

Program of school-based suicide prevention campaigns and training of youth Gatekeepers.<sup>xi</sup> An evaluation of the Youth Suicide Prevention Program, conducted in 2003, used pre-test, post-test and a 3 month follow-up to examine the change over time in knowledge and beliefs of the participants. Findings illustrated a strong, positive impact of the workshops and training on knowledge of suicide issues, prevention, intervention and assessment. At the 3 month follow-up participants continued to have contact with suicidal youth.<sup>xli</sup>

### **Prevalence or utilization data**

- In Washington State in 1999, suicide was the second leading cause of death among youth ages 15-24. In the 2000 Search Institute survey of children and youth in Bellevue schools, 12% of youth reported having attempted suicide one or more times.<sup>xlii</sup> There were a total of 94 completed suicides in Washington in 2002 for the 15-24 age group.<sup>xliii</sup>
- Depression, the leading cause of suicide, is prevalent among youth. In 2000, 1 in 3 adolescents reported feeling so sad or hopeless that it stopped them from doing their usual activities nearly every day for a period of two weeks or more.<sup>xliiv</sup> Nearly 2/3 of teens with clinical depression go unnoticed and may not get treated.<sup>xliiv</sup>
- Suicide is affecting younger and younger age groups. In 2001 for the age group 5-14, suicide was *not listed* as one of the top five causes of death—in 2002 it was number 5, with 8 suicides occurring.
- Teen Link received nearly 1000 calls in 2003, with significant increases from 2002 in the areas of mental health, basic needs, suicide and threats.<sup>xlivi</sup>

### **Relationship to other goal areas, regional services, local services, other systems**

- About 20% of children are estimated to have mental disorders with at least mild functional impairment. Federal regulations also define a sub-population of children and adolescents with more severe functional limitations, known as “serious emotional disturbance” (SED). Children and adolescents with SED number approximately 5 to 9% of children ages 9 to 17.<sup>xlvii</sup>
- Teen Link provided Youth Suicide Prevention presentations to more than 5300 youth in King County in 2003.<sup>xlviii</sup> 95% of youth demonstrated increased awareness of suicide prevention as a result of suicide prevention training.<sup>xlix</sup>

### **Local planning initiatives**

- The State Plan is implemented locally through schools, training of Gatekeepers and public education efforts, but does not appear to have a local planning component.

### **Issues identified by presenters to TFRHS**

- The need to train additional youth in Youth Suicide Prevention

### **Examples of current outcome measurements and performance**

- Teen Link responded to nearly 1000 calls in 2003<sup>1</sup>

## **Recommendations regarding future indicators**

### ***Process indicators***

- Number of King County youth contacting Teen Link services
- Total dropped/abandoned calls
- Average wait time per call

### ***Outcome indicators***

- Teen suicide rate in King County, trended over time
- User satisfaction (potential)

## **Comprehensive Sexual Assault Services**

### **Summary of research, best practices, promising practices**

- Researchers and professionals in the field regard underreporting as a well-accepted fact. Statistics may not reflect the true scope of the problem in any community. Reporting is a challenge—there is no central location where all statistics are compiled. Child Protective Services, law enforcement and service providers all track victims differently.<sup>li</sup>
- The long-term effects of sexually abusive experiences in childhood suggest that adults abused as children, who receive no treatment, experience substance abuse, depression, suicide, and parenting problems.<sup>lii</sup>
- In January 2003, a pilot project called Special Assault Network Protocol was launched, using video technology to film the victim’s testimony in child sexual abuse cases; it is believed that it will improve the legal process by allowing prosecutors to evaluate the testimony of child victims.<sup>liii</sup>
- Washington was the first state in the country to develop a comprehensive plan for the establishment of an accredited system of services for victims and their families. In addition to program accreditation requirements, a standard set of services was established, along with a plan for developing a common statewide data system, quality assurance system and outcome measures. The plan requires each county to have the following services available to victims and their families:
  - Crisis intervention and information and referral
  - Legal advocacy
  - Medical advocacy and forensic medical evaluations
  - Individual and group therapy
  - Professional training and community education and awareness<sup>liv</sup>

### **Prevalence or utilization data**

- The National Crime Victimization Survey estimates that 51,087 sex offenses were committed against juveniles ages 12 through 17 in 2000, with an estimated 71% of these known to police. FBI data for 1999 suggest that the number of birth through age 11 sex offense victims known to police was roughly the same as that for 12-17 year olds.<sup>lv</sup>



- Research indicates that fewer than 40% of all victims of sexual assault seek assistance from anywhere, while another 34% never tell anyone of the assault.<sup>lvi</sup>
- More than 1/3 of Washington State women have been sexually assaulted during their lifetime, with nearly 80% of assaults occurring prior to age 18. Many women experience multiple sexual victimizations; all women reporting multiple assaults were first victimized as children. Similar to previous research, the vast majority of perpetrators were known to the victims.<sup>lvii</sup>
- It is estimated that 1/3 of American girls and 1/5 of American boys are sexually abused by age 16. One out of four women report being sexually victimized as adults. In nearly 3 out of 4 instances of all rape and sexual harassment, the offender was *not* a stranger.<sup>lviii</sup>
- State accredited programs include King County Sexual Assault Resource Center (KSARC), Harborview Center for Sexual Assault and Traumatic Stress (HCSATS), and the Children’s Response Center (CRC), managed by HCSATS.

HCSATS and KSARC serve children, teens and adults throughout the county, CRC serves children and teens in East and North Regions.<sup>lix</sup> There are no sexual assault services located in North Region.<sup>lx</sup>

- Half of all sexual assault cases filed by the King County Sheriff and charged by the King County Prosecutor are from South Region.<sup>lxi</sup>
- Women who have experienced sexual assault are 5 times more likely to be given a diagnosis of Post Traumatic Stress Disorder (PTSD) than those not sexually victimized. They are 3 time more likely to experience depression, and also more likely to engage in binge drinking or drug use.<sup>lxii</sup>
- In the past 5 years, KCSARC has experienced a 50% increase in victims requesting services.<sup>lxiii</sup> There are long waiting lists for sexual assault specific therapy services.<sup>lxiv</sup>

### **Relationship to other goal areas, regional services, local services, other systems**

- In East Region, the total number of child abuse victims (sexual, physical, and emotional) remained fairly constant between 1995-2000, but began to increase in 2001. There were 747 referrals in 2001 and 1,000 in 2002.<sup>lxv</sup>

### **Local planning initiatives**

- At about the same time as the state planning process was underway in relationship to the Legislative initiative regarding accreditation, the Human Services Roundtable led a countywide process that incorporated much of the state accreditation approach, but also made recommendations regarding the working relationships between the SA service delivery system and the child abuse and criminal justice system. King County’s sexual assault service delivery system meets Washington’s plan for sexual assault services.

### **Issues identified by presenters to TFRHS**

- The number of persons who do not report or seek assistance
- Medical insurance to cover counseling for sexual assault

- Affordable therapy for adult victims of child sexual abuse and adult rape victims
- Funding for sexual assault education/prevention efforts
- Specific community education in regard to the placement of sexual offenders, safety and prevention

### **Examples of current outcome measurements and performance**

- 92% of crisis intervention clients reported they had increased feeling of support and ability to cope with the abuse/sexual assault as a result of services.<sup>lxvi</sup>
- In 2003, 57% of KSARC clients showed reduced effects of trauma.<sup>lxvii</sup>

### **Recommendations regarding future indicators**

#### ***Process indicators***

- The number of crisis intervention calls
- The number of persons receiving services, by type of service
- Number of community members educated about sexual abuse
- Number of providers/staff educated about sexual abuse

#### ***Outcome indicators***

- Percent of survivors able to cope with the effects of abuse

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<sup>i</sup> *Summary Reports and Findings of Seattle's Domestic Violence Assessment*. City of Seattle. December 2003.

<sup>ii</sup> *Summary Reports and Findings of Seattle's Domestic Violence Assessment*. City of Seattle. December 2003.

<sup>iii</sup> CDC National Center for Injury Prevention and Control. [www.cdc.gov](http://www.cdc.gov).

<sup>iv</sup> *Making Children a National Priority: A Framework for Community Action*. Child Welfare League of America. 2003.

<sup>v</sup> *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department,

<sup>vi</sup> Presentation to TFRHS, King County Alliance for Human Services.

<sup>vii</sup> *Communities Count 2002, Social and Health Indicators Across King County*. Public Health—Seattle & King County.

<sup>viii</sup> *Communities Count 2002, Social and Health Indicators Across King County*. Public Health—Seattle & King County.

<sup>ix</sup> Presentation to TFRHS, Eastside Human Services Forum.

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- <sup>x</sup> Presentation to TFRHS, King County Department of Community and Human Services.
- <sup>xi</sup> *Building Health and Human Services in South King County: A Business Plan for Our Community 2003-2005*. South King County Human Services Forum. Presentation, February 2004.
- <sup>xii</sup> *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department.
- <sup>xiii</sup> Presentation to TFRHS, South King Council of Human Services.
- <sup>xiv</sup> *Building Health and Human Services in South King County: A Business Plan for Our Community 2003-2005*. South King County Human Services Forum. Presentation, February 2004.
- <sup>xv</sup> *An Analysis of King County Funded Domestic Violence Victim Services*. King County Community Services Division. May 2001.
- <sup>xvi</sup> Presentation to TFRHS, King County Department of Community and Human Services.
- <sup>xvii</sup> Presentation to TFRHS, South King Council of Human Services.
- <sup>xviii</sup> Presentation to TFRHS, Eastside Human Services Forum.
- <sup>xix</sup> Presentation to TFRHS, North King County.
- <sup>xx</sup> Presentation to TFRHS, King County Alliance for Human Services.
- <sup>xxi</sup> Presentation to TFRHS, City of Seattle Human Services Department.
- <sup>xxii</sup> Presentation to TFRHS, King County Alliance for Human Services.
- <sup>xxiii</sup> *Making Children a National Priority: A Framework for Community Action*. Child Welfare League of America. 2003.
- <sup>xxiv</sup> *Summary Reports and Findings of Seattle's Domestic Violence Assessment*. City of Seattle. December 2003.
- <sup>xxv</sup> *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department.
- <sup>xxvi</sup> *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department.
- <sup>xxvii</sup> Presentation to TFRHS, Eastside Human Services Forum.
- <sup>xxviii</sup> *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department.
- <sup>xxix</sup> *An Analysis of King County Funded Domestic Violence Victim Services*. King County Community Services Division. May 2001.
- <sup>xxx</sup> *The Challenge: Building an Effective Response to Family Violence*. Human Services Roundtable. September 1990.
- <sup>xxxi</sup> *Safer Families, Stronger Communities? A Progress Report on Domestic Violence in King County 1990-2000*. Human Services Roundtable. 2000.
- <sup>xxxii</sup> Presentation to TFRHS, King County Alliance for Human Services.

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- xxxiii *Summary Reports and Findings of Seattle's Domestic Violence Assessment*. City of Seattle. December 2003.
- xxxiv *Summary Reports and Findings of Seattle's Domestic Violence Assessment*. City of Seattle. December 2003.
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- xxxvi *Building Health and Human Services in South King County: A Business Plan for Our Community 2003-2005*. South King County Human Services Forum. Presentation, February 2004.
- xxxvii Presentation to TFRHS, Eastside Human Services Forum.
- xxxviii Presentation to TFRHS, King County Department of Community and Human Services.
- xxxix *Youth Suicide Prevention Plan for Washington State*. Washington State Department of Health. January 1995.
- xl *Summary of Activities. 1997-1999*. Washington State Youth Suicide Prevention Program.
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- xliv Presentation to TFRHS, King County Alliance for Human Services.
- xlv *Depression and Suicide*. Washington State Department of Health. [www.doh.wa.gov](http://www.doh.wa.gov).
- xlvi Presentation to TFRHS, King County Alliance for Human Services.
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- xlix Presentation to TFRHS, King County Department of Community and Human Services.
- <sup>1</sup> Presentation to TFRHS, King County Alliance for Human Services.
- li *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department.
- lii *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department.
- liii *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department.
- liv Presentation to TFRHS, King County Alliance for Human Services.
- lv *Making Children a National Priority: A Framework for Community Action*. Child Welfare League of America. 2003.
- lvi *Human Services Needs Update, 2003-2004*. City of Bellevue, Parks and Community Services Department.

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- <sup>lvii</sup> *2001 Washington State Sexual Assault Incidence Survey. Key Findings.*
- <sup>lviii</sup> Presentation to TFRHS, King County Alliance for Human Services.
- <sup>lix</sup> Presentation to TFRHS, King County Alliance for Human Services.
- <sup>lx</sup> Presentation to TFRHS, North King County.
- <sup>lxi</sup> Presentation to TFRHS, South King Council of Human Services.
- <sup>lxii</sup> Presentation to TFRHS, King County Alliance for Human Services.
- <sup>lxiii</sup> Presentation to TFRHS, South King Council of Human Services.
- <sup>lxiv</sup> Presentation to TFRHS, King County Alliance for Human Services.
- <sup>lxv</sup> Presentation to TFRHS, Eastside Human Services Forum.
- <sup>lxvi</sup> Presentation to TFRHS, Eastside Human Services Forum.
- <sup>lxvii</sup> Presentation to TFRHS, King County Department of Community and Human Services.