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GREATER HOUSTON PARTNERSHIP
Greater Houston Chamber of Commerce
Houston Economic Development Council
Houston World Trade Association

TELEFAX TRANSMITTAL COVER PAGE

TO : Stephanie Blessey

COMPANY NAME : White House Press Office

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FROM: : Rosie Barrera **PHONE** : 658-2430

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THE GREATER HOUSTON PARTNERSHIP
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Houston, Texas 77002

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Suggested Remarks For President Bush's Address To the National Conference of Mayors

"In Houston, Mayor Kathryn J. Whitmire helped to establish the Texas Ozone Task Force, a public-private partnership which is addressing the local attainment implications of the federal Clean Air Act. This partnership--which includes governmental officials, air quality regulators and the business community--has reviewed Houston's history and experience with current law and regulations and is providing recommendations and reviewing proposals of federal legislators and my Administration. Mayor Whitmire has emphasized the need for research and flexibility in this area so that innovative and cost-effective approaches can be developed. This kind of local input and initiative is critical and I welcome local involvement as we reach consensus on clean air legislation."

Tx/ genera

GREATER HOUSTON
CHAMBER OF COMMERCE
A division of the Greater Houston Partnership

Rosie Barrera
Government Relations Executive
713-658-2430
FAX 713-658-2429

Chamber Representatives To Visit With
White House Staff on Monday, December 4, 1989

Eileen Crowley (DOB 4-6-45)
President, Greater Houston Chamber of Commerce
Ms. Crowley is President of the Chamber, a division of the Greater Houston Partnership.

Dan Hagan (DOB 7-3-48)
Vice President, Greater Houston Chamber of Commerce
Mr. Hagan handles all of governmental relations for the Greater Houston Partnership.

Rosie Barrera (DOB 8-25-48)
Government Relations Executive, Greater Houston Chamber of Commerce
Ms. Barrera handles general government relations issues as well as all environmental issues.

Subject of Visit: General discussion of Houston's federal legislative agenda, including the federal clean air act, wetlands, payload operations integration center for the space station, establishment of a National Urban Air Toxics Research Center.

1100 Milam • 25th Floor
Houston, Texas 77002

Lucy 713 247 1936

12/4/89

Eileen
Rosie
Dan

World Trade ~~Assoc~~ - part of
Greater Houston Partnership
has some gov. officials on board - public/private

Legislative Agenda

1. Clean Air Act
   Texas Ozone Task Force
   public/private partnership
   has judge/mayor on it
   to unify position
   monitor/don't advocate

   - share w/OMB
   - chemical companies so interested in CAA & cum of regulations yet want to further develop that area yet can they get permits?
   - Houston is a nonattainment city.

2. Educ. Policy Follow Up
   - Reform their priority
   constitutionality of their funding process in ?

3. Wetlands / HUD
   ↓ available land to be developed
   effect on road & drainage problems.
   Reg too specific.
   Manual just came out - Fish + Wildlife Regs.
   - Not today w/ C. Austin Cities.
   trouble defining wetlands.
   DPC → Wetlands Interagency Task Force
   Nancy Nalolin - trying for appt.

↑ — Follow up to Educ. Summit →

Business Round Table —
Chaired by Paul O'Neill / Alcoa
10 yr. Commitment

4. National Health Care Policy

ADVERSE IMPACT OF IMPROPERLY DELINEATED WETLANDS OF THE GULF COAST

I. INTRODUCTION

President Bush has announced a national goal of "no net loss of wetlands" and this is certainly a worthy position. Those areas that serve the special functions identified with wetlands clearly warrant protection. These special functions include: storage of storm and floodwaters; water pollutant reduction; groundwater discharge; groundwater recharge; protection from wave action, erosion, or storm damage; and habitat for important biological functions of species that utilize wetland areas.

A recent change has occurred in the adoption, without public comment, of a "new manual" to delineate wetlands. This "new manual", coupled with President Bush's statement, has led to confusion and error in the identification of wetlands. The "new manual" has been interpreted so that vast areas that do not hold water are being technically defined as wetlands even though they do not and could not support waterfowl. In contrast to the rich productivity of marshes, bogs, swamps, and similar areas, these new areas do not serve the environmental functions typical of wetlands.

This "new manual" will adversely impact economic growth along the Gulf Coast, add costly delays to the land development process, and disrupt infrastructure patterns. If these disruptions were protecting important environmental resources, then they might be justified. They are not providing such protection, however, and should be changed.

II. THE NEW FEDERAL MANUAL

A new federal manual officially entitled Federal Manual for Identifying and Delineating Jurisdictional Wetlands was adopted by the United States Fish & Wildlife Service (USF&WS), the Environmental Protection Agency (EPA), the United States Army Corps of Engineers (Corps), and the Soil Conservation Service (SCS) on January 10, 1989 as "the technical basis for identifying and delineating wetlands in the United States".

Until recently, for an area to be classified as a wetland, three parameters have to be present. These are (1) hydric soils, (2) hydrophytic or water-tolerant vegetation, and (3) water indicators (the hydrology variable). Prior to the adoption of the new manual, all three indicators had to be proven to be present in order for an area to be classified as wetlands. This "three parameter test" has been amended by the new manual to allow the presumption of hydrology when wetlands vegetation and hydric soils are present. In other words, the "three parameter test" has been reduced to only two parameters.

This new definition will have dramatic impacts along the entire upper Gulf Coast region. Over 85% of many Gulf Coast counties may be declared wetlands under the new definition (see Exhibit A). This condition will likely extend into other coastal states.

Several local and regional factors not recognized in the manual contribute to this problem. The geologic history of the coast, the rainfall, and the flat topography lead to soils that exhibit wetland characteristics even though they do not hold water. Virtually all of our coastal plants are water tolerant and fall within the definition of a wetland plant. Thus, if hydrology can be assumed, the other factors are already present.

The end result is that even ridges of pine forests have been declared as wetlands. These new determinations have gone too far and no longer qualify as reasonable interpretations of "waters of the United States" as required by law.

These factors clearly demonstrate the need for revision of the manual. The manual must be written to indicate clearly the relative weight of various indicators recognizing regional differences in climate, geology, and vegetation. Finally, the manual must be clarified to eliminate the latitude for broad assumptions of jurisdiction over areas that do not serve the special functions of wetlands.

RESPONDING TO HOMELESSNESS IN AMERICA'S CITIES

June, 1986

UNITED STATES
CONFERENCE OF MAYORS

THE UNITED STATES CONFERENCE OF MAYORS

1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
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(7)

HOMELESSNESS

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see contents -
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pick!
tom cochran

RESPONDING TO HOMELESSNESS IN AMERICA'S CITIES

June, 1986



UNITED STATES
CONFERENCE OF MAYORS

This report was compiled by Laura DeKoven Waxman and Lilia M. Reyes of the U.S. Conference of Mayors staff. Additional copies are available for $15 each from Elynor Humber, U.S. Conference of Mayors, 1620 Eye Street, N.W., Washington, D.C. 20006, (202) 293-7330.

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FOREWORD

Homelessness continues to be a serious problem in the nation's cities. In every study that the U.S. Conference of Mayors has done on homelessness, we have seen that the demand for emergency shelter continues to grow and that, in many cities, this demand cannot always be met.

Our Task Force on Hunger and Homelessness continues to meet and to examine some very troubling issues -- hunger, homelessness, poverty and unemployment. Responding to these problems is the shared responsibility of all levels of government and the private sector. This report provides examples of some very creative and effective responses to homelessness in our cities.

The critical problems experienced by people who are homeless in cities across this nation are very much the same. But the responses to the problems differ significantly from city to city. This report illustrates the great variety of approaches that can be, and that have been, taken, and it illustrates the tremendous commitment of resources --financial and human --that city governments have made in partnership with local agencies to respond to homelessness.

My thanks go to the American Can Company Foundation for the grant which made this report possible, and to the mayors and staff of the cities on our Task Force who provided the information used to compile it.

Raymond L. Flynn
Mayor of Boston
Chairman
Task Force on Hunger and Homelessness

INTRODUCTION

In October 1982 the U.S. Conference of Mayors and the U.S. Conference of City Human Services Officials brought the shortage of emergency services -- food, shelter, medical care, income assistance energy assistance -- to national attention through a 55-city survey. That survey showed that the demand for emergency services had increased in cities across the nation and that on average only 43 percent of that demand was being met.

Since that time the Conference has done numerous reports on hunger, homelessness and poverty in cities. These reports have documented the causes and magnitude of the problems, how cities are responding to them and what national responses are required. They include:

- Hunger in American Cities, June 1983
- Responses to Urban Hunger, October 1983
- Status Report: Emergency Food, Shelter and Energy Programs in 20 Cities, January 1984
- Homelessness in America's Cities: Ten Case Studies, June 1984
- Housing Needs and Conditions in America's Cities, June 1984
- The Urban Poor and the Economic Recovery, September 1984
- Health Care for the Homeless: A 40-City Review, April 1985
- The Status of Hunger in Cities, April 1985
- The Growth of Hunger, Homelessness and Poverty in America's Cities in 1985: A 25 City Survey, January 1986

To spearhead the Conference's efforts to respond to the emergency services crisis in cities, Conference President Richard H. Fulton of Nashville, in September 1983, appointed 20 mayors to a Task Force on Hunger and Homelessness, chaired by New Orleans Mayor Ernest N. Morial. After Morial became President of the Conference, he appointed Mayor Raymond L. Flynn of Boston Chairman and expanded the Task Force to 27 mayors. The Task Force has met at least twice each year; many of its members have testified before Congress; and the cities represented on it have provided information to Conference staff on conditions relating to hunger and homelessness for the various reports that have been done.

This report describes activities underway in Task Force cities to respond to problems of homelessness. It includes descriptions of programs to meet immediate needs for shelter or food or medical care. And it includes descriptions of efforts that work toward long-term solutions to problems, such as the lack of affordable housing and unemployment. The programs described are examples of efforts underway in the Task Force cities and do not represent the entire community response to homelessness. The report is a compilation of materials that were submitted by the Task Force cities to the U.S. Conference of Mayors this Spring.

BOSTON

One of the prime concerns of Boston Mayor Raymond L. Flynn has been addressing the needs of the homeless population. He has established an integrated approach for the city and directed departments throughout the city government to participate.

The City and the United Community Planning Corporation recently completed a study of Boston's homeless population. The report found that nearly one-quarter of Boston's homeless adults are capable of living in independent, unsupervised housing. It recommended that a variety of transitional housing programs be developed and that an adequate supply of affordable permanent housing for homeless adults and families be provided. Implementing these recommendations is a priority of the City in the upcoming months.

Boston has also undertaken a number of other initiatives designed to meet the immediate needs of the homeless. Combined with long-term housing initiatives, these efforts help to ensure that the daily needs of the homeless population are addressed.

HOUSING POLICY

The economic prosperity which Massachusetts has experienced has had a dramatic impact on the city's housing stock. Boston's population has grown and housing prices have skyrocketed. Without some control over housing development, many people will be forced to move elsewhere and the ability of homeless people to attain housing will be severely diminished.

As a result of this strain on the city's housing stock, Boston has undertaken a project to create 3,400 new units of housing this year -- many of which will be for low and moderate income residents. Increasing the the number of housing units in the city, and in particular those available to low and moderate income families, will help to alleviate the problem of homelessness.

As part of its commitment to increase its housing stock, the City of Boston has undertaken a property disposition program. Through this program tax delinquent property is offered as affordable housing. Proposals for properties are taken and assistance is made available to help groups and individuals obtain funding for their projects, and to help them through the acquisition process.

Some specific examples of City-assisted housing initiatives for the homeless include the following:

- Boston has provided eighteen of the city's shelters with more than $1 million in funding for operating support, physical improvements, housing counseling, construction, rehabilitation and management assistance.

- Boston has also conveyed three city properties at minimal cost for use as shelters, and is leasing a fourth property at one dollar per year. Another site is in the conveyance process and will be used as a shelter for homeless families.

- Boston has conveyed four City-owned properties at minimal cost to private agencies which will develop the properties as emergency shelters and transitional housing.

- The City of Boston has a linkage program by which downtown developers contribute a percentage of funds for development in the city's neighborhoods. A commitment of $140,000 in linkage funds will enable an area shelter to provide 14 units of transitional housing for battered women.

EMERGENCY TRANSPORTATION PROGRAM

In the past winter the City of Boston instituted a successful pickup program for evenings when temperatures dropped to life-threatening levels. The program was a cooperative effort between the City's Department of Health and Hospitals and the Boston Police Department. Emergency medical teams and Boston police officers worked together to assist over 350 homeless people -- many of whom suffer from some form of mental illness -- to area shelters. This combined effort provided the medical and legal expertise needed to insure that the program was performed in the most caring and compassionate manner possible.

EMERGENCY SHELTER BEDS

Also this winter, the City worked with the state to provide an additional 144 beds for emergency shelter use at Boston's Long Island Shelter. These additional beds ensured that all who sought shelter this winter received it.

HEALTH CARE FOR THE HOMELESS

In 1984 Boston applied for and received a $1.5 million grant from the Robert Wood Johnson Foundation and the Pew Memorial Trust to provide medical care for homeless individuals. Through this program, health care teams travel to area shelters.

In the months ahead the City of Boston will continue to implement programs that provide opportunities for the homeless population. With a focus on providing housing, Boston will seek to expand upon the cooperative efforts which it has established with the State and the private sector. Officials in Boston feel that they can serve the needs of the homeless by working together and providing the necessary resources, energy and commitment. Meeting these needs will continue to be a priority for the City of Boston.

CHARLESTON INTERFAITH CRISIS MINISTRY

In January of 1984, Mayor Joseph P. Riley, Jr. and a group of interested citizens and community leaders began meeting to discuss concerns regarding the lack of shelter and other services needed by the increasing number of homeless persons in the city. A local church had opened its doors during one severe cold period that winter and it soon became apparent that there was a critical need for a permanent shelter.

A study on homelessness in Charleston, "A Community Needs Assessment: Focus on the Homeless," funded by the Trident Community Foundation, confirmed the need for increased services to assist the city's homeless population. It recommended that the following programs be developed:

- an emergency shelter staffed by volunteers;
- a crisis referral center to help those in need find appropriate help; and
- an organization to coordinate and support efforts for the homeless and others in need.

A steering committee, comprised of representatives of the City, the religious community and the Trident Community Foundation, was formed to begin working on those recommendations. In response to the identified need for an organization that would develop and coordinate emergency services and other assistance provided by the community to those in need, including the homeless, the Charleston Interfaith Crisis Ministry (CICM) was established.

CICM represents a collaborative effort of various segments of the community. Its Board of Directors has broad community representation, including city government, churches, synagogues, private foundations, civic leaders, the business community and concerned individuals. Mayor Riley serves as Chairman of the Board.

The establishment of an emergency shelter became the first priority of the Board of Directors. The Ministry's shelter, which is operated by the two staff members of the organization and by volunteers from the community, began serving homeless men and women in December 1984. Mayor Riley, who volunteered the first night the shelter opened, has continued to assist personally at the shelter several times a year.

It is estimated that a total of 1,500 volunteers serve at the CICM shelter throughout the year. Private organizations, churches, synagogues, as well as the City government are responsible for the provision of volunteers to assist at the shelter one night a month.

The City of Charleston has contributed both financial and human resources to support the work of the Interfaith Crisis Ministry, including the establishment and operation of the emergency shelter. In addition to

working regularly at the shelter as volunteers, for example, City staff provides maintenance assistance at the facility. The City also provides police protection every night to shelter guests and volunteers. And, members of the Mayor's staff participate in the planning and development of CICM's programs.

Within the next few months the CICM's shelter, which has been housed in a temporary location, will move to a permanent facility, H.O.M.E. (Helping Ourselves Meet Emergencies). CICM originally received a grant of approximately $100,000 from the Trident Community Foundation to be used toward the purchase of a permanent shelter. A supermarket chain, however, recently bought a building and is making it available to CICM for use as a shelter at a nominal fee. This contribution has freed up the acquisition money to be used for other purposes. A local builders' association has offered to do all the renovation work at no cost.

In addition to the shelter, the new facility will house a soup kitchen currently located at a church. The soup kitchen now serves approximately 200 persons a day.

As the shelter moves into a permanent home, CICM will be working to provide more long-term assistance to the city's homeless population. As part of this effort, CICM will soon establish a counseling and referral program to assist homeless persons in accessing services that are available in the community. This program will also be located at the new facility.

TASK FORCE ON THE HOMELESS MENTALLY ILL

Under the leadership of Mayor Riley, the City of Charleston recently established a task force, comprised of a broad range of public and private agencies, to coordinate and plan efforts to respond to the special problems of the homeless mentally ill. The formation of the task force was an outcome of a meeting cosponsored by the City and the U.S. Conference of Mayors in April, 1986, which brought together government officials and representatives of diverse private organizations to discuss the complex needs of persons who are homeless and mentally ill in Charleston and to develop strategies for addressing those needs. The task force, which will be chaired by the Director of the Charleston Interfaith Crisis Ministry, will:

- identify on an on-going basis the needs of the homeless mentally ill in the city;
- coordinate resources available in the community which could be used to meet the specific needs of this population; and
- plan and develop new programs needed by the homeless mentally ill.

The development of several specific programs which, based on the discussion of the April meeting, are particularly needed in Charleston to improve the delivery of services to the homeless mentally ill, will be the initial focus of the Task Force. Subcommittees have been formed to work on each of the following efforts:

- a daytime drop-in center where support services as well as laundry and shower facilities will be made available to homeless persons;

- mental health outreach and crisis stabilization services;

- a case management program which will use trained volunteers to assist homeless mentally ill individuals in obtaining entitlement benefits and with money management and other daily living skills;

- training for police officers, volunteers and others who work with the homeless mentally ill on the recognition and management of mental health crises; and

- outreach efforts to assist the homeless mentally ill in accessing services available in the community.

Although the task force will initially focus on the needs of the homeless mentally ill, who comprise a significant portion of the homeless population, future efforts will also be designed to address special problems faced by other subgroups of this population. The prevention of homelessness in the community will be a particular goal of the group.

PLANNING AND COORDINATION OF SERVICES FOR THE HOMELESS

In 1983, Chicago Mayor Harold Washington convened a Task Force on Homelessness. This Task Force, composed of representatives of state and municipal departments, private social service agencies and community members, was charged with the responsibility of developing plans and strategies to meet the needs of the homeless population of Chicago (estimated to be between 12,000 and 25,000).

The Task Force meets bi-monthly, and provides its members with a forum for sharing information and concerns, planning new programs and initiatives, and coordinating public and privately supported services to the homeless.

Through its 10 committees, the Task Force plays an advocacy role in planning and implementing shelter programs. These committees provide technical assistance and support, rehabilitation and code compliance, research, resource development and legislation, proposal development and health and emergency response strategies to shelter providers and their funding agencies.

Under the guidance of its Task Force, the City of Chicago has generally elected to use small, private organizations to house its homeless population. In 1985, the City supported the operational needs of 17 shelter agencies with corporate and Community Development Block Grant allocations of $1.5 million. An additional $3.7 million supported the rehabilitation of 23 facilities. In 1986, the City will expand the number of agencies receiving operational funding to 27, and will allocate $2.8 million from its corporate and CDBG funds to that end. This does not include the nearly $500,000 provided by the State of Illinois in support of shelter operations or the additional $1 million that will be available for facility rehabilitation for 1986-87 from CDBG.

The City of Chicago provides a full range of shelter services to its homeless population. These include daytime drop-in centers, overnight and transitional shelters, social service and health care programs, as well as technical assistance services to shelter providers. A five-level network provides 1,668 to 30,000 shelter beds in response to emergency need. This network becomes immediately accessible to those in need through a 24-hour toll free "homeless hotline." Installed in the Fall of 1985, the hotline is a part of the Department of Human Services' (DHS) Emergency Services Communication Center. The hotline ensures that Chicago's homeless will have immediate access to vital services. Staff responding to hotline calls provide information to the homeless on the closest available shelter and, when necessary, dispatch crisis teams to provide transportation to that shelter or other necessary services. First, the City makes every effort to help homeless people contact their families or friends and will transport them to their residences so that they do not have to go to a shelter. The five-level shelter network includes:

- Shelter Clearinghouse Participant Agencies and Privately Operated Shelters -- Shelters participating in the Department of Human Services central clearinghouse provide 1,668 shelter beds every night. An additional 900 beds are available through the special resources of the YMCA and Red Cross.

- Police Stations -- When currently operating shelters are near capacity, the Chicago Police Department can provide an additional 500 spaces of temporary shelter. The homeless are given refuge until traditional shelter space is found, or until the emergency is escalated and additional warming centers are opened.

- Warming Centers -- When all currently operating shelters are filled to capacity, the City's Warming Center Plan goes into effect. A network of ten churches, located throughout city, operate on nights when the temperature is 11 degrees or below and can provide an additional 500 to 1,000 shelter beds. In addition selected facilities, operated by the Department of Aging and Disability, can provide another 1,000 shelter spaces.

- Public Buildings -- Under extreme weather conditions the City of Chicago is prepared to open other public buildings, such as Chicago Park District field houses and Board of Education facilities. A conservative estimate of the number people who could be sheltered in these facilities is 10,000.

- District Operations (Neighborhood Emergency Response System) -- The Department of Human Services is linked to a minimum of 15 churches and agencies in its nine city-wide districts. They are prepared to come on line as emergency shelters at times of severe emergency. These facilities are staffed by volunteers and can provide an estimated 15,000 additional shelter spots to the homeless.

Following are descriptions of some programs the City considers to be innovative and successful in dealing with homelessness. While they represent only a small part of Chicago's efforts to respond to a very serious problem, they also represent the City's most creative and efficient ideas for working with its homeless population.

EMERGENCY SHELTER CLEARINGHOUSE/COMMUNICATIONS CENTER

The Department of Human Services' Emergency Shelter Clearinghouse is the central repository of shelter information for the City of Chicago. The concept of the Clearinghouse was developed by the Mayor's Task Force on the Homeless in an effort to enhance and maximize the use of available shelter space in Chicago. The program was implemented in the Fall of 1984 by the Department's Emergency Services Division, as an extension of its 24-hour Communications Center. The Emergency Shelter Clearinghouse:

- Collects and maintains up-to-date information on currently operating emergency shelter facilities;

- Collects daily information on shelter bed availability;
- Disseminates information regarding availability of shelter space to clients, agencies and other shelter providers in order to facilitate successful and appropriate placements; and
- Collects and synthesizes data reflecting the adequacy of currently available shelter space versus the demand for that space.

Currently, 33 shelters participate in the Clearinghouse. Transitional shelters call the Clearinghouse daily to report the number of beds available for use. They make a follow-up call when shelter capacity is reached. Overnight shelters call the Clearinghouse only when they have reached capacity. The Clearinghouse staff receives data from the providers, and is then able to refer agencies and individuals to the nearest available appropriate shelter bed.

The Clearinghouse is operated, staffed and financed through the Emergency Services Communications Center of the Department of Human Services. The Center provides 24-hour operators who link both agencies and individual clients to vital city services. Clearinghouse resources available on a 24-hour basis through the center include information on available beds, transportation services for clients, and crisis intervention for shelter providers. In the Fall of 1985, the Communications Center installed a 24-hour toll-free "homeless hotline." This hotline ensures that homeless people will have access to all Shelter Clearinghouse services. The toll-free hotline number has been circulated to homeless persons through 8,000 printed cards which were distributed at soup kitchens, police stations, shelters, and other agencies which serve the homeless. Radio and television stations also publicize the number.

During the winter of 1985-86, the DHS Communications Center received over 29,000 calls requesting service, with 5,800 of these calls, or 20 percent, requesting shelter. An additional 5,200 requests for shelter came as the result of incidents such as fire or building/heating complaints. Between December 1985 and March 1986, 7,993 individuals received shelter or shelter-related services through the joint efforts of the DHS Emergency Shelter Clearinghouse and the Communications Center.

The Emergency Shelter Clearinghouse is an effective and efficient method of centralizing shelter information and resources, and ensuring that the tremendous number of people in need have quick and easy access to available services.

WARMING CENTER PROGRAM

The City of Chicago's Warming Center Program is considered an innovative approach to serving the "most needy" segment of the homeless population, primarily those "street people" who rarely accept shelter services until extreme weather emergencies occur. The program was established through the efforts of the Winter Action Committee of the Mayor's Task Force on the Homeless, the Chicago Coalition on the Homeless, and the Department

of Human Services. The Interfaith Council for the Homeless coordinates the Warming Center network.

The Warming Center Program is a network of ten churches located throughout Chicago. When the temperature drops to 11 degrees or below, the City's Department of Human Services authorizes warming centers to open. These facilities provide an additional 500 to 1,000 shelter beds each night, relieving overcrowding at, or serving those turned away from, existing emergency shelters. Each warming center is linked to an existing "hub" shelter to minimize the need for transportation between sites. While emergency shelters provide the main referral to warming centers, the homeless may also be referred by community agencies which serve the homeless, or by calling the toll-free shelter hotline at the Department of Human Services. All warming centers are staffed by volunteers, who are usually members of the church congregations.

During the winter of 1985-86, a total of 4,134 clients were placed at warming centers. Costs for the program were approximately $80,000 and were supported by the City of Chicago Corporate funds and funds from the Illinois Department of Public Aid. The centers received funds to purchase cots, blankets, and food, as well as a per-diem reimbursement for each night they were open.

The Warming Center Program is considered highly successful and effective in preventing weather-related traumas or deaths among Chicago's homeless population. The City intends to refine and expand the program during the Winter of 1986-87.

RECYCLING OF PUBLIC FACILITIES

The City of Chicago has elected, generally, to use small shelters, with less than 50 beds operated by private organizations, to house its homeless population. It is the City's feeling that this type of shelter can better provide services which respect an individual's basic humanity while providing for his needs and safety.

The City's commitment to small, community-based shelters led to an exploration of the types of buildings available to house these operations. The Mayor's Task Force on the Homeless recommended that public facilities, now vacant, be used as transitional or overnight shelters. In the past year, two such facilities have become operational.

HRDI-Tubman is a transitional shelter for women and children located in the Robert Taylor Homes, a Chicago Housing Authority (CHA) development. The facility was rehabilitated by CHA and operating funds of $209,000 are provided by the Department of Human Services, through its Community Development Block Grant program. The shelter has 28 beds and is operated by the Human Resource Development Institute (HRDI). During FY87 HRDI, CHA, and DHS plan to cooperate on the rehabilitation and operation of another shelter for women and children. This facility will be located in the CHA-ABLA homes on the city's west side.

Sousa is an overnight shelter located on the city's west side. It provides 129 beds to adult men and women, as well as counseling and referral services. The shelter is housed in the rehabilitated John Philip Sousa Elementary School, long vacant due to population shifts. The shelter is operated by Catholic Charities of the Archdiocese of Chicago and is funded at $50,000 annually by the Department of Human Services. Based on the success of the Sousa shelter, the City is currently rehabilitating and preparing to support the operation of another shelter in the Mosely Elementary School on the city's south side. The facility is scheduled to open in the summer of 1986, adding 100 new beds to the city's shelter resources.

Public buildings, vacated due to population shifts, obsolescence, or gentrification, provide an important resource to the City of Chicago and its shelter programs. For the most part these buildings are well-constructed and lend themselves easily to rehabilitation. In addition to schools and public housing facilities, other structures now being considered for shelters include convents and nursing homes.

SRO SOCIAL SERVICES MODEL

In Chicago, as in other cities, the current homeless population needs a great deal of assistance and counseling to obtain and remain in housing. Additionally, the increasing vulnerability of the "near homeless," such as those who reside in single room occupancy (SRO) hotels, contributes to the growing problem of homelessness in the city. These individuals on the margin also need social services support.

A social services model project was developed to stabilize persons living in, or moving into, SRO hotels. As part of this pilot program, initiated by the Hull House Association, a social worker was placed in a SRO hotel, working directly with its 33 residents to determine their service needs. Needs were categorized into areas such as nutrition, mental health services, crisis intervention, financial assistance, medication monitoring, housekeeping skills, and transportation.

The social service model developed for the SRO contains three service categories:

- Individual Services, which include assisting individuals through case management to join self-help groups and to obtain needed services;
- Community Building, which consists of activities that encourage socialization, resident participation, and therapeutic group work; and
- Advocacy, aimed at preventing homelessness among SRO residents. A major component of this effort is the development of a system of cooperative relationships with other service providers, to assure that a full range of services are available to SRO residents.

This model can be applied to any SRO hotel with slight modifications and can provide social services for those individuals who run the greatest risk of becoming homeless. This project was financed by a $5,000 grant from the Department of Human Services' Corporate Emergency Shelter fund for a two

month test period. A grant of $30,000 is in process to expand the pilot project to twelve months.

HEALTH CARE FOR THE HOMELESS

The Health Care for the Homeless Project is part of a national demonstration program to provide medical and social services to homeless people. It is funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust. Chicago's project is operated by Travelers and Immigrants Aid and began providing services in June, 1985.

Grant funds support two mobile teams, one operating during the day and the other in the evening. Each team is composed of a physician, a clinical nurse specialist or nurse practitioner, a social worker, and two outreach clinic liaison staff. The teams provide on site services in four overnight shelters and four drop-in centers located around the city. Services provided on-site include: physical assessment, screening, diagnosis, first aid, primary care, prescription and some medication distribution, maintenance of a treatment plan, referral and linkage to additional necessary services, patient education, counseling, assistance with benefits and entitlements, outreach, advocacy with agencies, transportation and accompaniment to appointments. Relationships have been developed with back up primary and specialty clinics, hospitals, mental health centers, substance abuse treatment programs, and other services. In addition to direct services in shelters and drop-in centers, project activities include system advocacy, community education, and technical assistance to agencies.

Since June 1985 the project has delivered direct services to over 1,200 individuals through over 4,600 contacts. Screening for TB and vaccinations has also been provided. Although the project has been very successful, it cannot serve all of those in need. A substantial percentage of Chicago's homeless population remains without access to adequate medical and social services.

TRANSITIONAL HOUSING

Transitional Housing addresses the critical needs of women who are homeless as a result of domestic violence and/or economic crisis. These needs are being addressed by providing housing that is safe and affordable, and by providing education and job training experiences which will enable them to break the cycle of chronic poverty.

The project was first considered in October 1983 by two nuns at the West Side Catholic Center Shelter who became increasingly aware of the needs of homeless women who were on welfare or had very low fixed incomes and lived alone. Local studies showed that:

- The number of welfare recipients increased in the early 1980's by over 400 percent, from 10,000 to over 42,000.
- Welfare payments have not been able to increase proportionately with the cost of living. A general relief recipient can receive a maximum of $134 -- not enough for a safe, decent rental unit.
- In 1983, of the populations of the various shelters:
  - * 62 percent were first time users;
  - * 82 percent lived alone;
  - * 11 percent were able to find permanent housing after leaving the shelter; and
  - * 25 percent required 30 to 90 days to find housing of any kind.

The project was established by Transitional Housing Inc., a non-profit corporation, in partnership with Near West Housing Corporation, which provided expertise in development, rehabilitation and marketing. The Center for Neighborhood Development also provided assistance, especially in financial development. In February 1985, a former Travelodge Motel was purchased. It was rehabilitated and the first residents moved in on January 17, 1986.

The project offers two forms of housing opportunities. There is short-term transitional housing (six months to a year) for those whose needs are specifically economic in nature. Twenty-eight rooms are available for transitional housing and they can be occupied on a double occupancy basis. The second type of housing is specifically available for victims of domestic violence. Forty-five rooms have been converted to efficiency units and are subsidized under the Section 8 Moderate Rehabilitation Program.

Residents of both forms of housing are expected to participate in an educational-developmental program designed to help them progress from their abusive situations to a position of self-sufficiency. The developmental program assists residents in finding educational and training opportunities in the larger community of Cleveland, as well as job assistance. Also,

assistance is provided by human services and tenant rights organizations and efforts are made to find more permanent housing for the residents.

The project is staffed by a management team consisting of four persons. The residents also assist in the care of the project and they are responsible for the daily cleaning of the building. They also assist with clerical tasks and receptionist duties. There are now thirty-three residents in the program; twelve rent efficiency units and twenty-one live in transitional units. The program receives referrals from the various shelters in the city, and accepts new residents each week.

Residents are enrolled in eighteen community education programs, including: adult education or GED programs; Cuyahoga Community College; high school; and special schools or programs, such as the Modern Institute of Technology, Pre-Clerical Training Program, P.S.I. Institute and West Institute of Technology.

A committee of five residents has agreed to advise the program staff on decisions about in-house programs to be offered. Two special programs on personal safety were offered by the Cleveland Police Department. The Women and Alcoholic Project did a special program on alcoholism. A mini-course on "Dealing with Anger" has also been offered. Two of the women have found employment, and several others are working regularly for temporary employment agencies.

Acquisition of the building was financed by a local bank and The Enterprise Foundation. Rehabilitation was made possible by bank loans that are limited to deposit accounts of charitable investors. Funds for development of the project and salaries come from Foundation grants.

HEALTH CARE FOR THE HOMELESS

The Cleveland Health Care for the Homeless Project is part of a nationwide program designed to administer health care and social services to homeless people, funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust. Each city participating in the project has developed a health care program based on the social and demographic nature of its homeless population. The ultimate purpose of the project is to provide the homeless with consistent access to health care. This is accomplished through reaching and serving the health needs of homeless individuals and families at places they are known to frequent, such as emergency shelters, SRO's, and food lines.

The Cleveland Project staffs two large shelters three days per week with health care teams consisting of a doctor, practical nurse, and caseworker. The team is available to shelter residents as well as those who walk in off the street. For the dozen or so smaller shelters in the immediate downtown area, a screening team consisting of a nurse practitioner and caseworker travels around to the shelters on an as needed basis.

The goal of the Cleveland Project is to provide health care to as many homeless people as possible. Equally important, however, are the attempts by caseworkers to link the homeless with the various entitlement programs

for which they may be eligible. These benefits can provide homeless persons with a source of steady income, as well as membership in a larger health care system.

The Federation for Community Planning, the administrative agent for the Health Care Project, has contracted with the City of Cleveland Department of Health and the Cuyahoga County Hospital System to staff the health teams and provide sub-speciality out-patient, as well as in-patient, services. This joint effort by the City and County in Cleveland is one of the project's most innovative features.

In its first year of operation, the Cleveland Health Care Project Staff saw 1,605 unduplicated patients, with 3,325 total contacts, or an average of 2.1 visits per patient. The chief presenting problems have been general somatic complaints (aches and pains), respiratory problems and hypertension. There have also been a number of reported cases of diabetes, tuberculosis, and maladies related to exposure.

The major obstacle to the project has been seeking out the clientele. Not all homeless persons utilize emergency shelters. Project staff is working more aggressively this year to contact the homeless at some of the other places they are known to frequent, such as churches and neighborhood drop-in centers.

DENVER

Mayor Federico Pena's Administration is committed to providing shelter to any homeless person who needs help and to making sure that no person freezes to death because they are unable to find shelter. When it is sufficiently cold city officials use the Care and Treatment of the Mentally Ill Act to bring a person out of the cold, involuntarily if necessary.

SERVICES FOR THE HOMELESS

There are approximately 900 shelter beds in Denver, most run by private organizations such as the Archdiocese of Denver and the Salvation Army. Through its Department of Social Services, the City makes a number of resources available to homeless people as well. They include:

- Emergency shelter in hotels and boarding homes -- The City and County of Denver, through the Department of Social Services, expends approximately $9000 a month on payments on behalf of clients referred for emergency shelter. Shelter provided is limited to four days and is for those emergency situations when other resources are not available or appropriate. The Department of Social Services has a working agreement with the Denver Police Department to house persons on an emergency basis in one of several hotels or the YMCA when Social Services is closed. The capacity of these facilities is 150 families. The shelter recipients referred by the police must appear at Social Services the next morning or working day to make application for assistance.

- Emergency payments for food and shelter to pending applicants or recipients of public assistance -- Denver Social Services spends $108,000 per year for emergency shelter for persons who receive public assistance, or whose applications for assistance are pending. The Department issues emergency food coupons to persons who in turn can purchase food at grocery stores. This program involves an expenditure of $20,000 per year and is supported by funds from the FEMA Emergency Food and Shelter Program and by General Assistance.

- Denver Housing Authority Units -- Denver Social Services rents 10 units at the Denver Housing Authority which are used to house homeless persons. Families that have applied for public assistance are placed in these units, which are contracted through the Denver Emergency Housing Coalition. They are located in a public housing development and have an occupancy limit of 45 days. Other agencies in the Coalition have 10 units at the same site and 11 in another location which are used for transitional housing. Denver Social Services expends $1850 plus maintenance each month for this effort and contributes $28,200 per year to the Coalition to manage and operate the units.

- Eviction assistance -- Denver Social Services operate an eviction assistance program which provides aid to families with children under

age 16 who have received a court-ordered eviction notice. Assistance is provided to help pay back rent or to relocate.

- Shelters -- Denver Social Services contributes $282,301 to Brandon House and Safehouse, which provide shelter to both battered and homeless women for up to 90 days. The City has leased a building at no cost to the Colorado Coalition on the Homeless for use as a 150-bed shelter.

- Community Emergency Assistance Department -- Located in the Social Services Department, Community Emergency Assistance administers low income home energy assistance, general assistance and eviction assistance, coordinates with the police to house persons in emergency situations, oversees placement of families in emergency units at the Housing Authority and Brandon House, coordinates with shelters, works on the Homeless Veterans Project and works with Operation Shelter to house homeless women.

- Stout Street Clinic -- Funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust as part of the Health Care for the Homeless Program, this clinic provides mental health and medical services to homeless persons.

Just recently Mayor Pena, in cooperation with the Colorado Coalition of the Homeless and the Piton Foundation, convened a group of City Council members, service providers, City officials and concerned citizens to develop an action plan to respond to the needs of the homeless in Denver.

HEALTH CARE FOR THE HOMELESS

The Detroit Health Care for the Homeless Project, funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust, provides on-site primary care and casework services at eight sites. A medical team makes scheduled visits to shelters, drop-in centers and soup kitchens in the target service area within the central city. A once-a-week clinic is operated at a stationary site at the Detroit Receiving Hospital/University Health Center. The team consists of a physician, public health nurse, social worker, outreach worker and a driver. Medical problems that cannot be diagnosed or treated from the mobile sites are referred to a stationary team at Detroit Receiving Hospital for further evaluation and, if necessary, referral to a cooperating hospital for hospitalization. The team social worker connects homeless persons with other needed and available services, including clothing, shelter, counseling, legal aid and other benefits to which they are entitled.

Between June 10, 1985, when the project began, and the end of that year, 1125 clients were seen by the project staff in 1744 total visits, an average of 1.6 visits per client. Five percent of the clients admitted emotional or psychiatric problems, including previous hospitalization and/or outpatient treatment. Twenty-five percent of the patients appeared to have a psychiatric disorder including schizophrenia, personality disorders, a situational reaction to stress, developmental delay, adjustment reaction and depression.

EMERGENCY SHELTER

Agencies such as the Open Hearth, Salvation Army, the YMCA and the YWCA have long histories of providing services to homeless people in Hartford. In the last few years as the unprecedented demand for shelter mounted, however, new agencies entered the field, supported by donations from the public, corporations, religious institutions and government grants. Several emergency shelter agencies, those most directly providing services to the homeless, are listed below.

- Immaculate Conception Church--Shelter is provided to 60 to 70 adult males during the winter months. The shelter is open from 7:00 pm to 7:00 am, seven days a week, from November to the end of April, and serves 80 to 90 hot dinners each night. It is staffed primarily by members of religious brotherhoods and is financed entirely by private donations. Individual guidance is provided to guests.

- Open Hearth--This center provides a comprehensive program to homeless males, including housing, food, clothing, counseling, medical care, and linkages to community health and mental health services and income maintenance programs. Where appropriate, residents work to earn their living. The Center has a 12-bed emergency shelter and a 74-bed residential center for homeless males. Those served tend to have had substance abuse problems or are elderly and alone.

- Saint Elizabeth House--This program provides day services to the homeless and overnight shelter to single adults. There are 23 beds for short term (up to 28 day) stays and 51 single room occupancy units for low income adult males. The daytime shelter provides lunch, clothing, showers, telephone service, social work and advocacy between 6:00 am and 2:00 pm. The shelter provides 480 meals per day. The House is supported by funds from the State, the City and private donations.

- Salvation Army--Shelter, housing, meals and counseling are provided to youth, women and families in crisis situations. The program is supported by funds from the State, the City, and United Way.

- South Park Inn--South Park Inn was established in 1984 by the Hartford Coalition for Emergency Shelters, Inc. to meet the need for a large shelter in Hartford. It has 75 beds with which it can provide temporary emergency shelter to homeless men, women and families. The shelter is open from 4:30 pm to 8:30 am. A social worker is available for ongoing support and referrals to housing, jobs, and social service agencies. Dinner and breakfast are served and recreational activities are available. In fiscal year 1984-85 the shelter served 1,378 individuals, with a total bed use of 27,769. Alternate housing was found for 691 of these individuals. Funding comes from the City of Hartford and other neighboring towns or cities, the State and client reimbursements.

- YMCA Youth Shelter--This shelter serves males and females 11 to 17 years old who have runaway or are not living with a responsible guardian. It provides shelter, food, counseling and client advocacy, educational and recreational programs, employment programs, after care follow-up and a 24-hour, seven days-a-week hot line. The programs purpose is to reunite children with their families, or make another successful placement. It is funded by the United Way, and State, Federal and City grants.

- YWCA Crisis Center--The Center provides advocacy, counseling and residency services to survivors of sexual assault. Services are provided to children and adult male and female victims of sexual abuse or incest, and their families and close friends. The program is supported by United Way and state and federal government funds.

City officials are particularly concerned now about two subgroups within the homeless population who are at risk and underserved. They are the homeless mentally ill and male youths between 16 and 18 years of age. Neither of these subgroups can be served in a "three hots and a cot" type of shelter operation. They cannot be mixed into shelters for families or shelters for single adult males. Much work needs to be done to untangle statutory responsibilities for these two client groups and to develop appropriate service systems for them.

EMERGENCY SHELTER CONSULTATION SERVICE

The Emergency Shelter Consultation Service, a program of the Hartford Community Mental Health Center (HCMHC) funded by the State Department of Mental Health, provides care to chronically mentally ill guests of shelters in Hartford. The program addresses the needs of the population and assists the shelter staff in dealing with them. The services provided include:

- On-site visits to shelters by clinicians who perform initial screening and referral for shelter guests who are viewed by shelter staff as needing therapeutic intervention for a mental disorder;

- Consultation and education for shelter staff to enable them to recognize signs and symptoms of mental disorders; and

- Making the array of services offered by HCMHC available to shelter guests, and making appropriate referrals to other mental health providers in the city.

The program serves six shelters. Each receives on-site visits from a two-clinician mental health team two days a week for two hours per day. A psychiatrist is on call to advise the clinicians. Since the program has been in operation for only a few months, it has not yet been evaluated. There is a general perception, however, that it can serve only a small portion of those in need.

MENTAL HEALTH MASTER PLAN

A $75,000 grant from the Hartford Foundaton for Public Giving to the North Central Regional Mental Health Board will be used to develop a mental health master plan for the City of Hartford. The award supports a collaborative planning process involving City and State government officials, all major mental health providers in the city, business leaders and counsumers. A goal of this major project is to help foster the creation of a system which reduces service fragmentation and enhances the quality of care. The mental health needs of shelter guests will be considered in the comprehensive plan.

PROPOSED MEDICAL CARE

In May 1985, the Hartford County Medical Association initiated a 30-day pilot program which provided medical care to the guests of South Park Inn, a 75 bed shelter for men, women and children. Shelter administrators had documented the number of guests with medical problems and the less than satisfactory response by the local hospital emergency room to their medical needs. On a volunteer basis, 17 physicians provided medical care and consultation for a few hours each evening. As a result of the pilot program, a proposal has been developed through which six hours of on-site service and 10 hours of on-call service would be provided weekly by a physician. Twenty-thousand dollars is now being sought to pay the annual cost of this proposed program.

AD HOC COMMITTEE ON SHELTER FOR THE HOMELESS

The Kansas City, Missouri City Council established the Ad Hoc Committee on Shelter for the Homeless by Resolution on April 4, 1985. The Committee's charge was to "study the current and future availability of shelter for the homeless and its adequacy to serve this segment of the population. The Committee should also recommend to the City Council whether or not the City can or should be involved in future efforts to provide shelter for the homeless." The Committee's membership includes representatives of six shelter programs, area health centers, the City's Health Department and other interested persons. The City's Urban Community Services Department provides staff support.

The Committee has issued two reports on homelessness in Kansas City. Their efforts have led to the establishment of the Homeless Hot Line and the Mobile Health Care Team. Two additional projects are under development.

A major accomplishment, in addition to the development of programs, has been raising the consciousness of City government leaders and others to the seriousness, complexity and urgency of addressing the needs of the growing homeless population.

HOMELESS HOT LINE

The Ad Hoc Committee on Shelter for the Homeless very early identified the need to centralize information regarding the availability of shelter beds on a daily basis. After several months of planning the hotline went into operation in January, 1986. The 24-hour phone is funded by one of the 10 shelter programs which participate in its operation. That same agency hired a staff person specifically for the hotline operation. Other agency staff also answer the phone.

During the first 10 weeks of the hotline's operation there were 717 calls, 605 of these were unduplicated. The calls represented 1,129 people. The majority of callers were single men, followed by families, single women and couples.

MOBILE HEALTH CARE TEAM

The Ad Hoc Committee on Shelter for the Homeless concluded that after the immediate problems of identifying shelter had been addressed, the next most critical need was that of health care. Members of the Committee provided leadership in developing this locally-sponsored team. Funding for the project is a joint effort of two local foundations, which have provided a total of $95,000, and the City and County governments, which each provided $25,000.

The team began operations in January 1986, and has treated victims of hepatitis, pneumonia, foot blisters and other ailments. The team, which is

composed of a nurse-practitioner and a social worker, spends three to four hours at each of four shelter sites on a rotating basis. They provide on-site treatment to the extent possible and refer patients who need further care to local hospitals and mental health clinics. A number of agencies are cooperating to provide transportation for follow-up care. The team also provides non-medical referrals for benefits or services such as food stamps or social security. Seventy persons were seen during the first two weeks of the program; nearly 400 had been seen as of the end of April 1986.

Efforts are currently underway to expand the mental health treatment capabilities of this team, with additional funding from the County government.

PROPOSED RENTAL ASSISTANCE PROGRAM

Based on state law which required Missouri counties to maintain and support their poor inhabitants, the Ad Hoc Committee on Shelter has requested that Jackson County (of which Kansas City is the largest municipality) appropriate $75,000 to provide rental assistance and to help in acquiring independent living skills for homeless families.

This proposal would address the needs of families who have some income, but no permanent address. It would provide the first month's rent and utility and/or security deposits. The program would also provide information and referrals for health care, budget counseling, day care, legal assistance, transportation and other services necessary for the family to reach and maintain self-sufficiency.

The proposal suggests that the County contract with community agencies to provide the service. With a maximum individual grant amount of $500, a minimum of 150 families would benefit from this proposal, if it is approved.

PROPOSED LOW-INCOME HOUSING FINANCING

The Ad Hoc Committee on Shelter for the Homeless recommended in one of its reports that the City require developers either to build low-income housing or to contribute to a fund for that purpose, in exchange for certain tax abatements. In response, the City Council adopted a resolution directing the City Manager "to study the question of providing low-income housing and to develop a plan for providing same, including a method of financing such housing." The plan is expected to be completed by the end of June 1986. A local newspaper headline in support of the effort to establish such a policy described it as an approach which "would make developers more responsible for people displaced by their projects, and increase Kansas City's stock of low-income housing."

There is strong support for this action by community housing specialists, the Ad Hoc Committee on Shelter for the Homeless, the Gray Panthers and members of the City Council. The current availability of low-income housing is estimated to be 60 percent less than the need. This approach is considered to be a way to address homelessness at its root cause--to fight homelessness with homes.

HOUSE OF RUTH

The Los Angeles House of Ruth has been providing emergency shelter and a supportive atmosphere to homeless women and children for eight years. The goal of the program is to enable women to break out of their situation of homelessness and gain control of their own lives. These goals influence the operating procedures of the House. Guests may stay from one to six weeks as they strive to secure a more permanent living situation. Extensions are granted on an individual basis.

When a guest arrives, she determines the goals she would like to achieve while staying at the House, such as securing employment, applying for welfare, resolving problems with the welfare system or finding low-income housing. One of the three full-time House coordinators meets with each guest on a weekly basis to determine: 1) how the guest is pursuing her goals, 2) what additional support the House of Ruth can offer, and 3) how much more time is needed to achieve her goals.

Thirteen beds are available. All guests receive room and board. Bus passes are made available for their use in order to pursue their goals. Through donations from friends, the House of Ruth is able to offer clothing. Other services provided include crisis counseling, welfare advocacy and adult-supervised play for the children staying at the House.

The House of Ruth works to enable the women to become self-sufficient and to regain a sense of self-respect that often has been destroyed by the dehumanizing situation of homelessness. Those who live and work at the House of Ruth strive to foster a collective living experience in which all people are treated with dignity and respect.

Within this environment women often offer each other peer counseling as they struggle to break out of their shared experience of homelessness. In addition to the guests who live at the House for varying periods of time, the women who live at the house as part of the support staff add a stabilizing influence. Together they comprise the House of Ruth community.

Often, the average six-week length of stay at the shelter is not enough time for a woman to save the amount of money needed to secure independent living arrangements. Thus, in mid-1983 the Los Angeles House of Ruth opened a transitional house to provide communal, low-rent housing to previously homeless women and children as an intermediate step to obtaining their own homes. Since 1983, 20 women and 36 children have made the transitional house their temporary home.

The transitional house is a four bedroom house, one block from the House of Ruth. Two full-time House of Ruth staff members live in the house along with two other residents and their children. Single women and women with children in need of low-rent housing are referred here from the House of Ruth emergency shelter and other emergency shelters in Los Angeles.

Length of stay is from one month to one year, depending upon individual needs.

The Los Angeles House of Ruth rents the transitional house for $850 per month. The initial cost of moving in was raised through a special fundraiser. Furnishings were donated. Current monthly costs include the household rent, maintenance and repair, approximately $100 for utilities, and food costs. Each resident pays $150 toward the monthly rent, with the live-in staff members paying the remainder of the $850. In addition, each household member pays $25 toward utilities, $50 per adult for food, and $25 per child for food. Funds for maintenance and repair come out of the House of Ruth operating expenses. The program has an annual operating budget of $132,000. Its staff includes five individuals, two of whom work on a part-time basis, and numerous volunteers.

Because of the shared staffing and the close proximity of the House of Ruth and the transitional house, residents of the transitional house are able to receive counseling and to make use of the life-support services that are offered by the House of Ruth -- services which may be needed in order to move on to permanent housing. These services include a supervised play program for children, parenting classes, welfare advocacy, nutritional counseling, referrals for health care and job training opportunities, and assistance with money management and tenant/landlord relations.

Living in the communal setting women also develop improved home management skills and a sense of personal responsibility for the group. Each resident, in consultation with the staff, develops an individualized plan identifying her personal goals and then works to achieve these goals.

LOUISVILLE

TASK FORCE ON THE HOMELESS

In July 1985, the Mayor of the City of Louisville convened a group of service providers who serve the homeless population and social service leaders and asked them to constitute themselves as a Task Force on the Homeless. The Mayor charged the Task Force to:

- Develop a profile on the homeless, including the probable size of this population;
- Develop strategies which would encourage cooperation and coordination of service delivery to the homeless; and
- Make recommendations on how the City, voluntary agencies and the private sector can work together to meet the needs of the homeless more effectively.

A survey of the homeless was undertaken with assistance from the University of Louisville. The survey results gave a profile of the City's homeless population which generally confirmed the experience of those who provide services to them. They found that the majority were male (85 percent) and white (66 percent). One-third were born in Louisville and over half were born in Kentucky. One-third completed grade school, over half attended high school, and eight percent had some college education.

The Task Force found that there was no center open seven days a week providing services to the homeless during the day. It estimated that during an average year, 2,500 individuals found themselves homeless in the city. There are 11 non-profit shelters providing over 900 beds and five kitchens serving meals on a regular basis. Homeless men leave the shelters at 7:00 a.m. and walk the streets until lunch time. After meals they are on the streets again seeking sponsorship for night lodging and then at about 4:00 p.m., they are readmitted to the shelters. The establishment of a day center for the homeless became the first major goal of the Task Force.

The St. John Day Center is open seven days a week, ten hours a day, 7:00 a.m. to 5:00 p.m. It has three full-time professional staff and is seeking additional staff from agencies that can provide the services needed -- job counseling, mental health services, alcohol counseling, referrals, information on social security and other benefits, medical screening, showers and personal care needs. The St. John Center tries to provide services in a caring and dignified manner, and to help these individuals return to a more productive lifestyle. The Center's goal is to provide a means for homeless individuals to be a part of the mainstream of society again.

Louisville's network of churches and non-profit organizations worked together to make St. John's a reality. Mayor Jerry Abramson and County Judge/Executive Harvey Sloane each provided support for initial personnel

and operational costs for the Center. The private sector renovated St. John's Church so that it would be usable as a day center.

The day center is only the first of many critical issues and projects the Task Force is committed to working on to help address the problems of homeless people. Some of the other goals of the Task Force are:

- Working to establish a statewide task force to study the problems of the homeless in the Commonwealth of Kentucky;
- Working to establish a local central data bank with information regarding recipients of services and resources available;
- Working with local government to enforce uniformly existing health and safety standards for shelters, kitchens, and service facilities serving homeless persons;
- Establishing an annual, central fund-raising drive to provide ongoing financial support and assistance to the homeless in the community.

MINNEAPOLIS / SAINT PAUL

A variety of services are available to address the needs of the homeless population in Minneapolis and Saint Paul:

- There is emergency shelter capacity for 728 persons per night. Shelter spaces are located in a variety of settings ranging from church basements to recycled hotels. Funding to support the shelters comes from a combination of public and private support, supplemented by a great deal of volunteer effort.

- Both cities have meal programs, many of them located in drop-in centers. In 1983 Hennepin County programs served 3,055 meals per day, and an additional number of needy persons received meal vouchers from the County. Approximately 1170 meals were served per day in Ramsey County.

- Both cities have emergency food shelves. The food shelves in Hennepin County served 3,040 clients per week in 1983, while 847 were served each week in Ramsey County.

- Over 30 organizations in both counties distribute clothing to needy persons.

- Board and lodging capacity in St. Paul and in Hennepin County is 2359 beds. Of these, 1230 beds are in facilities without licensed programs. These facilities are supported primarily with funds from the counties and the State Department of Public Welfare, either directly through reimbursement or indirectly from welfare payments to clients.

- Hennepin County also has a purchase of service contract with a human service agency which provides emergency housing and casework services to families. The agency has the capacity to house four families, with a maximum stay of 14 days. During 1983, a total of 87 families were served through the Emergency Family Housing Program.

HOUSING FOR SINGLE ADULTS

In the Fall of 1985, Minneapolis, Saint Paul, Hennepin County and Ramsey County joined together to develop a plan to increase the supply of decent, affordable housing for low-income, non-elderly childless persons. This target group was selected because its members have traditionally been ineligible for federally-funded housing subsidy programs.

The program developed would provide assistance in conjunction with 880 housing units. It would be implemented over three years at a cost of $8.6 million. While the cities and counties have identified sources for $2.7 million of this total, a substantial funding gap remains. Below are specific elements of the program:

- Development of new single room occupancy units -- Minneapolis proposes to develop at least 50 units, Saint Paul at least 40. The housing would serve individuals who are able to live independently, but whose income or financial resources limit the amount of rent they can afford to $135 to $175 per month. Occupants could include minimum wage or part-time workers, or individuals living on low, fixed incomes, such as Supplemental Security Income or General Assistance. To make the units affordable, funds for the development costs must be found, as rents could only cover the monthly operating costs.

- Preservation and rehabilitation of existing single room occupancy facilities -- Each city plans to inventory all present facilities to identify the buildings' condition, ownership situation and likely future and establish a basis for determining a comprehensive preservation strategy. Then, a rehabilitation loan fund earmarked for buildings currently occupied will be developed. It is expected that rehabilitation will cost $10,000 per unit and involve 100 units in each city.

- Transitional housing -- Through transitional housing both shelter and social services are provided to homeless persons. Hennepin County proposes to expand its supply of transitional housing by 50 units, Saint Paul and Ramsey County propose 40 such units.

- Improved board and lodging facilities in Minneapolis/Hennepin County -- Currently many very low income persons, often with impaired ability to function independently, live in privately-owned board and lodging facilities. The County certifies board and lodging facilities to house these persons and negotiates a monthly rate paid with General Assistance funds. A multi-year capital improvement program is now planned to upgrade and develop board and lodging facilities so that there would be a total of 500 beds. A loan and grant fund would be available to owners of existing facilities, and new facilities in suburban locations would be financed.

PLANNING AND COORDINATION OF SERVICES FOR THE HOMELESS

Late in 1982, Metro Social Services requested the establishment of a study-action committee on homelessness by the Council of Community Services, a local health and welfare planning body. The problem had become so large and complex in Nashville, as well as the rest of the country, that it became obvious that no one agency could solve it single-handedly. The MSS request was approved by CCS, and a Committee on Homelessness was organized.

The Committee began by studying various programs that helped the homeless, but soon decided that they first needed data on the number of homeless people in the community and their demographic characteristics. They had already heard testimony that the homeless were not merely "winos," but a rather diversified group including the unemployed and unemployable, the mentally ill and retarded, the evicted, victims of domestic violence, and others.

A group of volunteers began a series of enumerations or "body counts," touring the downtown area late at night and early in the morning, counting homeless people in places like box-cars, river banks, all-night cafes, public buildings and shelters. Repeated at intervals, these enumerations indicated that there were at least 700 to 800 homeless people in Nashville's downtown area at any one time. Adding those in outlying areas, such as city parks, automobiles, and road-sides, led to an estimate of about 1,500 at any one time in the city. (The Union Mission alone serves 10,000 people a year).

The announcement of a Health Care for the Homeless Program, funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust, stimulated the Committee to organize and expand into a Coalition for the Homeless. The Coalition, through its steering committee and subcomittees, has continued functioning in such areas as shelter, nutrition, housing, and employment service planning and coordination. It is a broad-based group of representatives of voluntary and governmental agencies, churches, courts, and other agencies. It has provided a focal point for successful efforts to expand and diversify emergency shelter, coordinate mental health services for the homeless, explore housing policy and program options, and otherwise involve the community in seeking solutions to the problem.

A few months ago, the Metropolitan Council established its own Committee on Homelessness, giving official recognition to the significance of the problem. Following some meetings and a tour of facilities serving the homeless, including the CCS Downtown Clinic, the Committee held a public hearing. Practically all those who testified were members of the Coalition. Their testimony included suggestions for Council action, such as reviewing and revising zoning ordinances and establishing family shelters with six to 10 beds in residential neighborhoods.

Finally, the Metro Development and Housing Agency has now established a task force to address a major problem highlighted by the Coalition and other

groups: The shortage of affordable or subsidized low-rent housing. This problem has been exacerbated by the demoliton of several single room occupancy hotels for downtown redevelopment. The Task Force is exploring various options for remedying it.

EMERGENCY SHELTER

The immediate need of the homeless, by definition, is shelter. Whether they are among the evicted, the transient, the deinstitutionalized, or are homeless for other reasons, public policy explicitly requries that if citizens do not have the means to obtain shelter, they should be provided more suitable alternatives than the streets and alleys, river banks, box cars, "card-board condominiums" or public buildings.

For many years, the principal providers of emergency shelter in Nashville have been the Nashville Union Mission and the Salvation Army, located within one block of each other in the downtown area. The Mission's capacity is about 500 beds or more (not counting pews in the chapel or mats on the basement floor) for men, women, and children; the Salvation Army's is about 50 beds (30 for men, and 20 for women and children), to be increased to 100 through a current capital fund campaign. Attendance at religious services is required at the Mission. Social work services are provided at the Salvation Army.

With the increase in the number of homeless people in recent years, resulting in an overload for both providers, various individuals and groups became active in expanding and diversifying emergency shelter resources. The Sheriff opened the gym in the local jail to accomodate the overflow in the winter of 1984-85. Recognizing the special needs of family groups, in 1983 an ecumenical group established a shelter in an abandoned school building at St. Patrick's Church, about two miles south of the larger shelters. Twenty beds are available for family groups, including fathers. Volunteers from various churches take turns providing and serving the evening meal. St. Patrick's became a model for another ten-bed shelter recently established by the West Nashville Association of Churches, and for another planned by the Urban League and HOPE Inc. for East Nashville with the aid of a FEMA grant.

These newer shelters, like the older ones, do not house their residents during the day-time. A Methodist church opened a day center in the downtown area in the meantime, and a downtown association of churches opened a 30-bed shelter for homeless men with the aid of a FEMA grant, donated food and bedding, and volunteer services. It is called Matthew 25 and will become a smaller-scale shelter for homeless men who get jobs. It will stay open during the day so that those who work nights can sleep there and get their rest.

Just like family groups, the frail elderly have special needs. They might feel anxious or become neglected or even victimized in a large, heterogeneous shelter group. Accordingly, Mayor Richard Fulton and the Metropolitan Council provided funds this year to add six beds for emergency shelter of the elderly for periods up to 30 days at the Joseph B. Knowles Home for the Aged, where MSS was already serving 62 residents in long-term

care and 59 day care participants. The MSS budget was increased by $39,000 for this purpose, principally to cover the salaries of two additional group care workers and one social worker. The beds--two for men, four for women--were already available since the Home had not been fully occupied. The Knowles Emergency Shelter was opened in October, 1985 and served 14 older people through March 1986. Those sheltered get 24-hour care and service, particularly help in getting reestablished in the community with relatives or in public housing or boarding homes.

PRIMARY HEALTH CARE AT THE DOWNTOWN CLINIC

Tuberculosis, emphysema and other respiratory illnesses, skin and foot problems, exposure, lacerations and fractures, substance abuse and mental illness are all too common among the homeless. For years, they have received episodic care, primarily in the emergency room and clinics at Metro General Hospital, but those services lacked comprehensiveness and continuity. Little attention was given to the social service needs of these patients, and their eligibility was sometimes questioned on the basis of non-residence. A clinic operated by volunteer physicians at the Nashville Union Mission offered some relief but the health status of the homeless in general was still poor.

The Committee (later Coalition) on the Homelessness of the Council of Community Services was already studying the incidence of homelessness and assessing the characteristics, needs and resources of the homeless when they first learned that the Robert Wood Johnson Foundation and the Pew Memorial Trust were establishing the Health Care for the Homeless Program. The CCS Committee proceeded to develop a more inclusive coalition and a foundation grant application for a Downtown Clinic for the Homeless, which received a strong endorsement from Mayor Fulton. The Salvation Army offered a small building between its shelter and the Mission's for use as a clinic facility. The Mayor and the Metropolitan Council approved the use of Community Development funds to renovate it.

The application was approved and the Downtown Clinic opened in June 1985 with a staff that included a medical director, family nurse clinicians, one physician's assistant, one medical assistant, and three social workers. The services of two mental health specialists were donated by the Meharry Community Mental Health Center and Middle Tennessee Mental Health Institute respectively, and a half-time senior social worker by Metro Social Services to provide linkage with its programs, especially certification of homeless people for Metro health and hospital services.

During the first ten months of operation through March 1986, the Clinic saw 1,800 patients at the rate of about 50 per day. The demand for services has been so great that it has been necessary for the staff to set some limits on the day's workload. Provision is made for return appointments in the interest of continuity, and the social workers not only follow up on referrals for more specialized care but remain available for extended counseling on non-medical problems.

COALITION FOR THE HOMELESS

The Coalition for the Homeless is a network of organizations concerned about the homeless which sponsors and initiates projects to meet their needs. The Coalition was initially established as part of the City's effort to seek a Robert Wood Johnson Foundation/Pew Memorial Trust grant to provide health care to the homeless. As part of his efforts toward securing the grant, the Director of the New Orleans Health Department pulled together a group of service providers, which became the Coalition for the Homeless.

The Coalition provides a mechanism through which agencies that provide services to the homeless can pool their resources for the provision of those services. The Coalition seeks to meet the needs of the homeless for overnight shelter, day shelter, and ancillary services such as showers, laundries, and counseling. The Coalition has as its purpose to generate awareness of the problems of the homeless in the city and to develop a mechanism for solving those problems. The Coalition:

- advocates for the needs of the homeless;
- coordinates the activities of those agencies providing services to the homeless to avoid duplication of efforts;
- prepares applications for federal and private grants to provide for the needs of the homeless;
- holds regular meetings of service agencies and disseminates minutes of those meetings for informational purposes; and
- has secured funding for and is operating a multiservice day shelter for the homeless.

The Coalition has been involved in a number of activities. It has worked with the Alliance for Human Services to prepare the Emergency Freeze Plan, which provides shelter for the homeless when the temperature drops below 32 degrees. It has worked to secure funding for a multiservice day shelter for the homeless. It will provide screening for mental and physical health needs of clients. Finally, it is working toward securing a shelter for homeless families.

AD HOC COMMITTEE ON THE HOMELESS

The Alliance for Human Services is a coalition of 160 social and human service agencies which work toward the goal of improving the delivery of social services in the city through the cooperative efforts of both the public and private sectors. It formed the Ad Hoc Committee on the Homeless in 1985, and the establishment of low cost emergency shelter for families became one of its priorities. Currently, homeless men and women are housed separately and only children under 12 can be housed with their mothers.

The Committee is charged with identifying the most serious needs of the homeless in the city and developing methods for meeting those needs through the cooperative efforts of the public and private sectors. It has worked on the following projects: The emergency freeze plan to provide shelter during periods when the temperature drops below 32 degrees; an emergency shelter for families; and a day shelter for the homeless.

FRIENDS OF THE HOMELESS

The Friends of the Homeless is a coalition of concerned citizens formed around the need to publicize the problems associated with homelessness. Concerned about the plight of the homeless in New Orleans, approximately 100 people banded together in December, 1985 to form the Friends of the Homeless, a loosely organized grass-roots, educational group. Persons from all areas in the community, including many homeless individuals, comprise the group.

This community advocacy group engages in activities which call attention to the increasing number of people who wander the streets and sleep in public places, as well as the increasing number of people who have sought shelter from voluntary and public agencies. Members of the Friends of the Homeless volunteer their time and energy to help their cause. One of the group's objectives is to educate policy makers and service providers on the problem of homelessness. The members also direct their efforts towards publicizing issues concerning homelessness through appearances on radio and television talk shows, meetings with elected officials and articles in the local newspaper.

CRISIS OUTREACH TO HOMELESS CHILDREN AND FAMILIES

In September 1985, the German Protestant Orphanage Asylum Foundation granted $28,540 to Traveler's Aid Society of New Orleans to fund a one-year program entitled Crisis Outreach to Homeless Children and Families. The focus of the program is to reach out to homeless families, a population with multiple problems and needs, to help them access appropriate services and provide a healthier and more stable environment for their children. During the first quarter the program served 47 families, with a total of 173 individuals, 51 percent of whom were under 16.

The program has two components. The first is an organized outreach effort to agencies that frequently come in contact with homeless families. This includes regular networking meetings with service providers, provision of training to the staffs of these agencies, and the development of an improved system of referrals and follow-up. The second component is providing families with assessment, counseling, services and advocacy at Traveler's Aid.

Through visits to 27 local agencies, including community centers, health care agencies, shelters, mental health centers, job programs, emergency assistance providers and schools, printed information has been developed which highlights the problems and needs of homeless families. Beyond

providing education and information, the program's outreach efforts have focused on developing improved resources for homeless families. Discussions with cooperating agencies have led to formalized agreements with Traveler's Aid for the provision of services for their clients.

MULTISERVICE CENTER FOR THE HOMELESS

The new multiservice center for the homeless will provide shelter and a variety of services during the day, when many of the homeless are required to vacate the shelters where they sleep at night. As the number of homeless people in New Orleans has increased, so has the need for day shelters. Many of the homeless must leave their nightime shelter early in the morning and cannot return until evening.

The center, which opens in June 1986, resulted from the combined efforts of the Alliance for Human Services and the Coalition for the Homeless. The organizations submitted a joint proposal to the American Express Company for consideration under the Project Hometown America program. American Express awarded $20,000 to the Coalition for a multiservice center for the homeless, provided that matching funds could be secured. The Coalition acquired more than was needed to match the grant from the FEMA Emergency Food and Shelter Program, the Louisiana Department of Health and Human Resources and individual contributions.

The center will provide day shelter for the homeless; facilities such as showers, laundry, location for mail and telephone access; clothing; emergency assistance; employment assistance; screening for health and mental health needs; and assistance with legal aid and in securing permanent housing. Although some of these services are provided by different agencies at different sites around the city, the multiservice center is the only facility in New Orleans which will provide all of the above mentioned services at one single site.

In addition to the Director, program staff includes two individuals who were formerly homeless themselves. The staff will be supplemented by personnel from various agencies, such as the YMCA, Travelers' Aid, Associated Catholic Charities and mental health organizations which will provide services through the program. For example, Associated Catholic Charities uses their paid personnel to operate the job search component of the project.

This program will provide needed services to homeless individuals. It will also serve area businesses in locations where the homeless tend to congregrate by giving homeless individuals an alternative to being on the streets. The city in general will benefit in as much as homeless persons will be provided opportunities to become productive citizens. Although the multiservice center for the homeless is just opening, it has already accomplished a great deal. It has united several service agencies under the umbrella of the Alliance for Human Services and the Coalition for the Homeless. The center will provide the only centralized location in the city where the homeless can receive day shelter and many of the services they need.

INTERAGENCY EMERGENCY FREEZE PLAN

The Interagency Emergency Freeze Plan was developed through an agreement signed by the Mayor of New Orleans and various members of the Alliance for Human Services in 1985. It establishes a mechanism for providing shelter to all homeless individuals when the temperature drops to 32 degrees or below. Associated Catholic Charities coordinates implementation of the emergency procedures, with the cooperation of the City of New Orleans and agencies such as the Sheriff's Department, YMCA, Baptist Rescue Mission and other shelter providers in the city.

Although New Orleans has a moderate climate, several times in the last few years deaths of homeless individuals were attributed to exposure during subfreezing conditions. Until the Emergency Freeze Plan was developed, there was no centralized, unified mechanism for using City resources on an emergency basis to provide shelter to the homeless when the temperature fell below freezing. Homeless individuals who were unable to afford even the cost of one night's shelter were forced to sleep outside, exposed to potentially life-threatening conditions.

The Freeze Plan program provides free food and shelter at six facilities when the temperature drops to 32 degrees or less to homeless individuals who are unable to pay for those services. A maximum of 650 persons can be sheltered through the program. Services are provided for a maximum of three nights during each instance of subfreezing weather conditions. The New Orleans Police Department provides transportation from the designated shelters to the Sheriff's Department emergency shelter, when demand exceeds capacity at those shelters.

SLEEPING IN PUBLIC PROJECT

In New Orleans, a municipal ordinance prohibits individuals from sleeping on public property. In 1983, 646 persons were arrested for this crime and in 1984 the number of arrests rose to 880 persons. Because the homeless have been arrested for this offense, a joint effort between social service providers and the New Orleans Police Department has been implemented as a stop gap response to this problem.

The Sleeping in Public Project began in March 1986 as a cooperative effort between social service providers and the City of New Orleans. The purpose of the program is to provide an alternative to arresting individuals for "sleeping in public." Homelessness is too often seen and treated as a crime. This alternative to arrest is expected to help eliminate this type of stereotyping.

Instead of arresting individuals for sleeping in public, police officers give the person in question the option of being transported to a shelter where he or she can sleep for the remainder of the day or night. Police officers then transport the individuals to one of two shelters depending upon the time of day. The fees charged by the shelter are paid by Associated Catholic Charities, the agency administering the project. This program does not apply to intoxicated individuals.

Associated Catholic Charities (ACC) of New Orleans oversees the program, using two staff persons regularly employed by ACC. Funds are administered through a special account set up by Associated Catholic Charities, using FEMA funds. These funds ($2,643) are to be used before September, 1986.

The Sleeping in Public Project has only been in operation since March, 1986 and only five people have opted to use the local shelters as an alternative to being jailed. After six months, this project will be evaluated to determine its effectiveness.

SHELTERS FOR HOMELESS SINGLES

Since 1979, New York City has experienced mushrooming growth in the use of emergency shelters by homeless individuals. Daily average lodgings provided by the City's Human Resources Administration (HRA) were approximately 2000 per night in 1979. On the peak night this year over 9,300 individuals were sheltered. This growth in demand for shelter coincides with a shift in the characteristics of the homeless being served. Before 1979, there was more of a "typical" shelter client: older, white, often alcohol-dependent. Those factors that resulted in growth of the shelter population have also resulted in a population that is more diverse. The present population includes persons who are homeless for economic reasons only, as well as persons with a number of overlapping disabilities. These range from lack of experience and skills in employment and independent living, to drug and alcohol abuse, to mental illness.

The City has responded to the tremendous growth in demand by adopting a policy of providing emergency shelter to every homeless person in need who requests it, by actively seeking out homeless persons and offering them shelter, and by developing a model which emphasizes using large facilities providing emergency shelter and appropriate services to a population with varied backgrounds and needs.

For the most part, existing shelters are undifferentiated, offering a range of general social services, health and mental health services, and housing and job placement services. In order to meet the particular needs of certain homeless subpopulations, however, specialization of shelters has begun. Three special programs--Mobile Outreach, Work Experience and Shelter Employment--are of particular interest.

MOBILE OUTREACH EFFORT

Currently, the City of New York operates a network of 23 shelters for single individuals and maintains a policy of expanding capacity when necessary. Over the winter of 1985-86 lodging demand peaked at over 9300 men and women. In spite of a City policy of providing shelter to all who seek it, many homeless people continue to live in public places. Major train and bus stations, the extensive subway system and parks are typical areas where the homeless gather. For various reasons including mental instability, fear of structured environments, and a lack of knowledge of shelters, many homeless men and women prefer to live in public places rather than use the City shelters, even in the cold of winter.

In efforts to address the needs of those who are reluctant to seek shelter on their own, the Human Resources Administration has had an outreach program for many years. In 1982 these efforts were significantly stepped up. At that time, City vans staffed with social service staff teamed with the New York City Transit Police. At major subway stops, particularly end of the line stations, the police would encounter loiterers and refer those

appearing to be homeless to waiting HRA social work staff, who would offer them coffee and snacks and encourage them to accept a ride on the waiting van to one of the public shelters. Since the inception of this late night program, there have been over 20,000 individual contacts and 11,000 acceptances of shelter services. Because a number of those encountered are repeaters and many had been prior shelter users, these figures overstate the number of unduplicated individuals helped by this outreach.

After the success of this program, a similar after midnight program was instituted in the Port Authority Bus Station in 1983. The Port Authority is located in midtown Manhattan and is one of the major entrance points to New York City. Most of the buses coming into the Port Authority serve commuters who live in New Jersey and Upstate New York. The Port Authority Police work jointly with HRA social work staff in identifying the homeless and offering them public shelter. After midnight, areas of the Port Authority not in use are sectioned off. Those loitering in these areas are offered coffee and snacks and attempts are made to have them accept a ride to a City shelter. Like the program on the subways, a van is ready to take all those who are willing to go. To date 7,000 have accepted shelter services via this outreach.

With the approach of winter last year, the City significantly expanded its outreach efforts. It opened a new shelter to serve highly transient outreach clients and another for those over 45 years of age who might be stabilized. Mayor Koch also ordered a new cold weather pick-up policy. This policy directed the police to pick up homeless people on the streets when the temperature fell to 32 degrees and transport to shelters those who were willing to go. Those individuals who refused were involuntarily brought to municipal hospital emergency rooms for medical and psychiatric evaluations for possible hospital admission.

A number of other outreach programs are operated to entice the homeless to accept services. These programs cover the major areas where homeless are believed to gather. There are seven outreach programs, operating for various lengths of time since March 1982. From that time until December of 1985 there were 55,892 contacts and 24,478 acceptances.

The City recognizes that a small portion of the homeless population will not avail themselves of public shelter services. In 1981, HRA developed guidelines for a new program to be operated under contract to attract those most reluctant to accept public shelter. Two drop-in centers were opened which are less structured than City shelters and are able to serve the more resistant clients, particularly shopping-bag people. These centers operate in midtown Manhattan where a number of shopping bag people are concentrated. The clientele served by these programs is generally more disabled, particularly with mental health problems, than the typical public shelter user. Once client confidence has developed, the social work staff attempts to ensure appropriate benefits and housing or residential program admission. Health services and meals are available on-site and linkages are in place to arrange for necessary, temporary sleeping accommodations. These programs serve between 200-250 different persons per day.

WORK EXPERIENCE PROGRAM

The Shelter Work Experience Program (WEP) operates in most of the 23 shelters administered by HRA's Adult Services Agency. It is the first program designed to give all shelter residents who are physically and mentally capable of working the opportunity to contribute productively to the day-to-day operations of their shelters, and to perform valuable community service. The program emerged out of earlier studies that indicated that many shelter clients appeared employable and that recognized the debilitating effects of shelter dependency--that shelter clients, without concrete, structured physical and mental activity, easily become depressed, suffer losses in their self-esteem, and drift away from efforts toward independent living.

WEP is also seen as having the potential for building or reinforcing the work skills and habits of many homeless men and women and for preparing them for a return to self-sufficiency. Since its inception as a pilot program at the Harlem Men's in June 1983, the program has grown to include about 3,000 participants. The Work Experience Program was designed to be the "norm" for all employable clients throughout the shelter system.

The following are features of the Work Experience Program:

- All able-bodied clients are expected to participate.
- Work assignments are part-time, twenty hours per week, leaving time for job interviews and other appointments.
- Employable clients who refuse to participate in WEP are transferred to shelters that do not have a mandatory program. Clients who are unable to perform any tasks due to mental or physical disabilities can remain at any shelter that has a Work Experience Program.
- Program participants qualify for a stipend of $12.50 per week, in addition to receiving room and board and all shelter services.

Shelter clients are screened for the program as part of the social service intake process during their first ten days in the shelter. Case-workers determine if they are employable and appropriate for the program. Eligible clients who agree to participate are referred to the WEP Coordinator and enrolled in the program.

An immediate orientation is provided to all new men and women which includes a presentation of the rules and regulations. This orientation, in fact, serves to screen out certain men who probably cannot tolerate such structure. These rules and their transgressions are reiterated during regular meetings held with all residents.

WEP clients are assigned to teams that work under the leadership of institutional aides who are part of the shelter staff. The priority WEP assignment is to assist in the day-to-day operations of the shelter, with an emphasis on the cleaning and maintenance of shelter buildings and grounds. WEP clients are also assigned to community service projects that have become an increasingly important feature of the program. WEP teams are cleaning

local parks and are assigned to a number of projects initiated at the request of the Parks Department and Community Boards. The Work Experience Program has become a highly visible resource for neighborhood improvements in the communities where City shelters are located. So far, neighborhoods have generally viewed WEP as a positive aspect of the shelter operation.

In March 1984, an agreement between HRA and the New York City Transit Authority was negotiated with the assistance of the Mayor's Special Transportation Advisor. Under the terms of the agreement, WEP teams from one shelter were assigned to clean the platforms, pedestrian levels, and stairways of three subway stations. Orientation and training for the WEP crews and their team leaders (shelter staff) were provided by the Transit Authority. The subway project was later expanded as the result of the success of this trial.

The cost of the WEP program, particularly additional staff to supervise and manage the program, is partially offset by a number of shelter maintenance functions which are performed by clients.

The Work Experience Program is not designed as an employment program, however, it does allow clients to learn and maintain attitudes and skills appropriate for employment. HRA has hired many former WEP participants. Another City agency, the Department of Housing Preservation and Development, has also hired WEP people to work on their housing renovation program. Casework staff refer WEP clients for job openings. The shelters also maintain a separate employment service unit which coordinates its efforts with WEP to assure access to available jobs. Although not intended as an employment program, participation in WEP has resulted in employment opportunities which would not otherwise have been available.

SHELTER EMPLOYMENT PROJECT

The Shelter Employment Project (SEPS) is an employment, housing, and social services demonstration program for clients in the New York City shelter system. The project serves clients ages 18 and over who reside in the shelter system and are thought to possess potential for employment and independent living. These services, which are provided by field staff from a site in downtown Brooklyn, include vocational assessment, testing, job preparation groups, job development and placement, and follow-up counseling. Additional management and research staff located in the central office offer evaluation, feedback, and further program development. The process has been facilitated by computerization of the entire SEP caseload, permitting rapid retrieval of up-to-date information about a client's work history.

The primary goal of the project is to return clients to permanent self-sufficiency in the community. The reduction of dependency on the municipal shelter system and on public assistance is the projects's most important objective. The Shelter Employment Project had a goal of 240 jobs and 240 housing placements between July 1, 1985 and June 30, 1986. One night in the shelter system costs about $30. By helping 20 clients a month to move out, SEP can attain a high level of cost-effectiveness.

Three innovations are integral to the Shelter Employment Project. First, it uses an interdisciplinary team approach to offer vocational assessment, counseling, and job placements for the homeless. Second, it is unique in its efforts to match clients who have been placed in employment with appropriate housing resources. Third, it employs a customized version of a dBase III computer program to maintain the clients' case records and track their vocational status.

As the problem of homelessness grows, it becomes all the more crucial for those employables in the homeless population to return to the labor market and find housing in the community. Job programs have generally targeted youth, minorities, and workers in need of retraining, while service programs for the homeless have stressed counseling and the provision of basic necessities. SEP's interdisciplinary team approach represents a departure from the usual model of social service delivery. Case workers, job developers and a vocational assessor work together as self-contained units with assigned clients. Such a holistic approach offers the homeless the best chance of a permanent return to independent living.

While providing basic job placement services, SEP also refers clients to educational and vocational programs in the community to assist in meeting their needs. A number of important programmatic insights have been gained from this experience. SEP originally anticipated there would be a strong relationship between educational level, skills, and success on the job. However, research has shown that clients who had a poor record of educational achievement but were willing to accept less skilled work were able to get and maintain jobs as often as their more educated counterparts. In an attempt to assist interested clients in upgrading their vocational skills, referrals have been made to training programs. Long training periods and no income were major obstacles to completion. This prompted staff to contract for thirty on-the-job training slots where clients could receive above minimum wage salaries while they learned a skill. While this initiative was more successful than previous attempts, it still encountered similar obstacles. Motivational level, it seemed, was the underlying factor in the relative rates of clients' success in these different programs.

Further study has shown that it takes an average of three months' time to move employed clients out of the shelter. If clients do not leave the shelter soon thereafter, the likelihood of their losing their jobs increases. Women usually tend to move out faster than men, largely, City officials believe, because their independent living skills are more highly developed. In order to assist clients in this effort, the project has arranged with the New York City Board of Education for an adult education teacher to instruct homeless clients one evening a week in basic living skills, such as shopping and budgeting.

Since July 1985, SEP has exceeded its placement goals for jobs but housing placements have been slower, averaging about 80 percent of its goal. Job placements have been in a variety of different occupational fields, including clerical, security, food service, manual labor, and health care. Wages have also varied significantly. Although most have been in the $4.00-$4.50 range, approximately one-quarter of all jobs have paid between five and ten dollars an hour.

The original funding for the Shelter Employment Project came from the Job Training Partnership Act. In July 1985, the City provided direct funding of the 12 required positions. The State provides a 50 percent reimbursement to the City for such expenses related to the homeless population. A Health and Human Services grant provides ancillary services, including the formation of a business advisory council, to promote employment opportunities in the community and to take advantage of private sector management skills for this project. With real jobs, improved coping skills, and social service support, SEP's clients have shown that they can return to live independently in the community.

SHELTERS FOR HOMELESS FAMILIES

The City of New York through the Human Resources Administration is currently providing emergency shelter accommodations for over 4,167 homeless families, or about 15,300 persons, at an annual projected cost of $109 million. The families are being sheltered in 64 different facilities located in all five boroughs. HRA is currently using 56 hotels located throughout the city, four congregate shelters which provide accommodations for more than 360 families, and four family centers which provide furnished apartments operated under contract by not-for-profit agencies.

These facilities offer a number of basic support services. Many have linkages to child care, medical care, job training and referrals to permanent housing. The congregate shelters serve three meals a day. The hotel residents receive food stamps, including an additional allowance because of the need to eat in restaurants. Residents of the family centers have full cooking facilities.

In 1985 the City sheltered 3,449 homeless families totaling 12,313 people. The 15,300 people sheltered now represent an increase of 25 percent in the last year. To keep pace with this extraordinary growth in the number of homeless, and to improve the quality of services to homeless families, New York has undertaken the following efforts:

Development of Family Residences for Homeless Families

In September 1985, New York opened its first family residence center. This facility provides a residential setting and a level of services which is most appropriate to the needs of displaced families. All of the families live in private rooms and receive three meals a day as well as round-the-clock health care and social services. The plan is to reduce reliance on hotels and to use family residences to meet the increasing demand for longer-term temporary shelter over the next few years.

Emergency Assistance Unit Increased Services

The Emergency Assistance Units are intake centers for homeless families and persons. An EAU refers families to available emergency shelter. This winter New York City substantially upgraded services in EAUs. Nurse practitioners and social workers are available on the 4:00 pm to midnight shift to examine families for possible contagious illnesses and to assess their social service needs. The EAUs operate at night and on weekends and

holidays. One center (Manhattan) is open around the clock, seven days a week.

Hotel Services

A number of services are provided to the families lodged in hotels:

- Case workers are located on-site at the hotels to review families' social services needs and to provide case management and referral services.
- Eighty percent of the hotel rooms accommodating homeless families have refrigerators.
- Preschool and Head Start slots for 700 children are available.
- Child Abuse Prevention Services are available.
- The Visiting Nurse Service is available to all hotel families.
- Fourteen hotels have recreation programs which serve 2,500 people, including an evening program for older children.

Food Bank

New York City is providing $191,928 to a city-wide food bank located in the Hunts Point Co-op Market in the Bronx. As of January 1986, approximately 1.7 million pounds of food had been distributed to 325 not-for-profit organizations (soup kitchens, food pantries and City agencies) at a cost of 12 cents per pound. By purchasing food from the food bank, member organizations have saved $2 million to date.

In-Rem Program

Since mid-1983, New York City has undertaken an aggressive program to increase the supply of permanent housing for the homeless. The Department of Housing Preservation and Development has renovated about 6,800 units of in-rem housing and plans to add an additional 3,000 units every year.

City Long-Term Housing Program

New York City is embarking on a multi-billion dollar ten-year housing program which will produce 126,000 units for families earning up to $15,000 a year, and another 93,000 units for families earning between $15,000 and $25,000 per year.

New Family Center Housing

A request for proposals was issued by the City's Department of Housing Preservation and Development in June 1985 to provide transitional housing in centers for homeless families. In exchange for long-term leases from the City, four organizations will develop about 400 units of housing by rehabilitating vacant City-owned buildings using private funds.

New Homeless Housing Program

New York City recently awarded 36 vacant City-owned buildings and $30 million to 29 non-profit groups which will provide transitional and permanent housing for homeless families and single individuals. Many of the projects funded will provide housing for special populations such as the mentally ill, physically handicapped, young adults, the elderly, teenage mothers and mothers with newborns. Eleven of these groups will also receive contracts from HRA to operate transitional residences for homeless persons.

Priority Rehousing

While most families secure housing on their own, families who have been in shelters the longest are transported by HRA vans to see vacant apartments renovated by HPD in City-owned buildings. HRA also secures apartments in private buildings through a landlord bonus program called the Emergency Assistance Re-housing Program (EARP). HRA expects to obtain 1,000 units for homeless families through this program. This is one of many efforts to move homeless families to permanent housing.

PHILADELPHIA

The City of Philadelphia, through the Mayor and Managing Director, has taken a strong leadership role in analyzing the problems of and responses to homelessness, developing new programs, and advocating maintained and increased support from the State and Federal governments.

When the Mayor's Public-Private Task Force on Homelessness was formed, there was considerable emphasis on emergency shelter. Now, with the increase in emergency programs to meet the identified need, there is much more of an emphasis on permanent solutions and long-term housing. Three efforts to achieve more permanent solutions are the Center City Project, Bethesda Project and Washington House. Other projects, such as Bridge Housing and SRO development, are now being negotiated with the State. In the area of emergency response, a coordinated effort involving the Managing Director's Office, Police, Health and Human Services was initiated in the Winter Weather Emergency Operations Plan.

THE CENTER CITY PROJECT

The Center City Project is a coordinated system of services developed by Philadelphia's Office of Mental Health and Mental Retardation to meet the specialized needs of the chronically mentally ill homeless population. The Project became fully operational in February 1984. Since that time, program components have been added, refined and modified in order to respond better to the multiple needs of this severely ill population. Currently, aggressive outreach, emergency, residential and day programs are provided through contract with six mental health agencies. The Office of Mental Health and Mental Retardation maintains the overall responsibility for continuity of care, coordination and linkage of services between component programs. The Center City Project represents a year-round commitment to provide a network of mental health services to the homeless. The overall goal of these services is to engage, stabilize and mainstream these individuals into catchment area services.

In Philadelphia there have been concerted public and private efforts to identify both the number of homeless people and the sub-groups that comprise this population. For example, the Philadelphia Health Management Corporation recently completed an independent study, "The Philadelphia Emergency Shelter Monitoring Project," which estimated the number of homeless in Philadelphia to be between 10,000 and 13,000 individuals. The Mayor's Public-Private Task Force on Homelessness, created to oversee the development of short term emergency services and a long term strategy, divides the homeless into four major sub-groups: single, economically deprived; the chronically mentally ill; families; and substance abusers.

The Task Force estimates that the chronically mentally ill make up 25 percent of the total homeless population. The group of mentally ill homeless is further divided into two categories: older, passive mentally ill people, with a history of institutionalization who have often been without homes for months or years and younger, more aggressive chronically mentally

ill individuals who typically have an extensive history of short-term contact with mental health, social service and criminal authorities. The younger group tends to be intermittently homeless.

The needs of the homeless chronically mentally ill are quite differentiated and complex. They require a range of mental health services as well as support from a variety of systems including health, income maintenance, social service and housing. Because this population's needs are so pervasive and overlap multiple programs and systems, case management has become an essential service function. Case managers participate in the development of a comprehensive service plan, implement and monitor the plan and aggressively manage individual cases so that clients do not slip away and drop out of treatment. Case managers, or case management teams, also become a focal point for the client.

The Philadelphia City Office of Mental Health and Mental Retardation has responded to the needs of both the older passive and younger aggressive sub-groups with an array of short and long term services. The current service network consists of 18 service sites that provide aggressive street and shelter outreach, emergency/crisis intervention services, day programs and a series of short and long-term residential options for the mentally ill homeless. The coordination and monitoring of all of these services is done by the Office of Mental Health and Mental Retardation. Below are some of the project's accomplishments:

- The Office of Mental Health and Mental Retardation, in conjunction with the Commonwealth Office of Mental Health, was recently awarded funds from the National Institute of Mental Health to establish a centralized case management unit for the Center City Project. The funds, which were a supplement to the State Community Support Program, will support the operation of the demonstration case management unit for one year. The unit will develop a client tracking and monitoring system which is expected to improve the continuity of care for clients and provide information on service needs for planning purposes.

- A uniform reporting system specific to the components of the Center City Project has been developed and implemented. As a result this Project has a separate computerized data base which is being utilized to support case management activities and serves as the basis for management information and planning.

- Over the past two years the residential capacity of the system on a given night has increased to 258 permanent beds. During the winter 40 temporary beds were added.

- This past winter, the Mayor's Emergency Winter Plan went into effect. It provided for the coordinated outreach, screening and placement of individuals remaining on the streets during the most severe weather conditions. The plan joined mental health, drug and alcohol, social service workers and the police in an interdepartmental effort to preserve the lives of vulnerable, disabled individuals.

Funding for this network of services in FY 1985 totaled $5,345,390 (excluding medical assistance payments for outpatient, inpatient and partial

hospitalization). City revenue for homeless mentally ill clients totaled $1,288,776. The balance of funding came from State cost centers.

BETHESDA PROJECT

Bethesda Project, Inc. is a non-profit, non-sectarian tax-exempt corporation founded in 1979 to care for the needs of the poor and homeless. It came into existence as an outreach effort of a group of predominantly Catholic lay people associated with Daylesford Abbey in Paoli, Pennsylvania, to serve the homeless poor in the City of Philadelphia.

At its inception, its immediate purpose was to open and operate a long-term residence for homeless women in Center City Philadelphia. The home, known as Bethesda, housed 10 women and a resident manager in leased quarters. The women residents were referred from Mercy Hospice, a shelter for women, operated by the Sisters of Mercy, a few blocks away. The Sisters of Mercy, from the start, provided consultation and support to the Bethesda staff. This help continues.

In 1982, with the help of numerous individuals and foundations, the Project purchased and renovated a large house. The residents moved to their new home in June, 1983. The house accommodates 14 women and a staff of three. In November, 1984, Bethesda Project opened My Brother's House, a day center/night shelter for 24 homeless men. This new effort to care for homeless men has evolved into an ecumenical endeavor in which Daylesford Abbey has been joined by the Quakers, United Church of Christ, and Episcopalians.

The persons served at Bethesda House are homeless women referred through Mercy Hospice. Some have lived on the street, all are poor, usually have no relatives or friends, frequently have had psychiatric hospitalizations, and do not have the living skills to be able to handle independence well.

The population at My Brother's House and the Church shelters represents the spectrum of homeless men -- all are poor, jobless, some are alcoholic, some are ill with medical and psychiatric problems. The shelters' criterion for admission is simply "any non-violent, non-belligerent man."

Bethesda Project now proposes to undertake the logical next step: provision of long-term housing for homeless men. There is a crying need for permanent housing for those men who presently have only the options of the street or a shelter, but who could, with the kind of support Bethesda Project knows how to provide, live with a greater measure of privacy, dignity and independence than is now available to them.

The City of Philadelphia, through its Philadelphia Housing Development Corporation, recognizing the need for such single-room occupancy (SRO) housing, has chosen Bethesda Project as the recipient of a long-term, low-interest loan for rehabilitation of a building to house single, chronically homeless adults who need special supportive services. The loan (approximately $210,000) is contingent upon raising a matching amount, which Bethesda Project intends to do with the help of foundations and corporations.

The Project must also raise the $65,000 needed to acquire the chosen site and an annual operating subsidy of about $50,000. The Project proposes to raise the operating subsidy through an ecumenical program whereby churches and synagogues of all faiths are given the opportunity to commit themselves to sponsoring one room for one man annually.

The proposed long-term residence for men will be modeled on the present residence for women, and will draw heavily upon what has been learned from six years' experience there. The goal of Bethesda House has been to provide poor and abandoned women with a home where they can live in dignity, privacy and safety. Staff is on the premises around the clock to provide a caring and concerned environment where each person's needs are known. Her treatment plan, if one exists, is recorded; her medication schedule is monitored; she is accompanied to doctors or to clinic appointments if she needs help. If she is not already linked to health care services upon admission to the House, that is done. Each woman coming to Bethesda is provided with a single furnished room, linens, and the use of a communal kitchen, where she prepares her food. If she needs help in re-learning to shop, budget and cook, this is provided.

Financial support for the house comes from rentals from the women, who are charged rent based on their ability to pay. Most of the residents receive some kind of public assistance. The difference between the cost of operations and the revenue from rentals has been about $15,000 annually. This, together with funds to meet extraordinary expenses, must be sought from donors. Bethesda houses 14 women at a cost of about $6.00 per day per woman. If rental income is deducted, the average cost to Bethesda Project is about $3.00 per day per woman. Experienced shelter providers consider this a marvel of economy.

The residents are cared for by a resident manager and two staff members who work elsewhere and live in the house. The staff's primary responsibilities are to create a loving and caring presence, to be aware of residents' medication schedules and any adverse reactions to medication, or the need for adjustment. They work closely with whatever mental health program to which the women are linked.

Linkage to the health care system is of paramount importance, both in provision of services to the residents and support from professionals to the house staff and to volunteers. The Project has established close working relationships with the Hall-Mercer Clinic of Pennsylvania Hospital, in whose catchment area the house is located. The names of each woman's physician, case manager and therapist are on file; appropriate information is exchanged. The Project has the same arrangement with the clinic at Thomas Jefferson University Hospital.

Because Bethesda House is staffed and operated exclusively by volunteers, it is of utmost importance that the volunteers be committed and well-trained. Hall-Mercer has assisted in developing an in-service training program for the volunteers; the Clinic's outreach worker has come to the house for a mini-course on schizophrenia, the illness from which the majority of residents suffer. Volunteers have learned how to relate to the residents, the areas in which they can (and cannot) be helpful, and the

recognition of symptoms of impending difficulty. A Hall-Mercer worker attends Bethesda staff meetings upon request.

The volunteers' participation in the program is vital. The women residents tend to be suspicious and mistrustful, since their life experiences have not encouraged them to be otherwise. Volunteers commit to be present in the House all day once weekly, to help clean the public areas and, more importantly, to befriend the residents. Relationships based on trust have slowly developed over the years.

Socialization, another vital part of return to more normal functioning, is provided through house dinners, holiday and birthday parties, and invitations to all the social events at the Daylesford Abbey in Paoli, such as picnics, swim parties, and square dances. Volunteers transport the women. Friendships have come about easily and naturally. It should be emphasized that residents are free to participate in these activities or not, as they are entitled to live with as much independence as they are able to handle.

The Bethesda Project has approached its residents with the idea that they desire the same things everyone else does--warmth, relationships, affection, affirmation and sensitivity to needs. They have responded in a predictable way--with reciprocity. This takes time, energy, concern and commitment, but there is no other way and no short cuts.

WASHINGTON HOUSE

In September 1984 the City of Philadelphia signed a two-year lease with the Department of the Army for a building to be used as shelter. The Federal government also awarded $500,000 for building renovations and certain operating expenses. After considerable renovations and improvements, Washington House opened and admitted its first group of residents in May 1985.

Washington House provides shelter to 25 homeless men. Residents are admitted to the program following a period of detoxification and a two-to-three week stay in an intermediate residential program. During the six months they are in the program, residents are provided with job skills training, outpatient counseling at the main program site, and assistance in finding permanent housing and employment.

The program is staffed with house managers on all three shifts, client aides and kitchen staff. Residents assist in daily housekeeping chores and in light maintenance activities.

The program is supported by a mix of City and Federal funds. To date, the program has consistently been occupied at its 25-bed capacity. It has been recognized by City, State and Federal officials as a model program which has had considerable success in breaking into and reversing the homeless lifestyle of alcoholic men in Philadelphia.

WINTER WEATHER EMERGENCY OPERATIONS PLAN

The overall purpose of the Winter Program is to preserve the life and health of disabled individuals remaining on the streets of Philadelphia during the most severe stretches of winter weather. The Office of Mental Health and Mental Retardation is charged with the responsibility of identifying those individuals who are mentally ill and organizing a series of services designed to alter the patterns of homelessness and begin the long process of rehabilitation. The Coordinating Office of Drug and Alcohol Abuse Programs is charged with the responsibility of identifying those homeless who are alcoholics and placing them appropriately. The emergency winter programs serve as a bridge, connecting the mentally ill and alcoholic homeless with the year-round services available through the Center City Project and other permanent support systems.

The system of services which compose the mental health section of the plan includes full participation in interdepartmental outreach efforts, rapid screening and evaluation, and movement to mental health residential facilities. Once a "weather emergency" is declared by the Health Commissioner, conferring with the Managing Director's Office, the Office of Mental Health and Mental Retardation notifies participating agencies who in turn activate their respective programs. Outreach workers from the Hall-Mercer Mobile Outreach Team, the Diagnostic and Rehabilitation Center (DRC) and Adult Services, in conjunction with the police, comb the streets of Center City identifying homeless individuals and arranging for immediate service. People in need of mental health services are taken to the Emergency Evaluation Center operated by the CATCH Community Mental Health Center or directly to one of the seven psychiatric emergency services around the city. Following a medical and psychiatric examination, individuals are transported to residential facilities within the mental health network. The primary receiving point is the low-demand site operated by the Northwest Community Mental Health Center at Penn Personal Care.

Those needing alcoholic detoxification are brought to DRC, given a medical examination, provided with a shower and given new clothing and food. The detoxification period lasts five days, at which time an effort is made to move residents into the long-term component of the program.

The program is staffed by DRC employees working on an overtime basis. Health services are provided by a medical group which contracts with the Diagnostic Center.

The Winter Weather Emergency Operations Plan was activated on 33 days from December, 1985 through March, 1986. During that time, approximately 450 people were transported to shelters. The cost for the entire program was about $500,000, all of which was from the City General Fund.

PHOENIX

While there have always been homeless people in Phoenix, their numbers have increased dramatically in recent years because of several converging influences, including the economic downturn, the release of the chronically mentally ill from state hospitals with insufficient community residential placements, and the demolition of many of the single room occupancy hotels in the downtown area. While there are no accurate data on how many homeless people are in Maricopa County, estimates put the number at about 3,000 in the Phoenix area, including 150-275 families.

To understand better this very visible population, studies were conducted by the Salvation Army, the St. Vincent de Paul Society, and the Phoenix South Community Mental Health Center in 1982 and 1983. The studies showed that 87 percent of the homeless were men, most had come to Phoenix to find a job and over one-third had been in Phoenix for three years or more. In addition they showed that 40 percent of the homeless were employable, 20 percent were chronically mentally ill, 20 percent were substance abusers, 15 percent were older or disabled workers and five percent were socially maladjusted. Individuals in each of these categories require an appropriate response to their needs.

The Consortium for the Homeless, now over three years old, is a group of over 30 social service agencies. It meets regularly and has served as a catalyst for much that has happened in Phoenix regarding the homeless. The Consortium has developed a comprehensive plan to place as many of these individuals as possible back into the social and economic mainstream of society. A three-tiered approach was developed which is designed to move single individuals through the shelter system and, if possible, into employment. Families have been housed by the Salvation Army and St. Vincent de Paul Transient Aid Center. The three-tier system focuses on homeless individuals.

SHELTER FACILITIES AND RELATED SERVICES

Because the homeless population is composed of different sub-groups, the following continuum of services was developed:

- Tier I: An emergency facility for a short-term stay -- for individuals or families.
- Tier II: Transitional housing for up to one year during which an individual stabilizes his life, secures a job, training or entitlement benefits -- for disabled, chronically mentally ill, alcoholic or elderly individuals or individuals in training or employed.
- Tier III: Low-cost housing for employable individuals and protected residential alternatives for those unable to live independently.

Tier I

Central Arizona Shelter Services

This emergency homeless shelter provides a short-term stay for homeless men and women. The facility opened in January and has served an estimated 9,000 unduplicated individuals. Services provided are shelter, breakfast and dinner and personal hygiene kits. The average length of stay is 18 days, during which the individual works on a plan to find a job, stabilize his or her health, or secure entitlements. The average cost per night is $3.30 per person. The shelter has a capacity of 164 men, another 80 men in the working men's dorm, and 51 women upstairs. In addition, an open air shelter behind the facility accommodates 200 to 300 people. Funding for the current fiscal year is derived from the City of Phoenix, Maricopa County, Paradise Valley, Tempe, the Arizona Department of Economic Security, and donations. Requests for funds have been made to local governments, the Department of Health Services, and the private sector.

Associated Services at the Tier I Complex

Homeless Medical Clinic

This project is funded by a $1.4 million, 4-year grant from the Robert Wood Johnson Foundation and the Pew Memorial Trust in conjunction with the U.S. Conference of Mayors. The grant is administered by the City of Phoenix. The clinic combines a number of services for the homeless: medical screening and treatment, mental health outreach, social service counseling, and assistance in obtaining benefits such as Social Security Disability Insurance, and Veterans benefits.

Phoenix South Community Mental Health Center

This counseling program is funded by the Social Services Block Grant. Its purpose is to assist homeless individuals in breaking the cycle of homelessness and to access necessary services. The program includes assessment, problem solving, a job bank and referral to other services. Transportation is also funded by the Social Services Block Grant.

Advocates for the Disabled

Many of the homeless are eligible for state and federal benefits. Counseling is provided to assist these individuals to secure appropriate documents and follow necessary procedures to secure other entitlements. The Social Service Block Grant funds this program.

DES Vocational Rehabilitation

In depth vocational assessments are undertaken for approximately 70 homeless individuals. This assessment is helpful in securing appropriate job training or job placement.

Maricopa County Department of Health Services CHAPS Program

This facility provides counseling and day support for the chronically mentally ill homeless. It receives referrals from the CASS Shelter and Phoenix South Counseling Service. The program is funded by the Department of Health Services and Maricopa County.

The Salvation Army Family Shelter

This facility houses approximately 30 people and often runs full. The average length of stay is three days. The program is funded by the Social Services Block Grant.

Tier II

Ozanam Manor

The St. Vincent de Paul Society shelters approximately 35 men and eight women in Ozanam Manor for up to one year. Residents are elderly or physically disabled homeless, who are assisted in obtaining benefits, stabilizing their health, and securing permanent housing. Funding is derived from the Social Services Block Grant, resident fees and contributions from the St. Vincent de Paul Society and the City of Phoenix.

Central Arizona Shelter Services--Working Men's Program

This program matches homeless families with sponsoring churches, businesses, and civic organizations. Sponsoring organizations assist families or individuals during a three-month period with basic necessities such as housing, food, clothing and employment. The Department of Economic Security funds a coordinator for this program.

The Salvation Army--Motivated Men's and Women's Program

The Motivated Men's Program houses approximately 33 employed, homeless men. The Women's Program will house 16 women and 5 children. The programs usually run close to capacity.

Local Alcohol Reception Center--Extended Care Center

The Extended Care Center provides detoxification and rehabilitation services to chronic substance abusers. It has a capacity of 48 and provides care for a period of 28 to 90 days. Courts can order stays of up to 60 days if certain criteria are met. The program budget of $298,000 is funded by the State, Maricopa County, and the City of Phoenix. It is currently operating at near capacity.

Phoenix South Tier II Housing for the Homeless Chronically Mentally Ill

Due to funding constraints, the special 15-bed Tier II program for the homeless chronically mentally ill was closed in the summer of 1985. Currently a smaller program of seven beds is operated in conjunction with the Phoenix South Crisis Stabilization Unit. The program is funded by the Arizona Department of Health Services.

Tier III

Section 8 Certificates

The City of Phoenix has received 105 Section 8 Certificates. This special allocation of certificates is to be utilized by families, the elderly, and physically disabled people who are homeless. The program will enable eligible homeless families and individuals to acquire housing subsidized by the Department of Housing and Urban Development.

City officials feel that Phoenix has come a long way in its recognition of the need to serve homeless persons. The national media, in 1983, painted a very grim but fairly accurate picture of the attitude toward homelessness in the community. As community awareness was raised by groups such as the Consortium for the Homeless and newly-elected City officials entered office, a more open attitude developed regarding the need to address the problems of the growing number of homeless persons on the streets of the city. Today, there is significantly greater local support for services for the homeless and, while there is much more to be done, public attitude regarding this population seems to be improving.

Two issues are at the forefront of the community's concern for the problems of the homeless today. First, is the need to develop stable sources of funding for the operation of the emergency shelter. Efforts are being made at the state level to identify such sources. The second issue is the need to move beyond emergency needs and address the critical need for transitional and long-term housing. The issue of affordable housing is almost overwhelming in its complexity, and current efforts to address the problem are very limited. The Community Council Task Force which established Central Arizona Shelter Services has developed a working paper on the housing issue which outlines key problems and potential solutions. It is the goal of the Task Force to make recommendations this year to the Mayor of Phoenix on actions that could be taken to begin to address the transitional and long-term housing needs of the homeless.

CITY-COUNTY EMERGENCY BASIC NEEDS COMMITTEE

In February, 1986 the Portland City Council and the Multnomah County Board of Commissioners adopted ordinances which established the City-County Emergency Basic Needs Committee. The primary function of this Committee is "to provide leadership necessary to maximize the ability of the City and County to meet emergency basic needs."

The primary charge to the Committee is "to develop specific policy, budget and planning recommendations and to produce a coordinated plan for the delivery of emergency basic needs services" by December 31, 1986. Emergency basic needs services encompass shelter, clean-up, food, clothing, medication, fuel, transportation, income and jobs.

The City Council and Board of County Commissioners set the membership of the Committee at eight persons, to include one elected representative each from the City and the County, one representative each from the Housing Authority of Portland (HAP), United Way, the Community Action Agency of Portland and the Multnomah County Community Action Agency, and one citizen each appointed by the City and by the County.

In concert with this action, the Mayor's 12-Point Homeless Initiative charged the Emergency Basic Needs Committee with responsibility for comprehensive planning to alleviate the problems of homelessness in the county. Overall goals of this Initiative, endorsed by both the City Council and the Board of County Commissioners, are to:

- Reach out to homeless people who need help in becoming part of the mainstream of community life;
- Be firm with those who do not adhere to community standards;
- Create an environment in which business can flourish and major economic development agendas can be pursued.

On the basis of this endorsement by the City Council and Board of Commissioners, the Committee began a review of all City bureau and County department proposals relating to emergency basic needs or homelessness, including policies, plans and budget requests.

Recommendations from the Mayor's Homeless Initiative being discussed relate to housing, treatment of incapacitated people, street sanitation, job creation, case management, street safety and public environment.

The Emergency Basic Needs Committee has sanctioned the formation of a Housing Coordinating Council as an official advisory body to the Committee. In response to the Mayor's Homeless Initiative, this Council has been designated by the Committee as the "basic housing programs coordinator" in the City and County.

The Emergency Basic Needs Committee review procedure is intended to streamline presentations and requests to the City Council and the County Board, but not to substitute for, supplant, or block such requests. Without review and recommendation by the Committee, however, no proposed policy, plan or budget request that is related to emergency basic needs or homelessness should be placed by a City bureau, County department or outside agency upon Council or Board agendas for action.

The Committee is committed to ensuring ongoing involvement of personnel from City bureaus and County departments in its planning efforts. Its process for developing a coordinated plan for delivery of emergency basic needs services is based on the work of advisory groups in basic needs areas and areas related to the organization of the service delivery system. While composed largely of service providers, these advisory groups encourage the participation by City and County staff, representatives of boards, commissions and task forces, advocates and recipients, and other members of the community. The success of this unique joint planning process will depend upon close cooperation between the Committee and relevant bureaus, departments, boards, commissions and task forces of the City and County.

SRO DEMONSTRATION

Portland's Single Room Occupancy project, jointly developed by the City's Development Commission, the Housing Authority, and several non-profit, social services agencies, set a precedent for housing an overlooked, but highly needy population in a manner that is both attractive and affordable. The SRO demonstration project is providing excellent housing at low cost in downtown facilities for individuals who previously fell though the safety net of public housing.

Previously there was an inventory of old, run-down residential hotels, and there were thousands of single individuals in need of assistance to afford decent housing. But help was not available under the Department of Housing and Urban Development's regulations. Because each room usually lacks its own bathroom and kitchen facilities, SROs traditionally have been defined as "substandard," and, therefore, were ineligible for federal housing subsidies. An exception to the 1936 Housing Act, proposed by Portland's Congressman Les AuCoin as part of 1981 Omnibus Budget Reconciliation Act, made Portland's SRO project possible. That exception redefined adequate housing. For the first time, single room occupancy hotel units were recognized as providing a lower-cost alternative for housing worthy of federal assistance.

The exception required that local rehabilitation standards be adopted, that local officials demonstrate a need, and that they seek SRO program assistance. A group of government, private housing, and social service agencies helped put the project together, with support from the HUD Area Office.

The Program provides, in return for a 15-year commitment from the developer, low interest rehabilitation loans (as low as 3 percent for up to half the rehabilitation costs -- with State Housing Division, private loans, and developer cash providing the rest) and HUD rental guarantees.

The renovations proved to be remarkably cost-effective. With loans from the demonstration grant, the City was able to rehabilitate 247 SRO units downtown for less than $2 million -- an average of $7,500 per unit, and a mere fraction of the cost of providing units under traditional Section 8 programs. Federal subsidies required for this are about a third of what they have been in other Section 8 projects in Portland.

The Portland Development Commission has renovated 500 additional SRO units, with funding from such diverse sources as the federal Department of Energy, the Federal Emergency Management Administration, and the National Trust for Historic Preservation.

Under the Program, owners can afford to upgrade and retain housing in their buildings. For example, units which rented for $95 to $125 before rehabilitation, now rent for $203. A qualified tenant pays 30 percent of his or her income toward the rent, and the difference is made up by HUD.

This arrangement works well for the tenant, for HUD, and for the property owner. Program tenants whose income averages $150 per month, now pay an average of $44 in monthly rent for rehabilitated units. This is one-half to two-thirds less than they previously paid. They now have more disposable income to meet their other basic needs. HUD is paying only about a third of the rent subsidy it pays for recently completed conventional Section 8 projects. And the property owner is receiving enough income to support the rehabilitation investment and provide quality management and maintenance.

The SRO program has brought at least 15 years of good housing to a downtown section of the City where redevelopment pressure would have forced closings or conversion to other uses. The term should be longer in at least one case where the program enabled a neighborhood non-profit group, the Burnside Consortium, to buy a building they had previously leased.

Most of Portland's current SRO population are unemployed, single white males. About 50 percent are either alcoholics or have disabling mental or physical health problems. Eligibility is determined by the Housing Authority of Portland, but final tenant selection is left to the building manager. A plus for all concerned is renter stability. This is encouraged through the rent subsidy which stays with the room, rather than travelling with an eligible recipient. This also helps with enforcement of house rules.

WINTER EMERGENCY SHELTER NETWORK

The Winter Emergency Shelter Network is operated to insure that homeless men and women have a warm, dry, safe place to stay on winter nights. Because existing emergency shelters operate at capacity during winter months, the Winter Emergency Shelter Network was organized to handle the overflow of homeless who need shelter in the Downtown/Burnside area.

The year-round existing shelter program provides approximately 350 shelter spaces per night at several Portland shelters. On cold winter nights the demand for shelter space can reach 700, however. The Winter Shelter Emergency Network was designed to meet this need and insure that 455

people can receive shelter during the coldest months. In emergencies, the number served can be as high as 655.

Burnside Projects, a non-profit organization, provides the coordination of the Network. The Projects determines the need for additional shelter, activates the opening of temporary shelters, and authorizes the use of emergency staff to supervise the temporary shelters. The Network functions as follows:

- Burnside Projects' shelter reaches capacity and receives a request for shelter.

- Burnside Projects' staff contacts the next existing shelter on the referral list to check on spaces available. If that shelter is full the next one is contacted.

- When all existing shelters are full the first backup facility on the shelter list is opened. An aide is provided when more than six people are referred to a backup shelter.

As a result of this system, homeless people can spend the night in safety and warmth, costs are minimal because backup shelters are opened only when needed, and cooperation is fostered since the various shelters, both existing and backup, are operated by different non-profit and religious organizations.

SAN ANTONIO METROPOLITAN MINISTRY SHELTER

The downtown shelter provides year-round temporary and emergency shelter for homeless men, women and children in San Antonio and, through health care, counseling and referral, assists people in moving from dependence to independence. The shelter is operated by the San Antonio Metropolitan Ministry (SAMM), an ecumenical non-profit organization. The City allocated $500,000 from the Community Development Block Grant to purchase and renovate the facility, which was previously a hotel.

The shelter has two formats of operation which vary with the season of the year:

- Winter emergency shelter program -- During the cold weather period (approximately November 15 to March 15), the facility opens at 6:00 pm and receives all who request shelter for the night, up to the capacity of the shelter. The shelter opens as early as 2:00 pm for those who need medical care. There are no restrictions on receiving persons into the shelter, and admission is on a first come, first served basis. Admissions cease at 8:00 pm. Shelter guests are expected to leave the shelter by 6:30 am, although the shelter staff can grant exceptions to this rule on the basis of particular circumstances or progress achieved in working with an individual. A hot evening meal is served each night and a snack is provided as quests leave in the morning. Services provided include:

  * limited storage of personal belongings;
  * a mailing address for guests;
  * health care services (both physical and mental) provided under a grant from the Robert Wood Johnson Foundation and the Pew Memorial Trust;
  * counseling and job referrals; and
  * optional daily spiritual instruction and counseling.

- Regular Program -- Shelter is provided on a "defined" basis from approximately March 16 to November 14. The hours remain the same as in the winter, and the evening meal and morning snack are still provided. Single men are generally allowed to stay at the shelter for three consecutive nights; those seeking employment may stay one to two weeks. Women and families may stay up to two weeks. Individuals or families willing to make a plan for their lives and desirous of an extended stay in the shelter sign a term contract which lists steps to move an individual from dependence to independence. The shelter staff and volunteers refer guests to appropriate agencies and organizations so that the term contract can be fulfilled.

HEALTH CARE FOR THE HOMELESS

San Antonio was one of the 18 cities selected to receive a grant from the Robert Wood Johnson Foundation and the Pew Memorial Trust to provide health care to the homeless. The project is designed to provide health and social services in the two primary shelters in San Antonio, the Salvation Army and the Metropolitan Ministry Shelter. The two shelter sites each have a family nurse practitioner on duty who offers on-site health services for immediate treatment under delegated protocol. In addition, each site has an MSW trained social worker to provide social services, intervention, referrals and case management.

The project has an agreement with two urban health initiative clinics to provide full primary care in the clinics. Transportation is provided from the shelter sites to the clinics.

The project has an agreement with the Bexar County Hospital and three private hospitals to accept shelter clients requiring hospital care. Bexar County Mental Health and Mental Retardation works with shelter residents who are referred for mental or emotional problems.

HOMELESS SERVICE PROVIDERS COALITION

Since June 1983, representatives of agencies providing shelter and other services for the homeless have met as a Coalition on a weekly basis to discuss problems in the provision of those services. The Coalition also serves as a planning group to develop new programs and strategies to provide assistance more effectively to the growing number of homeless persons in San Francisco.

The Coalition was instrumental in developing the proposal to the Robert Wood Johnson Foundation and the Pew Memorial Trust for the Health Care for the Homeless Program and continues to serve as the governance body for that grant. The Coalition also developed the conceptual basis on which the Chronic Homeless Support Environment Program was developed and implemented. A subcommittee of the Coalition serves as the advisory committee for that Program. Another subcommittee is studying the problems of homeless persons with AIDS and AIDS-related conditions.

Chaired by a representative of the Mayor's Office who also serves as the Coordinator of the Homeless Shelter Program, the Coalition has representation from the Department of Public Health, Department of Social Services, Community Mental Health Services, Social Security Administration, Veteran's Administration, Health Care for the Homeless Program, Swords to Plowshares, Episcopal Sanctuary, Salvation Army, St. Vincent de Paul Society, Central City Hospitality House, Laguna Honda Hospital, San Francisco Support Services, Mobile Assistance Patrol, Raphael House, St. Anthony Bethesda Drop-In Center, All Saints Episcopal Church, Travelers Aid Society, ElderCare Program, University of California at San Francisco, Haight Ashbury Family Shelter, Canon Kip Community House, and North of Market Senior Services Center.

CHRONIC HOMELESS SUPPORT ENVIRONMENT PROGRAM

In August 1984, a special program was initiated for a targeted population of homeless persons who were receiving some form of financial assistance, but who were over-utilizing the emergency shelter system. A profile of the clients revealed they had impaired survival skills, money management difficulties and few, if any, socialization skills. Many of the clients were "older" and had been living on the streets for extended periods of time. As a result of their lifestyles, many of these persons were in poor health and had substance abuse problems. This made them "targets" of their younger, rougher street peers and they were robbed and/or beaten with frightening regularity.

The Service Providers Coalition developed a program to establish a safe, supportive environment for those clients. A hotel was obtained to provide stabilized lodging. The program is coordinated by two Jesuit Volunteer Corps workers. They are assigned to the program on a yearly basis

and maintain office space within the hotel. Salaries are paid by the Mayor's Fund for the Homeless.

Social work staff at each participating agency, including the Salvation Army, Central City Hospitality House, Episcopal Sanctuary and St. Vincent de Paul Society, identifies those clients who are appropriate for the program. The referring social worker is responsible for the case management of each client referred. Swords to Plowshares, a Vietnam veterans advocacy program, has allocated 20 rooms for homeless Vietnam-era veterans and provides case management, job training and job referrals for those clients. All social work support efforts include assistance in obtaining appropriate financial entitlements and development of an individual, long-term, permanent living situation.

Because of the need for a highly intensive staff effort, expansion of the program is limited. Although it began as a six-month pilot project, the program has been so satisfactory that it is now completing its second year and will be continued for a third year. Current plans for the program will include using former homeless persons as paid staff who have worked as shelter volunteers.

Each individual client is responsible for rent payment, with that payment assured by the case manager. All other expenses are paid by the Mayor's Fund for the Homeless.

SUPPORT SERVICES

Conard House, Inc.'s San Francisco Support Services (SFSS) Hotel Program and Multi-Services Center Program provide support services for a population that traditionally has been under-served by most social service providers, the chronically homeless. Most of these people have a history of severe, persistent mental and emotional disorders and often are unemployed, uneducated, unskilled, single, mobile and potentially dangerous. Historically, they have failed to sustain viable connections with provider agencies, such as the Department of Social Services, Social Security Administration, Veterans Administration and other potential sources of income. Often, even with a link to these agencies, clients are unable to secure a stable living environment or to manage their limited resources to meet their most basic needs for food, shelter and clothing. They are psychologically fragile and require a full range of support services to attain minimally acceptable standards of living.

Although hospitalization is inappropriate for this population, stressful life circumstances result in repeated emergency admissions to psychiatric inpatient facilities. Members of this group are also often arrested on misdemeanor charges, usually related to food or shelter. These interventions, hospitalizations and arrests, do not address the survival, case management, and social support needs of this population, but rather exacerbate the expensive revolving door syndrome. The San Francisco Support Services Programs attempt to meet the basic needs of this population through unique, non-traditional and innovative approaches.

Multi-Services Center

The Multi-Service Center has three major goals: to aid people in obtaining an initial source of income, to provide advocacy services for clients eligible for additional income from other sources, and to provide money management for people living in apartments, hotels, and board and care homes. The MSC works with those who do not need or cannot adjust to the structure of the Hotel Program or who are progressing from the Hotel Program into more independent living.

The MSC assumes the ultimate case management responsibility for these severely disturbed clients, and helps them create and maintain viable, individually-tailored support systems from the bewildering array of potential resources. Initially, by working with the client on money management issues, the case manager develops a results-oriented caring relationship which is carried over to other concerns. Eventually most clients come to view the MSC as a haven of support. Staff accompanies clients to DSS offices, hotels, and missions to facilitate their move to independence. A major advantage of the MSC is that it maintains an informal atmosphere to accommodate those individuals who are unable to be served within traditional mental health and social services programs. Although this approach is labor intensive, most of the clients need immediate help in resolving the problems of daily life which can spark crises and rehospitalization.

Hotel Program

The goals of the Hotel Program are similar to those of the MSC Program: obtaining income, providing advocacy services, providing money management for clients, and the additional goal of providing on-site housing for this population. Presently, three hotels serve as homes for the target population, where money management and social support are provided as well. Case managers work directly with clients at the hotels to ensure that connections are maintained with service agencies and income maintenance programs. By providing services directly on-site, the case managers are able to ascertain clients' needs for both income and social support, and to help meet those needs more directly in a clean, safe environment.

Also at the hotels, the staff provides socialization, prevocational, and vocational opportunities. At times, groups of residents with similar concerns or issues meet to discuss these issues and to arrive at possible peer solutions. This provides opportunities for clients to develop socialization skills, to establish social contacts, to develop a support network at their place of residence, and to foster a community spirit which aids the clients to develop their self-esteem. The Hotel Program also has staff at each hotel who work in the evenings to support, complement, and implement the case management team's recommendations and contract plan.

As with the MSC Program, the Hotel Program case managers provide these services through a non-traditional approach, which de-emphasizes the regulations often associated with social service and mental health agencies. An integral part of the Program's success involves the relationship which develops between the case manager and the clients. It is not unusual for clients to meet the staff only casually before becoming more involved and asking for help. This casual relationship gives the residents opportunities

to discuss needs and concerns outside the traditional models. The Case Manager then familiarizes the clients with available services, makes referrals, and aids them in moving through the process.

A newer service provided for clients, in conjunction with other agencies, is regularly scheduled visits from dentists, nurses, doctors, and psychiatrists who come into each hotel to evaluate and monitor the health needs of the clients. Also, the hotels maintain a "clothes closet" for clients and are beginning a program to teach clients basic reading skills.

Advocacy

The basic client goals are to secure housing and to obtain a source of income. As the majority of the clients are unemployable and eligible for General Assistance, the initial advocacy component of the case work involves helping them with GA and Social Security applications, and, generally, walking them through the processes involved in dealing with other social agencies. This advocacy function is an indispensable adjunct to general case work as it helps clients to help themselves, to protect and extend their rights, and to secure and upgrade services to which they are entitled.

Because of the degree of mental disability evidenced by the population served, many of them are eligible for Social Security benefits. Therefore, obtaining federal assistance for clients becomes a further goal. This is accomplished by securing client records and working with the Social Security Administration and with DSS. At times, doctors, lawyers, and other social service and mental health providers are involved in this process, which is coordinated by the client's case manager.

Money Management

A major goal of the SFSS Money Management function is to manage funds for clients in the community who presently are unable to handle their finances independently. Initially, the client and SFSS meet and jointly structure a disbursement plan which is agreed to by both the client and SFSS. This plan is an integral part of the contract established between the client and SFSS.

The disbursement plan outlines the agreement between the client and SFSS regarding payments made to, or for, the client, including the timing, frequency and amounts of these payments. This Plan is modified as the needs and circumstances of the client change.

A secondary goal of the program is to teach clients to manage their finances with minimal assistance from SFSS or other agencies, and eventually to manage their financial affairs independently. SFSS realizes, however, that due to the clients' different levels of functioning and varying needs, it is unrealistic to expect all clients to progress to the level at which they need no assistance in managing their finances.

Clients do not receive cash disbursements directly from SFSS. SFSS has established a process with a local check cashing agency which permits its clients to cash checks issued to them and drawn on the SFSS bank account.

Checks, and not cash, are employed for two reasons: First, disbursing checks provides staff with the opportunity to teach clients about the banking system, which promotes the clients' ability to function more independently; second, check disbursements, rather than cash, provide higher degrees of safeguards for protecting the integrity of the system.

It has been found that acting as sub-payee for clients and managing their funds in a flexible manner have become the keys to serving the needs of this population. Approximately two years ago, 43 clients were served. Today, over 400 active clients are involved in the two SFSS programs.

For this severely disturbed population, knowing that they have ready access to their funds relieves much anxiety, and promotes the trusting and caring relationship the staff attempts to develop. Checks are distributed at four locations twice a day, and in emergencies when needed. Although this involves much time, paperwork, documentation and support, it is essential in maintaining relationships with the clients. A less flexible and more structured system might well cause this population, which already is identified as having been underserved in the past, to return to the streets, perpetuating the expensive and inefficient revolving door syndrome.

The combined programs' budget is $1 million, provided by the San Francisco Department of Social Services.

ISLANDS OF SOBRIETY

In May 1985, the St. Vincent de Paul Society in San Francisco joined with the State of California, San Francisco Department of Public Health, and local private financial organizations to forge a unique version of a public-private partnership. The Islands of Sobriety, two downtown hotels which have been renovated, are the new homes for recovered alcoholics. The hotels provide long-term, low-cost housing for persons completing long-term alcohol rehabilitation programs.

The $4 million purchase and renovation of the hotels was made possible by long-term, low interest loans from the State of California Department of Housing and Community Development, loans from local banks and a $1.2 million grant from the Bob Lurie Company. (Lurie is the owner of the San Francisco Giants baseball team.) The St. Vincent de Paul Society put the package together and formed a limited partnership, the Arlington Residences Inc., which owns the buildings.

The program is the final stop in services that begin with alcohol detoxification and go through long-term treatment, which can last up to a year and a half. It provides a stable, sober supportive environment in which recovering alcoholics can continue their road to recovery. In the past no such program existed and many persons found themselves on the streets with no home, and back into the homeless alcoholic life-style.

Rents at the hotels range from $215 a month for a room without a bath to $250 a month for a room with a private bath. Renovations included the installation of two community kitchens on each floor and the renovation of 30 communal bathrooms.

A Tenants' Committee has been formed to assist the management of the hotels. In addition, the hotels are self-sustaining in that all the tasks in maintaining this sober living environment are performed by the recovering alcoholic tenants.

HEALTH CARE FOR THE HOMELESS

San Francisco is one of the 18 cities that received a grant from the Robert Wood Johnson Foundation and Pew Memorial Trust to provide health care to homeless people. The purpose of the program is to make health services accessible to a population whose health status is often severely compromised, either as the result of or aggravated by their homeless condition, and who are frequently excluded from the conventional health service system.

San Francisco's Health Care for the Homeless Program began operation in December 1985. Two mobile health teams, each consisting of a nurse practitioner, social worker and mental health worker, rotate through four City-funded shelters and three hotel-based programs for the homeless five afternoons and evenings per week. The teams are backed up by a physician and a psychiatrist. In addition, the program supports a part-time physician and nurse practitioner, who operate a clinic five half days per week at the Larkin Street Center for homeless and runaway youth.

The program is administered by the City and County Department of Public Health and is formally integrated into the organizational structure of that Department. In addition to providing direct health services by grant-funded staff, the program has support from the San Francisco Department of Public Health and the University of California at San Francisco to expand the scope of services provided:

- San Francisco General Hospital's TB Clinic works with Program staff to conduct tuberculosis screenings and provide follow-up therapy, treatment and other support.

- Family Health Services of the Department of Public Health and UCSF monitor the health status of homeless families.

- Community Mental Health Services of the Department of Public Health, utilizing part of a $1.1 million state mental health grant, augments the mental health component of the program, in addition to developing other services for the homeless mentally ill.

- The California College of Podiatric Medicine provides a half-day free podiatry clinic once a week at City shelters.

- The University of San Francisco School of Nursing outstations nursing students in each of the City-funded shelters and hotel program one evening per week.

In spite of the optimism generated by the program and the support it has received, the health teams are available at sites that serve approximately 25 percent of the estimated 5,000 homeless people in San Francisco each night. Of course, many of those not directly served by the program can, and do, receive health care from other providers, particularly the Department of Public Health, which is mandated by state statute as the provider of last resort of medical services.

TASK FORCE ON THE HOMELESS

Under the leadership of Mayor Baltazar Corrada del Rio, the City of San Juan has formed a task force to coordinate and develop efforts to address the growing problem of homelessness. The establishment of such a task force was the principal recommendation developed by a working group, convened by the City and the U.S. Conference of Mayors in April 1986, to discuss the specific needs of persons who are homeless and mentally ill. Although the problems of the homeless mentally ill, who comprise a significant portion of the city's homeless population, will be the initial focus of the Task Force, future efforts will also be designed to address special problems faced by other subgroups of this population.

The task force will be comprised of a broad range of public and private agencies concerned with the problem, many of whom participated in the initial working group. The Division of Mental Health of the City's Department of Health will be responsible for overall coordination of the task force. The new task force will serve as the official mechanism in the city through which service providers and interested individuals can share information and pool together resources to assist the homeless.

The development of specific efforts recommended by the working group will be considered by the task force. They include:

- outreach and case management, to assist homeless persons in obtaining available services;
- increased emergency food assistance and other basic services;
- a day center, with laundry and shower facilities and on-site suppport services;
- a data base and information system that could be used in planning services for this population.

TRAINING PROGRAM ON THE HOMELESS MENTALLY ILL

The City's Division of Mental Health has developed a program to train police officers in responding to situations involving persons with chronic mental illness. The program was established in response to a request from the Police Department which indicated the need for special training in dealing with the increasing number of mentally ill homeless individuals in the city.

The training activities are offered through three day seminars for groups of 40 to 50 police officers. Topics covered include recognizing behavior associated with chronic mental illness and managing mental health crises. Raising awareness and sensitivity to the needs of the homeless mentally ill among police officers is one of the objectives of the program.

MAYOR'S TASK FORCE ON STREET PEOPLE AND THE HOMELESS

The Mayor's Task Force on Street People and the Homeless was established in October, 1984 in response to community concern regarding the needs of street people and the homeless, particularly in the downtown area. The Task Force was convened by the Mayor's Office of the City of Seattle and is staffed by the City. Its purposes are:

- To reduce conflicts between factions by providing a forum for airing concerns and working toward solutions to issues and problems raised;
- To recommend appropriate roles for the various levels of government in addressing the problems of street people and the homeless;
- To develop a detailed work program and establish priorities for 1985 and 1986;
- To serve as a nucleus for programs requiring a cooperative effort in dealing with street people and the homeless; and
- To develop, by the end of 1986, an ongoing mechanism or process to supplant the Task Force to deal with these issues on a permanent basis in the community.

The Task Force has established three committees which reflect the areas of concern and action: Public Safety; Shelter, Housing and Physical Development; and Human Services and Employment. Membership on the Task Force has been open, resulting in membership of over 175 people since its inception in 1984, with 60 active Task Force participants. Members include:

- Government officials (City, County, State, and Federal);
- Service providers (shelter, food, health, housing, mental health, alcoholism and employment agencies);
- Business representatives (large corporations, Downtown Seattle Association, merchants' associations and small business owners);
- Other agencies (Seattle Housing Authority, Private Industry Council, United Way); and
- The public at-large.

The following is a list of the accomplishments or recommendations of the Task Force Committees:

Public Safety Committee

- Developed a Community Standard for Public Safety, which was used as the basis for policies and actions to achieve a recommended standard of behavior;
- Established an ongoing liaison between the Seattle Police Department and the downtown community;
- Conducted a public safety workshop downtown and in nearby neighborhoods;
- Encouraged and supported ordinances to get tough on aggressive behavior on the streets and in parks; and
- Carried out improvements in downtown public parks to increase public safety.

Shelter, Housing and Physical Development Committee

- Developed action plan for emergency services response to assist the homeless in severe weather (in place since November, 1985);
- Supported and assisted in the development of a housing bond fund proposal to fund low-income housing (to be placed on the September, 1986 ballot);
- Supported proposals for use of remaining Seattle Housing Authority Senior Housing Bond funds to provide alcohol-free housing and more housing for the mentally ill; and
- Supported passage of the Washington State Housing Trust Fund (passed, March, 1986).

Human Services and Employment Committee

- Established a day center for women, with support services for the mentally ill (through the YWCA);
- Conducted an employment study to develop an action plan for employment initiatives for the homeless (underway, March, 1986);
- Supported continued funding to provide a shelter and programs for street kids (passed, March, 1986);
- Initiated a study of the alcoholism treatment system to identify an appropriate role for local resources and to recommend changes in the system to increase effectiveness in dealing with alcoholics on the street; and
- Identified specific mental health needs that can be influenced or met by City and/or Task Force efforts.

The major legislative concern of the Mayor's Task Force on Street People and the Homeless is that federal budget cuts could further reduce the services provided to families and individuals who are already homeless and forced to live on the streets. These services are necessary for the actual survival of some families and individuals in the Seattle area. Many of these services also could enable homeless families and individuals to resolve whatever problems caused them to become homeless and to become productive members of American society once again.

The legislative priorities of the Mayor's Task Force on Street People and the Homeless for continued funding are: direct services to street people and the homeless; services which assist street people and the homeless; and services which enable families and individuals to remain in their own homes so they do not become homeless.

CITY EFFORTS

In addition to the Task Force, the City of Seattle has undertaken a comprehensive effort to help the homeless:

- Federal Community Development Block Grant funds have been used by the City of Seattle since 1979 for operational costs for emergency shelter programs. These funds are allocated and monitored by the City of Seattle. In 1979, approximately $300,000 was allocated for emergency shelter programs. In 1986 this amount increased to $588,741.

  In 1983, the Survival Services Coalition, a coalition of shelter, food and medical programs organized and asked the City to allocate General Revenue Sharing dollars for the needs of the homeless, hungry and ill. The City of Seattle allocated $500,000 of General Revenue Sharing in 1984, $1.3 million in 1985 and $2.2 million in 1986. Two-thirds of these dollars are for emergency food and shelter programs.

  Emergency shelter programs continue to be a high funding priority for the City of Seattle. In 1986 total City dollars allocated for emergency shelter programs will be $1.5 million.

- Mayor Charles Royer has been a visible and strong advocate for social service programs that serve the needs of the poor, including the homeless. This commitment has been translated into City staff support, the development of the Broadview School Emergency Shelter Project, and the effort to develop emergency shelter on vacant federal property that indirectly resulted in the formation of the St. Martin de Porres Shelter on GSA property.

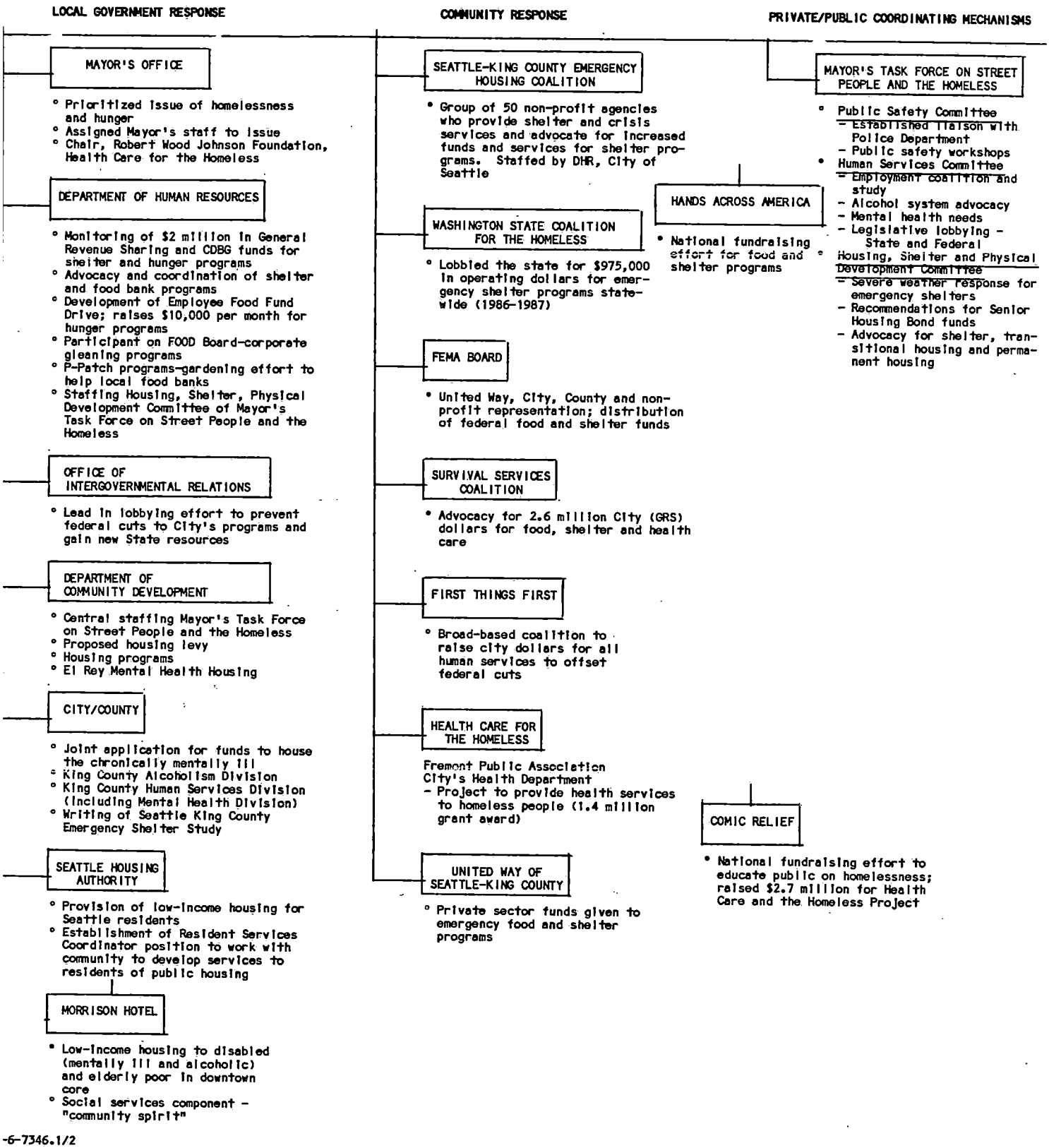
- The City of Seattle provides General Fund dollars for an Emergency Food and Shelter Coordinator within the City's Department of Human Resources. Her role is to provide support, coordination, and monitoring of the emergency, food, and shelter systems and is vital to ensuring that the City of Seattle is involved in and sensitive to the ever-changing needs of the programs delivering emergency food and shelter services.

- The City, working through the Mayor's Task Force on Street People, has developed a cold weather emergency response that provides a safe shelter during winter nights when the temperature falls below freezing. The City helped obtain funds to add 100 beds in the St. Martin de Porres shelter for men over 55, and opened a new shelter for families near downtown. The City also is developing a facility, the El Rey, for the mentally ill that will provide transitional and long-term housing and care in one setting. Finally, the City has enacted several measures to preserve the supply of housing for low-income people.

The following chart displays the agencies involved in Seattle's efforts to respond to hunger and homelessness:

HOMELESS AND HUNGER RESPONSE

CITY OF SEATTLE



-6-7346.1/2

THE RENT ABATEMENT PROGRAM

The Rent Abatement Program is a unique project that promotes self-sufficiency for vulnerable low-income people by preventing homelessness. A revolving fund generated by the City provides rent deposit assistance to low-income tenants threatened with eviction, allowing them to seek redress in the courts. So far the program has demonstrated that it:

- is highly successful in preventing eviction and homelessness, and the resulting threat of family disintegration;
- is very cost-effective in avoiding short and long-term public costs of dependency associated with homelessness;
- has important benefits in maintaining and improving low-cost housing stock; and
- is replicable in other areas of New Jersey and in other states.

Low-income families are highly vulnerable to disputes with landlords, which often lead to the withholding of rent and to eviction notices. The courts provide recourse for tenants when landlords fail to provide heat or other necessities of safe and sanitary housing by ordering repairs and abatement of the disputed rent. Legal services agencies can assist qualified tenants in such proceedings. Tenants, however, must make deposits of the disputed rent to secure access to the courts, and frequently tenants cannot afford this. Often the result is eviction, relatively expensive temporary housing at public cost, and family disintegration and dependency.

The City of Trenton administers a revolving fund to assist with court-required rent deposits. Legal services agencies identify qualified tenants and provide legal assistance with court proceedings. City housing inspectors verify the housing conditions precipitating the rent dispute. The City fund provides up to half of the required deposit for up to two months rent as a grant to the tenant, who must provide the balance of the deposit. Any court ordered abatement of the disputed rent reverts to the City fund for assistance to other qualified tenants. The revolving fund fills a gap in existing program resources, and can save the much higher public costs that can result from an eviction.

In 1984-85, the City of Trenton, the Legal Aid Society of Mercer County and the Community Health Law Project conducted a small-scale, pilot version of the project, with very promising results. Thirty-one families comprising 104 people were maintained in their homes at a net cost to the rent abatement fund of $8,622; this represented a cost of $2.33 per person per night, compared with an average $11.00 cost per night for emergency shelter if evictions had proceeded. This represented a net savings to the community of $26,000 in emergency shelter costs alone. Full benefits to the community, including improvements in the housing stock and prevention of long range

dependency costs stemming from eviction, are undoubtedly much higher.

The City continues to operate the Program in cooperation with the County legal and human services agencies, utilizing emergency housing funds from the Federal Emergency Management Agency for the rent deposit fund. Additional grants were recently received from Mercer County and USA for Africa. The program has provided a strong community partnership and a quality service for the community and is effective in both economic and human terms. Legislation was recently submitted to the New Jersey State Legislature to adopt the Rent Abatement Program statewide and to make it an integral part of the New Jersey Department of Community Affairs' homeless prevention program.

WASHINGTON, D.C.

The response to homelessness in Washington, D.C. is comprehensive and based on four primary themes. First, and most fundamental, is Mayor Marion Barry's policy to provide shelter to any person who is without it, and without the means to obtain it. Second, the City provides social, health and mental health services designed to address many of the problems that lead to homelessness. Third, homeless persons are counseled and provided necessary assistance in finding permanent housing. Fourth, financial assistance is provided through the Emergency Assistance Program to prevent evictions and subsequent homelessness by resolving overdue rent payments.

In FY 1985, the D.C. Department of Human Services spent $5.1 million for services to the homeless, of which $4,848,000 was used to provide shelter. The following is a description of the services provided by the Department during 1985.

OFFICE OF EMERGENCY SHELTER AND SUPPORT SERVICES

The 1980's has seen a dramatic increase in the numbers and needs of homeless people. In response to that crisis, the District created the Office of Emergency Shelter and Support Services in November 1984 to coordinate and centralize all District government efforts to help the city's homeless.

Through the Office, the Department has expanded its capabilities and resources to fulfill its long-term goal of not only providing emergency shelter, but emphasizing programs which effectively move individuals from the shelter system into more productive, independent lifestyles.

For example, the Department has placed much greater emphasis on comprehensive services to homeless families to help minimize the negative impact homelessness may have on children and to strengthen the family unit. Families who request assistance are offered lodging at one of five emergency or transitional shelters. Families are offered services such as on-site medical assistance, day care for pre-school age children, home management training, mental health counseling, vocational counseling and permanent housing placement assistance.

EMPLOYMENT PROGRAMS FOR THE HOMELESS

Programs in adult emergency centers have been designed to help build confidence and self-esteem. Residents receive job counseling, training in social skills such as filling out job applications, and assistance with applications for entitlement programs and housing assistance. In 1985, over 300 homeless men were placed in full-time or part-time employment through the Blair, Irving and Pierce Employment Programs.

HOMELESS SHELTERS

During FY 1985, the Department provided 757 families with a total of 151,572 nights of shelter; 999 homeless women with 29,366 nights of shelter; and 96,379 nights of shelter to 1,741 homeless men, for a total of 277,317 nights of shelter to 3,497 persons. The Department maintains 864 beds for sheltering homeless women and men and guarantees shelter to any homeless family which requests it.

Additionally, the Irving Shelter for Men, located in the Adams Morgan-Mount Pleasant area, offers a full range of bilingual services to help meet the needs of the city's Hispanic homeless population.

HEALTH CARE FOR THE HOMELESS

Along with social services, on-site health care is now available at many District shelters in conjunction with the Health Care for the Homeless Project, a private agency funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust. The Department, through contracts, provides substance abuse and mental health counseling to individuals in need.

D.C. COMMISSION ON THE HOMELESS

DHS also maintained its close involvement with the D.C. Commission on Homelessness, a board appointed by the Mayor to advise him on the needs of the homeless and make recommendations on creative solutions to the problems of homelessness in the District.

TASK FORCE ON HUNGER AND HOMELESSNESS

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ACROS

STATESLINE

FROM USA TODAY'S NATIONAL NEWS NETWORK

More women in USA flexing political power

By Carol Memmott
USA TODAY

Women candidates are running and winning in greater numbers, according to this year's National Directory of Women Elected Officials.

"The directory itself is the most convincing evidence we have of how far women have come as politicians," says Irene Natividad of the National Women's Political Caucus, which puts out the listing. "With each edition the directory has gotten fatter. For women, it's a real source of pride."

A look at women holding statewide offices, percentage of women in state legislatures (Leg.), women mayors in cities with populations over 30,000:

Ala.: Auditor Jan Cook. Supreme Ct.: Janie Shores. Leg.: 5.7%. Mayors: Marjorie Wilson, Prichard.

Alaska: No state officials. Leg.: 21.7%. Mayors: none.

Ariz.: Gov. Rose Mofford; House Speaker Jane Dee Hull; Supt. of Public Instruction C. Diane Bishop, Corporation Comm. Marcia Weeks. Leg.: 30%. Mayors: Peggy Rubach, Mesa.

Ark.: Treas. Jimmie Lou Fisher; Auditor Julia Hughes Jones. Leg.: 7.4%. Mayors: Carolyn Robinson, Pine Bluff.



AP

EU: California secretary of state

Calif.: Sec. of State March Fong Eu. Leg.: 15%. Mayors: Loni Hancock, Berkeley; Donna Chessen, Buena Park; W.B. Bush, Camarillo; Kay Calas, Carson; Colleen Coll, Concord; Doris Thurston, Escondido; Karen Humphrey, Fresno; Molly McClanahan, Fullerton; Lois Shade, Glendora; Betty Ainsworth, Hawthorne; Carol Whiteside, Modesto; Judy Nieburger, Moreno Valley; Christine Knight, Novato; M. Patricia Hilligoss, Petaluma; Carol Downey, Placentia; Donna Smith, Pomona; Jacki Bacharach, Rancho Palos Verdes; Carole Beswick, Redlands; Anne Rudin, Sacramento; Maureen O'Connor, San Diego; Sheila Lodge, Santa Barbara; Mardi Wormhoudt, Santa Cruz; Barbara Fass, Stockton; Katy Geissert, Torrance; Ursula Kennedy, Tustin; Gloria McClellan, Vista; Nancy Manners, West Covina; Abbe Land, West Hollywood.

Colo.: Sec. of State Natalie Meyer. Treas. Gail Schoettler, Supreme Ct.: Mary Mullarkey. Leg.: 29%. Mayors: Linda Jourgensen, Boulder; Susan Van Dyke, Englewood; Linda Shaw, Lakewood; Margaret Carpenter, Thornton.

Conn.: Sec. of State Julia Tashjian, Atty. Gen. Clarine Riddle. Leg.: 21.9 %. Mayors: Jacquelyn Durrell, Fairfield; Carrie Saxon Perry, Hartford; Alberta Jagoe, Milford; Delia Donne, Torrington.

Del.: Treas. Janet Rzewnicki. Leg.: 16.1%. Mayors: none.

Fla.: Comm. of Ed. Betty Castor, Supreme Ct.: Rosemary Barkett. Leg.: 16.9%. Mayors: Rita Garvey, Clearwater; Jean Robb, Deerfield Beach; Mara Giulianti, Hollywood; Ilene Lieberman, Lauderhill; Lou Ann Palmer, Sarasota; Sandra Freedman, Tampa.

Ga.: No state officials. Leg.: 10.2%. Mayors: Vicki Chastain, Marietta.

Hawaii: No state officials. Leg.: 23.7%. Mayors: none.

Idaho: Treas. Lydia Edwards. Leg.: 24.6%. Mayors: none.

Ill.: No state officials. Leg.: 18.6%. Mayors: Betty Cheever, Downers Grove; Joan Barr, Evanston; Margaret Price, Naperville; Jacqueline Gorell, Skokie.

Ind.: Treas. Marjorie O'Laughlin; Auditor Ann Devore. Leg.: 14.7 %. Mayors: Tomilea Allison, Bloomington.

Iowa: Lt. Gov. Jo Ann Zimmerman, Sec. of State Elaine Baxter. Supreme Ct.: Linda Neuman. Leg.: 16.7%. Mayor: Elizabeth Snyder, Clinton.

Kan.: Treas. Joan Finney. Supreme Ct.: Kay McFarland. Leg.: 25.5%. Mayors: none.

Ky.: No state officials. Leg.: 5.1%. Mayors: Patsy Sloan, Bowling Green.

La.: Treas. Mary Landrieu. Leg.: 2.1%. Mayors: none.

Maine: Comm. of Education Eve Bither. Supreme Ct.: Caroline Glassman. Leg.: 30.6%. Mayors: Mary Sullivan, Bangor; Esther Clenott, Portland.

Md.: Treas. Lucille Maurer. Leg.: 21.8%. Mayors: none.

Mass.: Lt. Gov. Evelyn Murphy, Supreme Ct.: Ruth Abrams. Leg.: 17.5%. Mayors: Kai Shang, Attleboro; Anne Wojtkowski, Pittsfield.

Mich.: Lt. Gov. Martha Griffiths. Supreme Ct.: Patricia Boyle, Dorothy Riley. Leg.: 14.9%. Mayors: Joan Hunault, East Lansing; Betty Granger, Jackson; Charlotte Rothstein, Oak Park; Mary Brooks, Port Huron; Billie Ireland, Rochester Hills; Jeanne Riesterer, Roseville; Jean Direzze-Gush, Sterling Heights.

Minn.: Lt. Gov. Marlene Johnson, Sec. of State Joan Anderson Growe, Comm. of Education Ruth Randall, Supreme Ct.: M. Jeanne Coyne, Rosalie Wahl. Leg.: 18.4%. Mayors: none.

Miss: Supreme Ct.: Lenore Prather. Leg.: 5.7%. Mayors: none.

Mo.: Supreme Ct.: Ann Covington. Auditor Margaret Kelly. Leg.: 14.7%. Mayors: Barbara Entis, Independence; Lolita

17.5%. Mayors: Kai Shang, Attleboro; Anne Wojtkowski, Plainfield.

Mich.: Lt. Gov. Martha Griffiths. Supreme Ct.: Patricia Boyle, Dorothy Riley. Leg.: 14.9%. Mayors: Joan Hunault, East Lansing; Betty Granger, Jackson; Charlotte Rothstein, Oak Park; Mary Brooks, Port Huron; Billie Ireland, Rochester Hills; Jeanne Riesterer, Roseville; Jean Direzze-Gush, Sterling Heights.

Minn.: Lt. Gov. Marlene Johnson, Sec. of State Joan Anderson Growe, Comm. of Education Ruth Randall, Supreme Ct.: M. Jeanne Coyne, Rosalie Wahl. Leg.: 18.4%. Mayors: none.

Miss: Supreme Ct.: Lenore Prather. Leg.: 5.7%. Mayors: none.

Mo.: Supreme Ct.: Ann Covington. Auditor Margaret Kelly. Leg.: 14.7%. Mayors: Barbara Potts, Independence; Louise Gardner, Jefferson City; Grace Nichols, St. Charles; Janet Majerus, University City.

Mont.: Auditor Andrea Bennett, Supt. of Public Instruction Nancy Keenan, Supreme Ct. Chief Justice Jean Turnage. Leg.: 18%. Mayors: Ardith Aiken, Great Falls.

Neb.: Gov. Kay Orr. Leg.: 16.3%. Mayors: none.

Nev.: Sec. of State Frankie Sue Del Papa. Leg.: 20.6%. Mayors: Lorna Kesterson, Henderson.

N.H.: Lt. Gov. Ruth Griffin; Treas. Georgie Thomas. Leg.: 32.1%. Mayors: Elizabeth Hager, Concord.

N.J.: Sec. of State Jane Burgio, Treas. Feather O'Connor. Supreme Ct.: Marie Garibaldi, Banking Comm. Mary Little Parell, Health Comm. Molly Joel Coye, Transportation Comm. Hazel Frank Gluck. Leg.: 9.2%. Mayors: Ann Mullen, Blackwood; Susan Bass Levin, Cherry Hill; Gloria Kolodziej, Clifton.

N.M.: Sec. of State Rebecca Vigil-Giron. Leg.: 13.4%. Mayors: none.

N.Y.: Sec. of State Gail Shaffer, Supreme Ct.: Judith Kaye. Leg.: 11.4%. Mayors: Juanita Crabb, Binghamton; Dorothy Storm, Freeport; Elizabeth Hoffman, North Tonawanda; Karen Johnson, Schenectady; Joan Lillis, West Seneca.

N.C.: No state officials. Leg.: 14.7%. Mayors: Sue Myrick, Charlotte.

N.D.: Supreme Ct.: Beryl Levine. Agric. Comm. Sarah Vogel, Tax Comm. Heidi Heitkamp. Leg.: 15.1%. Mayors: none.

Ohio: Treas. Mary Ellen Withrow, Supreme Ct.: Alice Roble Resnick. Leg.: 12.9%. Mayors: M. Yvonne Petrigac, North Olmsted; Donna Owens, Toledo; Priscilla Mead, Upper Arlington.

Okla.: Sec. of State Hannah Atkins. Supreme Ct.: Yvonne Kauger, Marian Opala, Alma Wilson. Leg.: 8.7%. Mayors: none.

Ore.: Sec. of State Barbara Roberts, House Speaker Vera Katz, Labor Comm. Mary Roberts. Leg.: 20%. Mayors: none.

Pa.: Treas. Catherine Baker Knoll, Auditor Barbara Hafer, Supreme Ct.: Juanita Kidd Stout. Leg.: 6.7%. Mayors: Willie Mae Leake, Chester; Edna Roth, Croydon; Sophie Masloff, Pittsburgh; Jessie Bloom, Williamsport.

R.I.: Sec. of State Kathleen Connell. Supreme Ct.: Florence Murray. Leg.: 15.3%. Mayors: none.

S.C.: Supreme Ct.: Jean Toal. Leg.: 8.2%. Mayors: Elizabeth Rhea, Rock Hill.

S.D.: Sec. of State Joyce Hazeltine. Leg.: 20%. Mayors: none.

Tenn.: No state officials. Leg.: 9.1%. Mayors: Shirley Chapman, Johnson City.

Texas: Treas. Ann Richards. Leg.: 10.5%. Mayors: Betty Turner, Corpus Christi; Annette Strauss, Dallas; Janice Coggeshall, Galveston; Ruth Nicholson, Garland; Kathryn Whitmire, Houston; Lila Cockrell, San Antonio.



USA TODAY

RICHARDS: Treasurer in Texas

Utah: Supreme Ct.: Christine Durham. Leg.: 11.5%. Mayors: none.

Vt.: Gov. Madeleine Kunin. Leg.: 30.6%. Mayors: none.

Va.: Sec. of State Sandra Bowen, Atty. Gen. Mary Sue Terry. Leg.: 10.7%. Mayors: Elizabeth Waters, Charlottesville; Jessie Rattley, Newport News; Florence Farley, Petersburg; Gloria Webb, Portsmouth; Geline Williams, Richmond; Meyera Oberndorf, Virginia Beach.

Wash.: Supt. of Public Instruction Judith Billings, Supreme Ct.: Barbara Durham. Leg.: 28.6%. Mayors: Nan Campbell, Bellevue; Vickie McNeill, Spokane; Patricia Berndt, Yakima.

W.Va: Supreme Ct.: Margaret Workman. Leg.: 17.9%. Mayors: none.

Wis.: Supreme Ct.: Shirley Abrahamson. Leg.: 25.8%. Mayors: Dorothy Johnson, Appleton; Kathyrn Bloomberg, Brookfield.

Wyo.: Sec. of State Kathy Karpan, Supt. of Public Instruction Lynn Simons. Leg.: 23.4%. Mayors: none.

CONFERENCE ON CRIME AND DRUGS
Pre-Registered Participants
September 17-18, 1989
Grand Hyatt Hotel, Washington, DC

ALABAMA

Dothan
- Mayor Larry C. Register
- Police Chief Kater Williams
- Captain Harold Locke, Police Department

Tuscaloosa
- Mayor Alvin P. Dupont

CALIFORNIA

Inglewood
- Police Chief Ray Johnson

Los Angeles
- Rose Matsui Ochi, Mayor's Office of Criminal Justice Planning

Lodi
- Councilmember James W. Pinkerton, Jr.

Long Beach
- Lt. George H. Miller, Drug Investigation Section

Oakland
- William B. Patterson, Office of the Mayor
- Evelio Grillo, Special Consultant to the Mayor

San Bernardino
- Mayor W. R. "Bob" Holbomb
- Police Chief Dan Robbins

San Diego
- Police Chief Bob Burgreen

Westminster
- Mayor Charles Smith
- Police Chief James I. Cook

COLORADO

Colorado Springs
- Mayor Bob Isaac
- Police Chief James Munger

CONNECTICUT

Bridgeport
- Mayor Thomas W. Bucci
- Police Chief Guy M. Izzo

Middletown
- Police Chief George Ayward

Waterbury
- Mayor Joseph J. Santopietro
- Police Chief Robert Moran
- Stephen Beaujon, Public Information Officer

DELAWARE

Wilmington

Mayor Daniel S. Frawley
Police Chief Guy H. Sapp
Alex J. Smalls, Director of Public Safety

DISTRICT OF COLUMBIA

Washington

Mayor Marion S. Barry, Jr.
Paul Cascarano, National Institute of Justice
Deputy Police Chief Rodwell M. Catoe
Dicken Cherry, NCMD
Mark Cuniffer, National Association of Criminal Justice Planners
Bernard Gropper, National Institute of Justice
Thomas J. Howarth, Peyser Associates,Inc.
Richard Johnson, NCMD
Ed Jurith, House Select Committee on Narcotics Abuse and Control
Jack Kemp, Secretary, U.S.Department of Housing and Urban Development
Geoffrey Laredo, National Institute of Justice
Lynn Lawson, The White House
Melvyn Levitsky, Assistant Secretary, Int'l Narcotics Matters, U.S. State Department
Ann Simpson-Mason, Office of the Mayor
Barbara McCall, City Representative
Helen Mathis, Heron,Burchette,Ruckert & Rothwell
Virginia Raldau, National Institute of Justice
Charles E. Samarra, Assistant Police Chief, Washington Metropolitan Police
James K. Stewart, Director, Nat'l Institute of Justice
Judge Reginald Walton, Associate Director, Office of National Drug Control Policy

FLORIDA

Boynton Beach

Police Chief Edward G. Hillery,Jr.

Delray Beach

Mayor Doak S. Campbell
Police Chief Charles Kilgore

Fort Myers

Mayor Wilbur C. Smith, III

Jacksonville

Mayor Thomas L. Hazouri
Undersheriff Ray Miley
Bill Bond, Chairman, Mayor's Coalition for a Drug Free Jacksonville
Bill Hodges, Administrative Aide to Mayor
Alton Yates, Administrative Aide to Mayor

Miami

Deputy Police Chief Walter D. Martinez

Sarasota

Major Gordon R. Jolly, Executive Officer

Tampa

Mayor Sandra W. Freedman

GEORGIA

[redacted]

Macon
- Mayor Lee Robinson
- Police Chief Jim Brooks

IDAHO

Ketchum
- John J. Gunther, Gunther & Gunther Associates

ILLINOIS

Decatur
- Police Chief John R. Race
- City Manager James C. Bacon, Jr.

Evanston
- Mayor Joan W. Barr
- Police Chief Ernest A. Jacobi

Kankakee
- Police Chief Timothy O. Nugent

INDIANA

Anderson
- Police Chief Ron Rheam
- Marvin Coryell, Office of the Mayor

Fort Wayne
- Police Chief T. Neil Moore

Gary
- Deputy Mayor Richard Comer
- Police Chief Cobie Howard, Jr.

Kokomo
- Mayor Robert Sargent
- Police Chief Lynn Rudolph

Terre Haute
- Assistant Chief of Police Raymond Watts

IOWA

Sioux City
- Henry Sinda, City Manager

KANSAS

Kansas City
- Chief of Police Tom Dailey
- Captain James Swafford, Police Department

KENTUCKY

Louisville
- Police Chief Richard L. Dotson
- William E. Summers, IV, Chief of Staff

LOUISIANA

Baton Rouge
- Mayor Tom Ed McHugh
- Police Chief Wayne R. Rogillo

New Iberia
- Mayor Bobbi Bodin
- Police Chief Steven Davis
- Lt. Claude Hills, Narcotics Division, Police Dept.

New Orleans
- Mayor Sidney J. Barthelemy
- Police Superintendent Warren G. Woodfork

MARYLAND

Baltimore
- Mayor Kurt Schmoke

Upper Marlboro
- Robert Bonsib, Deputy State's Attorney, Prince Georges County

MASSACHUSETTS

Lawrence
- Mayor Kevin Jo Sullivan

Leonminster
- Mayor Stephen A. Perla
- State Representative Robert Antonioni

Lynn
- Mayor Albert V. DiVirgilio

Springfield
- Mayor Mary E. Hurley

MICHIGAN

Highland Park
- Mayor Martha Scott
- Police Director Marshall Emerson,Jr.

Lansing
- Police Chief Charles E. Reifsnyder

MINNESOTA

Saint Paul
- Mayor George Latimer
- Janet Cleland, Office of the Mayor

MISSOURI

Kansas City
- Mayor Richard L. Berkley
- Deputy Police Chief James Hackett

St. Louis
- William J. Kuehling, Office of the Mayor

NEBRASKA

Omaha

Mayor P. J. Morgan
Pitmon Foxall, Public Safety Director

NEVADA

Las Vegas

Mayor Ron Lurie

NEW HAMPSHIRE

Nashua

Mayor James W. Donchess

NEW JERSEY

Camden

Police Chief George D. Pugh

Plainfield

Mayor Richard L. Taylor
Acting Police Chief Richard Berman
Harold Gibson, City Administrator

Newark

Mayor Sharpe James
Police Director, Claude Coleman

NEW YORK

Albany

Mayor Thomas M. Whalen, III
Deputy Chief of Police John Dale

Binghamton

Police Chief James T. O'Neil

Freeport

Mayor Dorothy Storm

Hempstead

Mayor James A. Garner
Police Chief James Russo

Jamestown

Mayor Steven B. Carlson
Police Chief Richard D. Ream

New York City

Mayor Edward I. Koch

Schnectady

Mayor Karen B. Johnson

Syracuse

Deputy Police Chief Jim Cowin
Frank Sardino, Police Department

NORTH CAROLINA

Charlotte
- Mayor Sue Myrick
- Police Chief S. H. Killman

Durham
- Police Chief Trevor Hampton

Wilmington
- Mayor Pro-Tem Luther H. Jordan, Jr.
- Police Chief D. L. Bruestle

OHIO

Akron
- Mayor Donald L. Plusquellic

Centerville
- Mayor Shirley F. Heintz

Columbus
- Dennis R. Minshall, Ex. Assistant to the Mayor

Cuyahoga Falls
- Jacqueline J. Pursley, Drug Control Coordinator

Dayton
- Mayor Richard Dixon
- Police Chief James E. Newby
- Charles A. Jones, Deputy City Manager

Maple Heights
- Mayor Dennis J. Love
- Joseph W. Diemert, Jr.,Prosecutor

OREGON

Lake Oswego
- Police Chief Richard D. Walker

PENNSYLVANIA

Allentown
- Police Chief Wayne Stephens

Altoona
- Police Chief John J. Reilly

Chester
- Police Chief Lawrence Crews
- Captain Commodore Harris, Police Department
- William Riley, Mayor's Liaison Officer

Lancaster
- Captain Joseph Gessey, Lancaster Police Department

Mt. Lebanon
- Police Chief David A. Varrelman

Philadelphia
- Mayor W. Wilson Goode

Williamsport
- Mayor Jessie L. Bloom
- Police Chief William Miller

York
- Mayor William J. Althaus

PUERTO RICO

San Juan

Mayor Hector Luis Acevedo
Francisco Lopez, Office of the Mayor
Jose Ortiz-Daliot, City Representative

RHODE ISLAND

Providence

Mayor Joseph R. Paolino, Jr.
Police Chief Colonel Walter J. Clark

SOUTH CAROLINA

Charleston

Mayor Joseph P. Riley, Jr.
Police Chief Reuben M. Greenberg

Columbia

Mayor T. Patton Adams
Police Chief Robert A. Wilbur

North Charleston

Mayor John E. Bourne, Jr.

TENNESSEE

Knoxville

Mayor Victor H. Ashe
Police Chief Phil Keith

Nashville

Mayor Bill Boner

TEXAS

Brownsville

Mayor Ygnacio Garza
Police Chief Andres Vega,Jr.

Dallas

Police Chief Mack M. Vines

Houston

Mayor Kathryn Whitmire
Police Chief Lee P. Brown
Julie Cohn, Office of the Mayor

McAllen

Police Chief Alejandro Longoria

VIRGINIA

Alexandria

Mayor James P. Moran, Jr.

Newport News

Mayor Jessie M. Rattley
Police Chief Jay A. Carey, Jr.

Richmond

Mayor Geline B. Williams
Police Chief Marty Topscott

WISCONSIN

Milwaukee

Pat Curley, Office of the Mayor

HOUSE DEMOCRATS WORK ON PLAN TO RAISE TOP TAX RATE FOR NATION'S WEALTHIEST

House Democratic leaders are working on a proposal to raise the top tax rate on the nation's wealthiest individuals as a substitute for the capital gains tax cut approved by the House Ways and Means Committee last week.

A senior aide to House Speaker Foley said Monday that imposing a new, 33 percent top tax rate is a "strong possibility" as a substitute for the capital gains measure when it comes up for votes on the House floor next week. Revenue raised from such an alternative, the aide said, could be used either to give tax relief to middle-income taxpayers or to expand the deduction for individual retirement accounts in line with a plan being pushed by Sen. Bentsen. (Jeffrey Birnbaum, Wall Street Journal, A2)

REVISED DRUG PLAN WEIGHED BY GOP

Senate Republicans proposed modifications to President Bush's $7.9 billion drug-fighting package Monday, suggesting that it be financed by accross-the-board cuts in most Federal programs and some deeper cuts in a few federal areas.

While they did not release specifics of their package, party officials said their suggested revisions included more outlays for treatment programs.

The Republican options were being discussed Monday night at a closed-door meeting with Democrats. Sen. Dole emerged from one session Monday evening, saying the Republicans favored a "cafeteria approach" that would raise money from sevearl sources.

Senate officials said Republicans were only willing to agree to a spending increase if it was more modest than the $2.2 billion increase over Bush's plan proposed by Democrats. (Richard Berke, New York Times, A19)

MAYORS CRITICIZE BUSH ANTI-DRUG PLAN

New York Mayor Koch, in a blistering speech to mayors and police chiefs, sharply criticized President Bush's anti-drug strategy as "morsels from the table," calling the program more of the same failed policy.

"How long can we allow the federal government to reject its responsibility?" Koch asked. "How long before people rise up in this nation and say government is not protecting us?

"I don't think we yet have the will to do everything that needs to be done," he added. "And until we get that will at the federal level, we are lost."

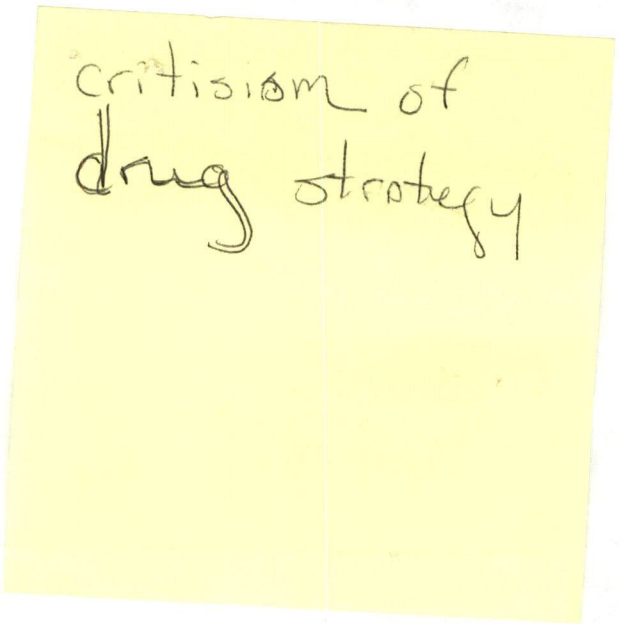
Koch, speaking to a special conference on crime and drugs sponsored by the U.S. Conference of Mayors, said: "We cannot be satisfied with morsels from the table here in Washington. Let's not let them get away with it."

The conference brought together mayors and local law enforcement officials from some 100 cities to hear Bush Administration officials outline the plan.

In turn, other conference officials -- more charitable than Koch -- said they are pleased Bush has said he has made the fight against drugs a priority....

"We feel that the strategy represents an excellent first step in the national war against drugs," said Houston Mayor Kathryn Whitmire, president of the conference. "But it is only a first step and it must be followed by many more." (David Anderson, UPI)

-more-


criticism of
drug strategy

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itors: Repeating earlier story
ayors criticize Bush anti-drug plan
y DAVID E. ANDERSON

WASHINGTON (UPI) _ New York Mayor Ed Koch, in a blistering speech to mayors and police chiefs, sharply criticized President Bush's anti-drug strategy as ''morsels from the table,'' calling the program more of the same failed policy.

''How long can we allow the federal government to reject its responsibility,'' Koch asked. ''How long before people rise up in this nation and say government is not protecting us?

''I don't think we yet have the will to do everything that needs to be done,'' he added. ''And until we get that will at the federal level, we are lost.''

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The conference brought together mayors and local law enforcement officials from some 100 cities to hear Bush administration officials outline the plan.

In turn, other conference officials, _ more charitable than Koch _ said they are pleased.Bush has said he has made the fight against drugs a priority.

But they expressed displeasure with the scope and some of the key aspects od the plan.

''We feel that the strategy represents an excellant first step in the national war against drugs,'' said Houston Mayor Kathryn Whitmire, president of the conference. ''But it is only a first step and it must be followed by many more.''

She said the strategy ''unfortunately, is flawed in some ways that could seriously compromise its potential success.''

Koch, who has co-chaired the conference's Task Force on Drug Control for the past three years, even questioned the commitment.

''Washington talks of its commitment,'' he said, ''but its definition of the word is different from yours and mine.''

He noted the administration is asking some $65 billion for the stealth bomber, adding, ''but what good does it do protect us from the Russians and surrender the nation to the drug lords.''

The new plan is virtually no better _ and in some instances worse _ than the omnibus drug bills of 1986 and 1988, which he termed ''woefully underfunded, a sham and a national disgrace.''

Bush's plan, he said, contains only $716 million in new money and much of that will be ''robbing Peter to pay Paul'' _ taking money from programs cities are already using to combat drugs and problems associated with poverty.

Whitmire noted that the $350 million proposed for state and local enforcement assistance amounts to less than 1 percent of the total those governments spend on criminal justice each year.

''We have asked that one point be understood by all involved,'' Whitmire said. ''The funding for state and local enforcement will have to be enough to increase street-level enforcement so that we can reclaim our neighborhoods, shore up all components of our severely overburdened criminal justice system and launch drug testing of all within the criminal justice system, from the time of arrest through release on probation or parole.''

Echoing a theme that has run through every meeting mayors and other local officials have had since the beginning of federal anti-drug efforts in 1986 was a call for direct funding of cities.

''The federal anti-drug help which is provided must come directly to cities; it should not not be forced through a bureaucratic maze of federal and state agencies.''

Citing state-local programs for education, treatment and enforcement, she said: ''The funds have been slow in coming to our cities, and too often they have not made it to the areas of greatest need.''

Whitmire also criticized the Bush plan for proposing to finance the anti-drug strategy by shifting money from urban programs ''which fight the conditions that fuel the drug crisis.''

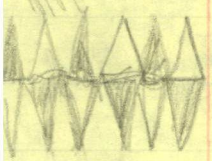
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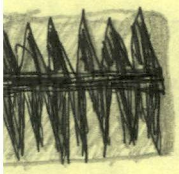
Lynn Lawson x6597 — Tom Cochran 293-7330

1/16/90 U.S. Conference of Mayors

Poll Drug Office on local responsibilities
contact: Judge Walton
Can mayors take advantage of assets forfeiture laws



2 Presidents from Houston here today



Praise & cite examples from their Education day
"You're on the front line." - They're always passed the buck -- from federal to state and finally to local
Examples → Call Carol for ex. 755-7120

Mark Johnston Interagency on Homeless 755-1480

Kansas City, MO - Mayor Richard Berkley - drugs

Houston - Kathryn Whitmire - Clean Air
Call Ellwent Crowley 713-658-2430

Charleston - — homeless

Macon, GA - Lee Robinson - drugs

Tom → When do mayors go to Bogota

blck mayor from N.Y. Mayor James Gardner Hemstead

Mayor Flynn - chairman on Homeless

10 yrs. since pres. has spoken

meeting in Australia on drugs

This was adopted at our last meeting. with POLICE CHIEFS AND MAYORS

A NATIONAL ANTI-DRUG STRATEGY



This is a compilation of policies adopted by The U.S. Conference of Mayors at its 1988 and 1989 annual meetings. These policies were based on positions adopted at meetings of mayors and police chiefs convened by The Conference of Mayors during 1988 and 1989, and on those of The First Annual International Mayors' Conference on Drugs, held in 1989.

The U.S. Conference of Mayors calls upon the President and the Congress to establish a unified national anti-drug strategy which includes the following elements:

1) The national war on drugs must be officially declared. The federal government must mobilize accordingly, must undertake the necessary strategic planning, and must commit the resources needed to win this war;

2) Illegal drugs should be declared one of this nation's major foreign policy concerns, and foreign aid should be denied to any illegal drug source country which fails to cooperate satisfactorily with our government in curbing its illegal drug exports to our nation;

3) The President should call an international conference of leaders from throughout the Western Hemisphere to develop strategies that will have a lasting impact on the demand for and production, exportation and transport of narcotics;

4) The President should consider providing incentives to Western Hemisphere nations to redirect exports from illegal to legal crops, and these incentives should include debt reduction in the Western hemisphere nations, and removal of export quotas for legal crops;

5) An international effort to decrease coca production must be undertaken which recognizes the complex economic and social commitments and ramifications it entails. There must be an effort, equivalent to the Caribbean Basin Initiative, which provides incentives, including financial incentives, for crop substitution;

6) Western hemisphere nations should cooperate in the provision of military assistance to eradicate illegal drug crops and stop the flow of illegal exports across national borders, through an International Drug Eradication Army;

7) The President should address the United Nations to urge all nations to stop the supply and exportation of illegal drugs, and the United Nations should continue its vigorous anti-drug initiatives with the cooperation of all nations;

8) The governments of the world must recognize their responsibility to address adequately the problems of poverty, unemployment, disintegrating neighborhoods and families — problems which are part of the insatiable demand for drugs;

9) Nations must continue to work cooperatively to assist those nations that are making efforts to eradicate drug trafficking and drug use to obtain the financial resources that are needed to implement and expand their anti-drug initiatives and to address conditions which contribute to the proliferation of drugs;

10) An effective worldwide war on drugs demands a massive commitment of resources within each country. The resources released by international detente in the arms race should be used in part to create a fund for countries and cities that are battling the numerous manifestations of drugs. These resources must be directed to enforcement, including the entire criminal justice system, prevention, treatment, and rehabilitation — all fronts in the war on drugs. We have already learned that investment now will save precious resources and more precious lives;

11) We recognize the efforts of many countries, including those in Latin America, to combat the drug problem. Each country must use its full arsenal of weapons to fight drugs:

* There must be stiffer penalties, including the seizure of assets, for all drug-related offenses, including drug sale, possession, and use;

* Money laundering must be more effectively controlled through aggressive actions against financial institutions which knowingly conduct financial transactions involving proceeds from unlawful activity;

* Steps must be taken by all nations of the world to ban the sale of illegal weapons used by drug traffickers and to ban the international sale of arms to any group linked to drug activity;

* A comprehensive, national effort must be established in each country to educate our citizens, particularly our young people, about the dangers of drug use. This effort must include the media, the entertainment industry, schools, religious institutions, advertisers, sports organizations — those whose messages influence behavior;

* Treatment must be available to all drug users on demand. Research to identify effective treatment modalities for drug use must be accelerated, supported by national governments, and information about drug treatment broadly disseminated. The urgency of this need is compounded by the AIDS epidemic, and the particular risks from the sharing of contaminated needles and syringes. Efforts must be made to discourage drug users from this dangerous practice;

12) An international commission of municipal leaders must be established to assure continued communication of the realities and problems of the individual cities' and nations' drug problems, to create a platform for an exchange of ideas and solutions, to provide the necessary support for change and to enhance international cooperation. The Second Annual International Mayors' Conference on Drugs will be held in Bogota, Colombia in 1990;

13) The interdiction of illegal drugs before and as they enter the country should be improved through strategies which include the use of the military in illegal drug interdiction outside of U.S. land area, the provision of needed equipment, and the development of new technologies which increase the success of these efforts;

14) Omnibus anti-drug legislation should be enacted which will add resources commensurate with the need to wage war on drugs without taking funds away from other state and local programs;

15) A direct federal-city relationship must be instituted in the federal anti-drug grant programs to make sure that the funds will be used quickly and effectively in the areas where they are needed most;

16) There should be a dramatic increase in the federal funding available to local illegal drug law enforcement, and the provision of those funds directly to cities, without requiring matching funds;

17) Funding for the various components of the criminal justice system — police, prosecution, courts, and corrections — must be increased so that penalties for possession, trafficking,and other crimes can be strictly enforced and funding for enforcement of the nation's borders should be increased;

18) The jail and prison space available should be increased through additional federal funding for jail construction, and the use of available, appropriate federal installations, and underutilized and surplus military facilities should be made available for use as correctional and drug treatment facilities;

19) Either the Commission on Alternative Utilization of Military Facilities or the Congress should designate selected closed or semi-deactivated military bases as being available for use as jails and drug treatment and rehabilitation centers;

20) The manufacture, importation, sale, and possession of military semi-automatic assault weapons must be banned. Congress should reverse its position on the Brady Amendment in view of the mass murders of children and other innocent people that have taken place in this country since its defeat;

21) Drug use and drug possession laws, not just drug sale laws, must be strictly enforced in all segments of our society;

22) The consequences faced for criminal activities should be increased, through strengthened federal laws and increased application of them, stiffer penalties, and the seizure of assets;

23) All states should enact legislation requiring that any person charged with a drug offense committed while in possession of a firearm will be subject to a separate felony count and, if convicted, receive a mandatory minimum sentence;

24) They should be additional Article 3 judges who would sit on a newly created United States Narcotics Court in each federal district;

25) State laws should be made consistent with the Federal Forfeiture Act to allow states to participate fully in asset seizures;

26) The federal government should use the money laundering statutes more aggressively to pursue actions against financial institutions that knowingly conduct financial transactions which involve proceeds from unlawful activity;

27) There should be permanent federal funding for the costs associated with the closure of illegal drug labs, including chemical testing, removal and disposal, and cleanup and decontamination of former lab sites;

28) Continued development of a safe and effective herbicide for use against coca leaf, marijuana, and opium poppy be made a top research priority within the federal government;

29) Funding should be provided to the National Institute of Justice which is sufficient to conduct research and evaluation that will assist state and local governments in developing effective anti-drug strategies, and to develop new technologies that will assist in drug control efforts;

30) Support for regional crime laboratories which enhance local law enforcement efforts should be increased;

31) Legislation should be passed which requires the use of selected units of the Reserve and National Guard forces to augment the Customs staff at major ports of entry to inspect cargo only and to increase the use of scanning technology to assist in detecting and inspecting likely drug-smuggling packages;

32) The President should lead a national campaign to impress upon the entire population the seriousness of the national drug crisis and its potential effect on every citizen in every segment of society;

33) The mass media, Hollywood and television movie makers, and public figures should assist in changing public opinion about drug use, as it has been done with smoking and drinking, and to educate young people about the consequences of drug use;

34) As a condition of licensing, media outlets and advertisers should be required to provide public service announcements against the use of drugs at peak listening or viewing times for young people;

35) A higher priority must be given to drug abuse education at all levels of the education system;

36) A national drug education corps, consisting of professionals from different disciplines, whose mission would be to educate our citizens, particularly our young people, about the dangers of drug abuse should be created;

37) There should be $1 or $2 voluntary check off on the federal Forms 1040, 1040A and 1040EZ as a means of creating a "National Drug Education Fund" which would support innovative drug education programs aimed at our young people;

38) There should be expanded inner-city summer jobs programs, particularly for young teens, as one strategy for keeping young people away from the lure of drugs;

39) A federal, state, and local partnership to provide drug treatment to anyone seeking access to it should be developed; and

40) Adequate drug treatment programs must be available to inmates of correctional facilities.

Richard Dorsey
~~Harold Washington~~ - Chicago
Sue Myrick - Charlotte
Berkeley ~~Bs~~ K.C.
Meyers Oberndorf V.B.

THE UNITED STATES CONFERENCE OF MAYORS

1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
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OEO Bldg

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NAO TAKASUGI
Mayor of Oxnard

Executive Director:
J. THOMAS COCHRAN

Stephanie Blessey

Here are items I hope will be helpful

(1) - A brochure with history sketch

(2) A piece on Mayor Robinson's total involvement on drug issue

(3) 17 mayors cited by Xerox & U.S. Conference of Mayors for exemplary efforts in drugs -

(4) more on drugs - probably more than you need -

(5) Our Statement from Montreal Meeting in conjunction with 3 countries. Mayors & Police Chiefs from all countries attended.

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Mayor of Oxnard

Executive Director:
J. THOMAS COCHRAN

(6) What we did - What mayors are doing on education — Sept 20, 1989

(7) 23 cities doing great things in homelessness efforts

(8) Our Nat'l DRUG STRATEGY

(9) examples from environmental area.

all this is current information.

If I can be of further assistance, please let me know

tom cochran
293-7330

thanks!

ELEVENTH ANNUAL MAYORS' AWARDS PROGRAM

PARTNERSHIPS FOR DRUG CONTROL

cosponsored by

XEROX CORPORATION
and
THE UNITED STATES CONFERENCE OF MAYORS

in Recognition of Outstanding Leadership in the Development and Support of Citizen Volunteerism

56th ANNUAL CONFERENCE OF MAYORS
JUNE 1988
SALT LAKE CITY

THE UNITED STATES CONFERENCE OF MAYORS

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(3) DRUGS (Plus is concise!)

Mayors cited

by Xerox for

exemplary efforts

in Drug

control

17 total —

tom cochran

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OVERVIEW

Through many of its corporate activities Xerox Corporation has displayed a strong commitment to urban America and to improving the conditions of the people who live in our cities. As part of this commitment Xerox Corporation has worked closely with The U.S. Conference of Mayors for many years. It has enhanced Conference meetings by supporting events and providing reprographic assistance. And it has supported the Mayors' Awards Program, which recognizes outstanding citizen volunteerism, for ten of its eleven years.

The focus of the 1988 Mayors' Awards Program is Partnerships for Drug Control -- how city governments are working with community-based and voluntary organizations, schools, businesses, unions, individual volunteers and others to control the use and spread of illicit drugs.

Nothing poses a more serious or immediate threat to this nation than illegal drugs. Drugs are undermining our institutions and eroding our values. Drugs are weakening our workforce -- and they are killing our children. And the supply of illegal drugs, most of which come from other countries, continues to increase. In recognition of the fact that the war on drugs has many fronts, mayors have made a substantial effort to mobilize their cities.

The Mayors' Awards Program recognizes unique efforts which involve public/private partnerships and volunteers, and are aimed at controlling the use and flow of illegal drugs and at treating and rehabilitating those already addicted to drugs. The role of the Mayor in these efforts is of critical importance. This year seven cities receive National Awards, and twelve receive Special Recognition.

The Michael A. diNunzio Award is a tribute to one mayor's outstanding personal commitment to volunteerism. The Award was established in 1979 in memory of Michael A. diNunzio, the late General Counsel of the Conference of Mayors who was instrumental in the establishment of the Mayors' Award Program.

The Eleventh Annual Mayors' Award Program is made possible by a grant from the Xerox Corporation.

AWARD WINNERS

NATIONAL AWARDS

CINCINNATI, OH	Mayor Charles J. Luken
HOUSTON, TX	Mayor Kathryn J. Whitmire
INGLEWOOD, CA	Mayor Edward Vincent
MERIDIAN, MS	Mayor Jimmy Kemp
NAPERVILLE, IL	Mayor Margaret P. Price
SHAKER HEIGHTS, OH	Mayor Stephen J. Alfred
WASHINGTON, D.C.	Mayor Marion Barry, Jr.

SPECIAL RECOGNITION

BIRMINGHAM, AL	Mayor Richard Arrington, Jr.
FORT WORTH, TX	Mayor Bob Bolen
FREEPORT, NY	Mayor Dorothy Storm
HIGHLAND PARK, MI	Mayor Martha G. Scott
MIDDLETOWN, CT	Mayor Sebastian J. Garafalo
NEWTON, MA	Mayor Theodore D. Mann
PHILADELPHIA, PA	Mayor W. Wilson Goode
PROVIDENCE, RI	Mayor Joseph R. Paolino, Jr.
SAN BERNARDINO, CA	Mayor Evlyn Wilcox
STAMFORD, CT	Mayor Thom Serrani
UNION CITY, NJ	Mayor Robert Menendez
WEST NEW YORK, NJ	Mayor Anthony M. DeFino

THE MICHAEL A. diNUNZIO AWARD

Theodore D. Mann, Mayor of Newton, MA

THE MICHAEL A. diNUNZIO AWARD

THEODORE D. MANN
MAYOR OF NEWTON

The increasing use and abuse of alcohol and drugs in the City of Newton, especially by adolescents and young adults, has been a major and a long-time concern of Mayor Theodore D. Mann. One of his earliest actions after taking office in January, 1972 was to issue a proclamation declaring that residents of the City of Newton were abusing drugs and alcohol and that the City was committed to fighting substance abuse of any kind. He set the tone and the direction for the fight against the growing problem of substance abuse by dedicating himself and the authority of his office to it.

Mayor Mann involved individuals, organizations and agencies from all segments of the community in a coordinated effort to develop programs that could serve the entire community. His philosophy is that if people don't work together, they don't work very well. He has been a catalyst, bringing people together to take action on the problem of substance abuse. Mayor Mann has been involved from the beginning with the Substance Abuse Task Force, which grew out of discussions he had with other concerned citizens. It was he who suggested that its focus be city-wide rather than merely in the schools. Mayor Mann also had a strong role in the discussions which led to the development of the Newton Youth Drug/Alcohol Program, and was instrumental in coordinating the network of services for the program.

Mayor Mann has played a critical role in mobilizing other cities in the war against drugs. Through The United States Conference of Mayors he played a key role in developing and promoting Mayors' D-Day in the War Against Drugs, which was observed by over 500 cities on November 18, 1986. On that day cities across the nation spoke out against drugs through proclamations, rallies, community meetings, special programs for children, and prayers. Urban residents from all walks of life pledged to do more in the fight against drugs. As President of the Massachusetts Municipal Association, Mayor Mann enlisted the involvement of virtually every city and town in Massachusetts in D-Day. Massachusetts Governor Michael Dukakis participated in the D-Day events at Newton City Hall, along with members of the judiciary, law enforcement personnel, educators, health officials, business people, members of the clergy and service providers.

During his entire tenure in public office, Mayor Theodore Mann has had an unwavering position against substance abuse and has assumed a strong leadership role in developing courses of action, in carrying them out, and in supporting others in the community who are involved in the fight against substance abuse.

CINCINNATI

Mayor Charles J. Luken
Population: 380,118

After attending a meeting of mayors on drug abuse in New York City in August 1986, Mayor Charles Luken formed a citizens' group of volunteers to combat drug abuse in his community. The group, Citizens Against Substance Abuse (CASA), formed nine committees in an effort to raise community awareness and to fight drug abuse.

CASA is a major public-private partnership. It received no government funds for the first 16 months of its existence and now receives less than one-third of its funding from the City. CASA has been very successful in raising private dollars to fund its projects, which have included a survey of teenage drug use in Hamilton County, the publication of an information handbook about substance abuse, and the production of public service announcements.

CASA is working with the Alcoholism Clinic of the University of Cincinnati to assist the Youth Crime Prevention Project which works with youth involved with drugs. It is a collaborative effort to impact the drug use of youth and the high crime rate that drug use creates.

CASA is working with the Cincinnati Police Department to institute Project DARE (Drug Abuse Resistance Education) in area schools. The project is funded by drug forfeiture funds and will bring specially trained police officers into the schools to educate students about the danger of drugs and how to resist peer pressure.

HOUSTON

Mayor Kathryn J. Whitmire
Population: 1,729,720

In the nation's fourth largest city, drug abuse is a primary concern of elected officials, educators, business leaders, and neighborhood representatives. The Houston Police Department serves as the primary city agency dealing with the drug abuse problem through a variety of enforcement strategies involving all levels of government, and through prevention partnerships with schools and neighborhood groups. Mayor Kathryn Whitmire serves as the focal point of Houston's anti-drug efforts.

By appointing a Drug Abuse Task Force, in February 1987, Mayor Whitmire called on the entire community to participate in fighting drug abuse. The Task Force was charged with soliciting input from all sectors of the community to identify gaps in services and priorities for funding. The Task Force has already fostered new partnerships to address the drug abuse problem and increased networking among agencies.

Education

During the fall of 1986, Mayor Whitmire and the Superintendent of the Houston Independent District announced their coordinated efforts to fight drug abuse among young people. Students were involved in creating the name, "Drug Free Tomorrows," and professional athletes were videotaped giving anti-drug messages.

Acres Homes War on Drugs was established when the prevalence of illegal drug possession and selling of narcotics became a flagrant menace to the quality of life in a particular neighborhood. This partnership is especially significant because the neighborhood traditionally distrusted the Police Department, but now has a model store-front station and beat-officer style of services.

INGLEWOOD
Mayor Edward Vincent
Population: 103,000

City officials consider drug abuse Inglewood's most serious problem in the community, both because of its devastating effect on the individual and family life and because of its direct effect on the crime rate itself. Most crimes in Inglewood are directly related to drug abuse. Inglewood's innovative drug enforcement activities have been exceptional.

A coalition of community activists known as the Inglewood Coalition Against Drugs and the Forum Community Services, an organization made up of the wives of the Los Angeles Lakers basketball team and management, developed a drug abuse resistance education program, DARE. A Laker Walk-a-thon for Inglewood DARE raised over $31,000.

A unique advertising project was conceived by Mayor Edward Vincent to take advantage of the "reverse stings" against drug buyers. They were the first in California, as was the unusual billboard advertising project which announced the stings to the drug underworld amidst massive publicity in Southern California and nationally on CBS, NBC, and Cable News Network.

In February of 1988, Mayor Vincent appointed a Mayor's Task Force on Crime to advise the City on significant staffing and budget issues. The task force recommended a novel approach to Police Department funding -- creation of a Police Benefit Assessment District. If implemented for the 1988-89 fiscal year, it will be the first time such financing has ever been used to support police services in California.

MERIDIAN
Mayor Jimmy Kemp
Population: 46,577

Although Meridian's drug problems have not reached crisis proportions in the last few years, specific programs have been implemented to provide more effective drug enforcement and to educate young people about positive alternatives to drug and alcohol use.

The DARE program, initially taught to fifth grade students, now reaches 2,600 students in four grades. Classes are taught by a specially-trained uniform police officer. In June, Meridian will become one of only 11 DARE training centers. The first two-week training session will include officers from Mississippi communities interested in implementing DARE in their own school systems.

Project 714 provides drug education and counseling in five different areas. With full support from Mayor Jimmy Kemp, Project 714 sought and received financial support from the Meridian City Council, launched an aggressive fund raising drive and implemented the program at the junior and high school levels.

The Metro Narcotics unit has successfully tackled two of the most common drug enforcement problems -- lack of adequate staffing and lack of a comprehensive plan of attack against drug use and trafficking and drug-related crime. The first of its kind in the state, the unit now has seven agents investigating about 350 felony and 150-200 misdemeanor cases a year.

NAPERVILLE
Mayor Margaret P. Price
Population: 67,341

Prevention efforts in the City of Naperville have focused primarily on drug and alcohol use among the teenage population. Statistics regarding the magnitude of substance abuse among adolescents in Naperville parallel those which exist at the national level. Mayor Margaret Price has been instrumental in both the initiation and maintenance of the drug control efforts within the city.

In Naperville, there are specific prevention and service delivery efforts that address local substance abuse concerns. Various programs are sponsored by the Naperville Task Force For Drug Free Youth, School Districts #203 and #204, the Naperville Police Department and Edward Hospital.

Also, the Naperville Task Force has been the organizing umbrella group which, in conjunction with the City-appointed Youth Advisory Committee, has been the catalyst for the majority of the city's educational programs.

Naperville's alternative high school program is designed to meet the unique and multi-faceted needs of high school age students who are returning to the community following drug rehabilitation or inpatient psychiatric care. The innovative strength of this program lies in its multi-agency development and commitment, and in the volunteer assistance of concerned non-professional citizens.

SHAKER HEIGHTS
Mayor Stephen J. Alfred
Population: 32,500

Shaker Heights city government has a history of being proactive in dealing with issues which affect the well-being of its residents. In that framework, community resources have been committed to combating drug abuse, especially among young people. The city government's primary focus in working with the community on drug abuse is supporting education and preventive programs.

The Shaker Heights Youth Center was founded in 1970. It is a unique entity supported and funded by the City of Shaker Heights, the Board of Education, and the general community. Its primary services include counseling, education and prevention programs for students and families.

CATS is a volunteer organization comprised of students and coordinated by a member of the Police Department. The goal of CATS is to promote drug education within the community and neighboring suburbs. Teens take an active role by speaking to other young people; police personnel serve as advisors to the group.

The Mayor's Committee on Drug Abuse was established by Mayor Stephen J. Alfred in 1986. Its purpose is to bring together representatives from other city groups and organizations responsible for or concerned about drug education and prevention. The Committee provides an important vehicle for coordinating efforts and sharing information.

WASHINGTON, D.C.
Mayor Marion Barry Jr.
Population: 628,500

The epidemic of illicit drugs in the District of Columbia threatens the health and well-being of all its citizens, in particular the children, who are most vulnerable to its influence. Mayor Marion Barry believes that "any successful effort to halt the spread of drugs is going to take more than the entire city government. Community involvement will also have to be increased." It is the responsibility of government to take the lead in this effort, but it will require a combined effort of the total community.

Operating Services Assisting Youth (OSAY) was initiated to provide comprehensive services to help the District's youth, ages 9 to 21 years, in building a drug-free better life and brighter future. OSAY focuses on the total person and uses a multi-faceted approach that includes positive role models, intervention strategies, site-visits, workshops and one-on-one interaction to assist the youth in reaching their full potential.

The Youth Awareness Program (YAP) uses a variety of strategies such as interviews, discussions, situational analysis and small group encounters to help students confront the many and complex issues faced when growing up in urban society. Instruction and assistance is provided by representatives from various D.C. government agencies and over 100 community volunteers.

SPECIAL RECOGNITION

BIRMINGHAM
Mayor Richard Arrington, Jr.
Population: 284,000

After acknowledging that the City of Birmingham was confronted with a drug problem, Mayor Richard Arrington and the City Council convened a Drug Abuse Task Force of concerned citizens. The Task Force met weekly to study the problem and develop recommendations. The Task Force produced a report that would serve as a long-range plan to curb the drug abuse problem in Birmingham.

All residents are eligible for free services offered by The Drug Abuse Information Center. The Center provides telephone information and treatment services 24-hours-a-day, has a drug prevention literature and film library, offers neighborhood outreach services and provides a series of community education seminars. The Center has had extensive and on-going interactions with the community-based neighborhood associations of Birmingham and has joined with middle and high schools to address the dangers of drug use and its consequences.

With prevention and education as their goal, the Birmingham area businesses have made commitments to assist the Center. The local media have run public service announcements highlighting the services of the center since its opening. By placing information concerning its services in the media and in high traffic businesses, the Center is better able to reach its target population.

FORT WORTH
Mayor Bob Bolen
Population: 445,800

Located at the crossroads of major drug trafficking routes, Fort Worth experiences both "home grown" problems common to metropolitan areas, and a significant influx of drugs from other areas. Mayor Bob Bolen's emphasis on private sector leadership has been a key factor in the continuation of the city-wide effort to reduce the harmful effects of substance abuse.

In 1984 and 1985, the Blue Ribbon Committee on Substance Abuse was formed to call public attention to the issue of drugs. The Committee commissioned researchers at Texas Christian University to study the level and type of substances abused and to analyze the existing service delivery system in Fort Worth so that existing resources as well as gaps in service would be identified.

When the study was complete, the Blue Ribbon Committee reorganized to form Fort Worth Cares, a non-profit, all volunteer organization which wrote a comprehensive plan for substance abuse services. Bound into a volume called Fort Worth Accepts The Challenge, the plan identified 31 recommendations for reducing the harmful effects of substance abuse.

Fort Worth Challenge has become a powerful advocacy organization whose mission is to create a model community system of services. Mayor Bolen continues to steer the policies of the organization by remaining active on its board of directors.

FREEPORT
Mayor Dorothy Storm
Population: 38,272

Freeport, a racially and economically mixed urban/suburban community close to New York City, has seen an increase in drug use since the advent of crack. Violent crime linked to drug use has motivated the community into action on all fronts. Mayor Storm is personally involved in the fight on a daily basis and has made her staff available to all concerned citizens.

The Mayor's Advisory Task Force on Drugs has been in existence for two years and has involved volunteers from all elements of the community. Its duties and activities cover a wide scope, ranging from parades to the study of legislative issues. The Task Force is funded by both Village funds and voluntary contributions.

Operation PRIDE is a not-for-profit organization that receives federal funds to provide drug treatment and prevention services to the community. Its new youth committee, made up of high school youth is building on the "Say No" Clubs by trying to increase their appeal to young people.

The Freeport Family Community Center has received funds for an education/prevention community drug watch program. The Center's activities are focused on the Village's low-income housing project, an area of drug use and sales.

HIGHLAND PARK, MI
Mayor Martha G. Scott
Population: 26,000

Drug control within the City of Highland Park is a comprehensive effort which involves many different agencies and organizations, of particular importance is the involvement of the school system. The increase in drug use and abuse within the school system and by school-aged children has led to increased efforts to educate the youth of Highland Park about the dangers of drug use.

Mayor Martha Scott has pledged to "crack down on crack." An increasing number of drug raids have been made. Police officers are back on foot patrol, and two officers are assigned to patrol vehicles. Statistics show that crime has been down every month that Mayor Scott has been in office.

The School District of the City of Highland Park will implement its Drug Free Schools Program from July 1, 1988 until June 20, 1989. The program has planned activities during the summer and school year. One aspect of the program is to promote life styles which are free from substance abuse.

A target population of four hundred students, approximately 10 percent of the total student population, will participate in extensive counseling sessions. These are intended to have a positive impact on the school and on the community. The identified students will develop and implement a mentor program. The mentor program will allow the school district to expand its resources and to affect the lives of the total student population.

MIDDLETOWN

Mayor Sebastian J. Garafalo
Population: 45,000

Middletown, once a rather small town, is experiencing a tremendous growth. The city has seen an increase in drug use and related crimes in all segments of the community. The City administration cooperates with the local police department in bringing education to schools, housing sites, and to the general public. Drug arrests are made public.

The Rushford Center Student Assistant Services is a model for preventing alcohol and drug abuse among young people. A five-year plan has been developed to assure that future growth in the program is consistent with community needs, high standards of delivery, and fiscal responsibility.

Middletown has many private and public agencies which cooperate in drug education, prevention, and treatment activities. The agencies serve the various segments of the community. By networking, these agencies are able to refer clients to the most appropriate education, counseling, or treatment program.

PATCH (Planned Approach to Community Health) is a community-based health education and health promotion program which requires community involvement, coordination, and application of community resources. Through PATCH, drug and alcohol abuse have been identified as a particular area of concern. PATCH played a key role in Mayor's D-Day on Drugs, published Resources for Drug and Alcohol Abuse in Middletown, and sponsored a Teen Life Conference.

NEWTON

Mayor Theodore D. Mann
Population: 81,988

Although Newton has not been known for the consumption of illegal narcotics, there is a young adult population with a high rate of alcohol and marijuana abuse. There also has been a recent increase in cocaine and poly-drug use by teenagers and young adults. For these reasons, Mayor Theodore Mann and other officials have been particularly vigorous in raising the issue that the City of Newton needs drug education and treatment activities as much as other major cities.

As a result of the Mayor's concern and discussions with others, the City of Newton's Substance Abuse Task Force was formed as part of a comprehensive response to the growth of drug and alcohol use and abuse among the city's school age population. To address the problem, the Task Force established four subcommittees: school climate, curriculum, community education, and treatment.

The Newton Youth Drug/Alcohol Program is an intervention response to the problem of substance abuse by young people. Based in the public schools, it provides counseling, education, and support groups for parents.

Under Mayor Mann, the City of Newton has taken the position that the best role of the City in drug treatment is to develop strong ties with the private sector. Within this framework, the City has provided consistent financial support to several local counseling agencies which offer drug treatment services.

PHILADELPHIA
Mayor W. Wilson Goode
Population: 1,688,210

City officials estimate that twenty-five percent of the residents of Philadelphia are either directly or indirectly affected by substance abuse. Last year the City of Philadelphia spent 15 percent of its total City budget to fight the war on drugs. All entities in the City must mobilize to work with law enforcement agencies to reduce this problem; it is not just a police problem. Mayor Wilson Goode has been constantly in the forefront of the war on drugs in Philadelphia. By initially bringing together all entities in the criminal justice system for the Law Enforcement Drug Summit, and by convening six neighborhood drug summits, he sent a clear message that Philadelphia was standing tall and standing together to fight drugs.

The Corporate Alliance for Drug Education (CADE) is a public/private partnership in Philadelphia that intervenes early with at-risk children. CADE, whose Board members represent Philadelphia's four professional sports teams, the corporate community, city government and the media, hopes to raise $1,000,000 for a two-year demonstration project that will reach over 40,000 children. The two-year project proposes to provide a model prevention and education curriculum for kindergarten through sixth grade to 22 public and parochial elementary schools per year in four needy communities. CADE believes that this public/private partnership can uniquely demonstrate an effective model for helping a city's children to grow up drug-free, and to become capable and productive adults.

PROVIDENCE

Mayor Joseph R. Paolino, Jr.
Population: 155,717

Faced with an increase in drug trafficking and in crimes related to drug use, Providence has responded with a declaration of war on drugs. Mayor Joseph Paolino has led this effort on a wide variety of fronts, having perceived the necessity of coordinating the City's efforts and of forming a strategy built on consensus.

Mayor Paolino sponsored a "Drugs and Society" Symposium with Brown University and Providence's Elmwood neighborhoods which brought together governmental, enforcement, and prevention leaders from the municipal, state, and federal levels in Rhode Island. The Symposium addressed the principal issues related to halting the sale and abuse of drugs: arrest, trial, incarceration, prevention and treatment. Its recommendations have been adopted in the form of legislation introduced in the Rhode Island General Assembly.

The first annual Just Say No to Drugs Walk, hosted by Mayor Paolino in 1987, was attended by over 3,000 children. The children, marching with their banners and posters, are accompanied by governmental, civic, and business leaders. The Walk is an opportunity for the community to demonstrate solidarity with the youngsters and to focus on drug abuse prevention as a priority.

The Mayor's "A" Team is designed to prevent drug abuse and promote self-esteem and success among middle-schoolers living in public housing. The "A" Team involves 23 Brown University students and 23 middle schoolers in one-on-one relationships maintained through weekly letters and bi-weekly visits.

SAN BERNARDINO
Mayor Evlyn Wilcox
Population: 148,000

Through unprecedented efforts, Mayor Evlyn Wilcox has set in place a comprehensive public/private network to impact the drug menace. The effect has been to change the reputation of the City of San Bernardino from a place to "do" drugs to a place that the drug trade avoids.

Mayor Wilcox was the driving force behind San Bernardino Community Against Drugs, Inc., a nonprofit corporation dedicated to finding out the needs and problems of the community relating to drug and alcohol abuse. Through the efforts of this organization, the community has been successfully and effectively mobilized against the drug menace.

Mayor Wilcox also succeeded in facilitating the networking of local law enforcement agencies to ensure that the maximum possible pressure is brought to bear on illegal drugs. Participation and cooperation have been well received by the community, and the California Governor's Office of Criminal Justice Planning has become involved, disseminating information on the programs developed through this effort.

Mayor Wilcox has met the problem of drugs on school grounds head on. An integrated partnership, between the schools, community and law enforcement, has been established. Peer counseling and DARE programs are now underway in the schools. Accurate information has replaced the misinformation about drug use offered by the narcotics peddlers. The youth have joined with the community in saying "no to drugs."

STAMFORD
Mayor Thom Serrani
Population: 106,000

Drug trafficking and abuse in Stamford are complicated by the use of crack and the city's close proximity to New York City. Mayor Thom Serrani is the focal point of efforts that concentrate on the demand rather than the supply side of the narcotics trade. He has also made sure that the City of Stamford offers treatment and education, along with enforcement.

Under Mayor Serrani's administration the City developed its first Mayor's Commission for the Prevention of Youth Alcohol and Substance Abuse. The Commission has developed a handbook of resources, produced a youth musical by and for teens about drugs and growing up, and designated May as Drug Awareness Month.

The Mayor and the Stamford Police Force Department developed a program that includes stepped-up police coverage and the assistance of the community. COPE-PACT, Community Oriented Police Enforcement -- Police and Community Together, put 80 volunteer police officers on the streets to assist in the eradication of street drug traffic. An education effort included in the program calls for the community to feel comfortable, and an obligation, to call the police any time they see drug activity in their neighborhood.

UNION CITY

Mayor Robert Menendez
Population: 56,000

The problem of combatting drug abuse and drug control in Union City is high on the city government's list of priorities. Union City has coordinated its efforts at the city government level and within the school system to intensify the city's two-pronged goal -- to educate the public (primarily youth) about the dangers of drugs and to eradicate drug trafficking and subsequent drug abuse.

A dynamic new program called Substance Abuse/Student Awareness (SASA) has been instituted within the school system at Mayor Bob Menendez's request. Its purpose is to coordinate and institute a comprehensive anti-substance abuse curriculum in the classroom, supervise the professional training of instructors, and develop an efficient network of community and governmental agencies to assist troubled students.

The City has established a selective enforcement unit which deals directly with community needs to be protected from drug-related crime. A partnership has developed between local neighborhood groups and the city's Narcotic Task Force (NTF) to assist citizens in recognizing drug use, methods of illegal distribution of drugs, and crime reporting procedures. Their efforts led to over 800 narcotic-related arrests since January 1, 1987. Most of these arrests involved crack.

A partnership between the Mayor's office, the Commissioner of Public Safety, and the school system has resulted in numerous high profile events and public relations efforts to get across the message: "Drug Abuse is a Dead End Street." These efforts include newsletter articles, press releases, lectures, posters, billboards, and logo contests.

WEST NEW YORK

Mayor Anthony M. DeFino
Population: 40,000

Mayor Anthony DeFino has undertaken several initiatives to stomp out drugs in West New York. His Public Safety Department has made a big push against known drug dealers. He has formed committees comprised of parents, business people, law enforcement personnel, students, educators, and others to prevent drugs from getting to children.

The Adult Learning Center was established for those high school dropouts wanting a second chance. At school, they develop their employment skills and obtain GED diplomas. The Adult Learning Center also provides a learning program for teenage mothers.

The Palisade General Hospital Mental Health Center assists Memorial High School with referrals for individual and family counseling. The Center has been especially responsive to adolescent suicide attempts.

Spectrum Health Care, Incorporated is a group housed in Memorial High School. Spectrum offers drug and alcohol abuse counseling, family crisis guidance, and primary and preventive health services. Spectrum has also conducted several workshops for students and teachers in Memorial High School.

PANEL OF JUDGES

Dorothy Height, President
National Council of Negro Women
New York City
CHAIR

Virginia Baldau
National Institute of Justice
Washington, D.C.

Fred Colgan
Senior Staff Member
Drug Abuse Policy Office
The White House
Washington, D.C.

William C. Collins
Former Mayor
Norwalk, CT

Glegg Watson, Manager
Higher Education and Urban Affairs
Xerox Corporation
Stamford, CT

THE UNITED STATES CONFERENCE OF MAYORS
1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
TELEPHONE (202) 293-7330

Who we are! (1)

A bit of history - note our presidents.

La Guardia - a Republican - served longer than any - 1935-1945 - for ten years.

I have marked other Republicans.

The United States Conference of Mayors

THE UNITED STATES CONFERENCE OF MAYORS

CONFERENCE PRESIDENTS

1933-1987

Frank Murphy	Detroit 1933
James M. Curley	Boston 1933
T. Semmes Walmsley	New Orleans 1933-34
Daniel H. Hoan	Milwaukee 1934-35
Fiorello H. LaGuardia	New York 1935-45
Edward J. Kelly	Chicago 1945-47
George W. Welsh	Grand Rapids 1947-49
W. Cooper Green	Birmingham 1949-50
David L. Lawrence	Pittsburgh 1950-52
Martin H. Kennelly	Chicago 1952-53
Thomas A. Burke	Cleveland 1953
Elmer E. Robinson	San Francisco 1953-55
John B. Hynes	Boston 1955-57
Robert F. Wagner	New York 1957-58
Norris Poulson	Los Angeles 1958-59
Richard J. Daley	Chicago 1959-60
Richardson Dilworth	Philadelphia 1960-61
Haydon Burns	Jacksonville 1961-62
Anthony C. Celebreeze	Cleveland 1962
Richard C. Lee	New Haven 1962-63
Arthur L. Selland	Fresno 1963
Raymond R. Tucker	St. Louis 1963-65
Neal S. Blaisdell	Honolulu 1965-66
Jerome P. Cavanaugh	Detroit 1966-67
Joseph M. Barr	Pittsburgh 1967-68
Terry D. Schrunk	Portland 1968-69
Jack D. Maltester	San Leandro 1969-70
James H.J. Tate	Philadelphia 1970-71
Henry W. Maier	Milwaukee 1971-72
Louie Welch	Houston 1972-73
Roy B. Martin, Jr.	Norfolk 1973-74
Joseph L. Alioto	San Francisco 1974-75
Moon Landrieu	New Orleans 1975-76
Kenneth A. Gibson	Newark 1976-77
Lee Alexander	Syracuse 1977-78
William H. McNichols	Denver 1978-79
Richard E. Carver	Peoria 1979-80
Richard G. Hatcher	Gary 1980-81
Helen G. Boosalis	Lincoln 1981-82
Coleman A. Young	Detroit 1982-83
Richard Fulton	Nashville 1983-84
Hernan Padilla	San Juan 1984
Ernest N. Morial	New Orleans 1985-86
Joseph P. Riley, Jr.	Charleston 1986-87
Richard L. Berkley	Kansas City 1987-88

marks indicate Republicans

A "Democrat" FOR NIXON. There were several.

THE UNITED STATES CONFERENCE OF MAYORS

1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
TELEPHONE (202) 293-7330

Dick Berkley - our Pres. 87-88
Mayor of KC, Mo.
is a STRONG Bush
supporter & has been
since Bush started
his political career.
He will be there Friday

Look at decades
of accomplishments
& themes.

In our 57 year history GOP
mayors have served as
President 17 years.

Tom C.

In our 57 year history GOP
troops have served
President 13 years.

Tom C.

The United States Conference of Mayors is the official nonpartisan organization of cities with populations of 30,000 or more. There are well over 800 such cities in the country today, each represented in the Conference by its chief elected official, the Mayor. Membership dues are based on the population of the city.

The United States Conference of Mayors is in its second half-century of service to the Mayors and the citizens of America's principal cities. Throughout its history the Conference of Mayors has taken the lead in calling national attention to the problems and the potential of urban America. Since its founding it has carried the message of cities to every President, every Congress. This is the heritage of the Conference of Mayors. It is the heritage of every Mayor who serves today.



J. Thomas Cochran
Executive Director
United States Conference of Mayors
1620 Eye Street, N.W.
Washington, D.C. 20006
202/293-7330

HISTORY

In 1932, when 14 million people were unemployed, when lines stretched for blocks in front of soup kitchens, when homeowners were unable to pay taxes, when veterans were selling apples on street corners, the nation's cities were close to bankruptcy. Responding to the appeals of Mayors, Congress had reluctantly created a $300 million federal assistance program for our cities; this marked the first time in the nation's history that federal relief was to be provided directly to cities. In a dramatic White House meeting, a committee of three prominent Mayors convinced President Herbert Hoover to sign this desperately needed municipal assistance bill.

This marked the beginning of the kind of direct communication with the federal government that the cities have maintained for more than fifty years, and it set the stage for the formation of the U.S. Conference of Mayors.

A few months later, on the eve of the inauguration of President Franklin D. Roosevelt, in the Mayflower Hotel just a few blocks from the White House, the charter of the Conference of Mayors was written. The cities had truly established a presence—an organized presence—and with it, the federal responsibility for helping to meet the awesome needs of cities would begin to be recognized.

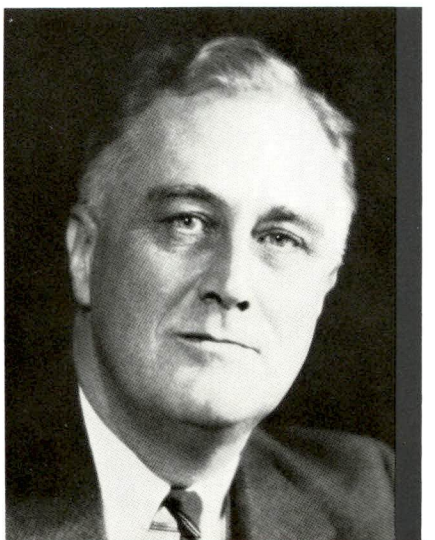


▶ FIRST EXECUTIVE COMMITTEE MEETS IN WASHINGTON, D.C., DECEMBER 14, 1933.

ACCOMPLISHMENTS

In the 1930s Mayors worked with President Franklin D. Roosevelt to shape a New Deal for the nation. They worked for the first housing act and for public welfare to help the citizens who could not help themselves.

In the 1940s Mayors fought for urban renewal to help hold the line against the deterioration that was affecting our cities. Following World War II, the Conference increased its efforts to secure federal domestic assistance. One of the critical needs Mayors articulated was for federal help in developing a new transportation system to pull the country together—a system involving airports. Other critical needs were for national housing and hospital policies and Mayors, working with President Harry Truman and the Congress, played a major role in securing the Hill-Burton Hospital Act of 1946 and the Housing Act of 1949.



▶ FRANKLIN D. ROOSEVELT. PHOTOGRAPH PRESENTED TO CONFERENCE IN 1937.



PRESIDENT TRUMAN SIGNS HOUSING BILL OF 1949.



PRESIDENT EISENHOWER CALLS MAYORS TO WHITE HOUSE IN MARCH 1953.



A CHALLENGE TO CIVIL RIGHTS — PRESIDENT KENNEDY ADDRESSES 1963 ANNUAL MEETING.



WHITNEY YOUNG, NATIONAL URBAN LEAGUE, ADDRESSES 1965 ANNUAL MEETING.



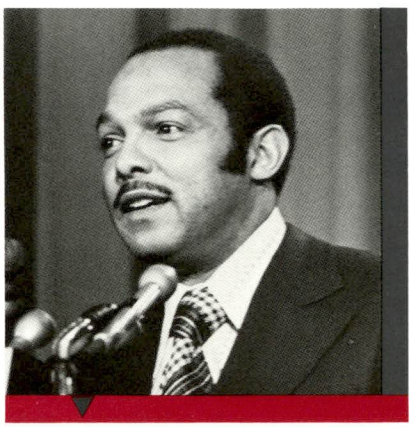
NATIONAL URBAN COALITION FOUNDERS: CONFERENCE DIRECTOR GUNTHER, MAYORS BARR AND LINDSAY, JULY 1967.

In the 1950s, during the administration of President Dwight D. Eisenhower, the nation was seeing and feeling the effects of a baby boom. City governments were straining to keep up with the demand for housing and other services, and the urban population began spilling over city lines into the suburban communities. The Conference was working in Washington on an agenda that included sewer and water grants, the first interstate highway system, and, of course, civil rights.

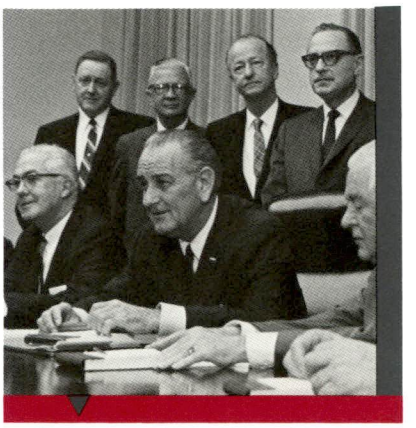
In the 1960s, with the New Frontier of President John F. Kennedy and the Great Society of President Lyndon B. Johnson, the pace quickened—and some festering urban problems exploded. Mayors worked for the Economic Opportunity Act, for Model Cities, and for concentrated employment programs to help fight a war at home. Tragically, public attention was turning then to another war—one in southeast Asia— that would con-

sume this nation's energies and its resources for many years to come.

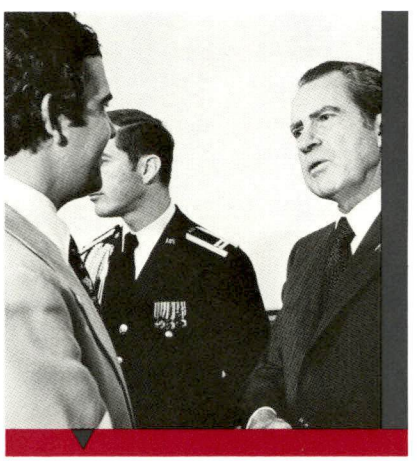
In the 1970s the cities achieved many successes in Washington. Beginning with the administrations of Presidents Richard M. Nixon and Gerald R. Ford, General Revenue Sharing and the Community Development Block Grant provided significant support for both operating and revitalizing the cities. The Comprehensive Employment and Training Act helped put citizens back to work in both public and private sector jobs. The Mass Transit Law, enacted in 1974, provided direct operating subsidies for cities which had to take control of failing private bus companies. The Public Works/Countercyclical Aid Bill provided well over $5 billion for public works and other aid to cities which were experiencing high unemployment. During the administration of President Jimmy Carter, Mayors were instrumental in the design and passage of the Urban



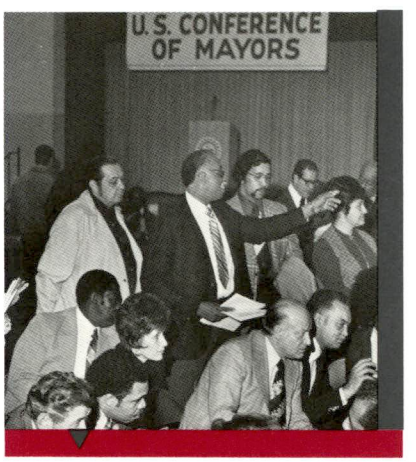
CARL STOKES, CLEVELAND, SWORN INTO OFFICE NOVEMBER 13, 1967, FIRST BLACK MAYOR OF MAJOR U.S. CITY.



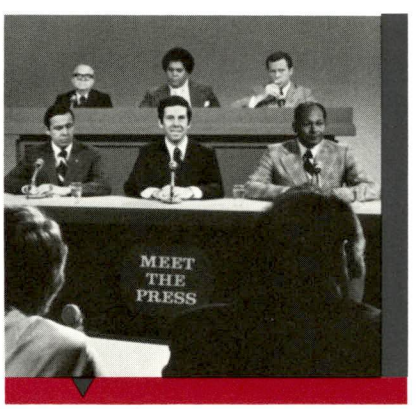
PRESIDENT JOHNSON MEETS WITH MAYORS AT WHITE HOUSE, 1968 MIDWINTER MEETING.



GENERAL REVENUE SHARING BECOMES LAW. NIXON PRESENTS PEN TO DEPUTY DIRECTOR COCHRAN, OCTOBER 1972.



LEGISLATIVE ACTION COMMITTEE MEETS IN DETROIT WITH UNEMPLOYED AUTO WORKERS, APRIL 1974.



MEET THE PRESS, 1974 ANNUAL MEETING.



UPON TAKING OFFICE, PRESIDENT FORD MEETS WITH MAYORS AT WHITE HOUSE, AUGUST 14, 1974.



SENATOR HUMPHREY PRESENTED DISTINGUISHED SERVICE AWARD AT 1975 ANNUAL MEETING.



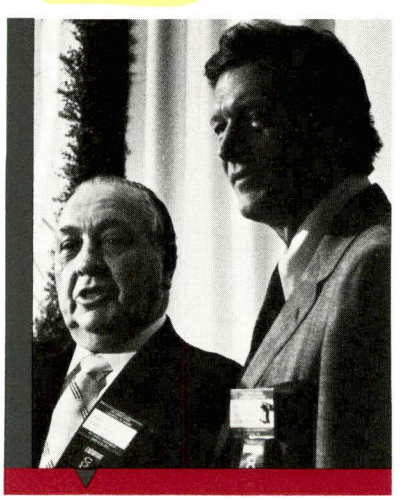
CARTER SIGNS 1977 HOUSING AND COMMUNITY DEVELOPMENT ACT WITH HUD SECRETARY PATRICIA ROBERTS HARRIS AND MAYORS.



MAYORS LANDRIEU AND GOLDSCHMIDT APPOINTED TO CARTER CABINET, SEPTEMBER 1979.

Development Action Grant, a program that has successfully leveraged billions of private sector dollars, spurred development in depressed areas of the nation's cities, and dramatically changed the skylines of many of our larger, older cities.

In the 1980s, during the administration of Ronald Reagan, Mayors contributed to the passage of the Surface Transportation Assistance Act of 1982, the Jobs Stimulus Bill of 1983, the Federal Cable Television Act of 1984, the Anti-Drug Abuse Act of 1986, and the Clean Water Bill and Surface Transportation Act of 1987.



1971 ANNUAL MEETING, MAYORS DALEY AND LINDSAY.

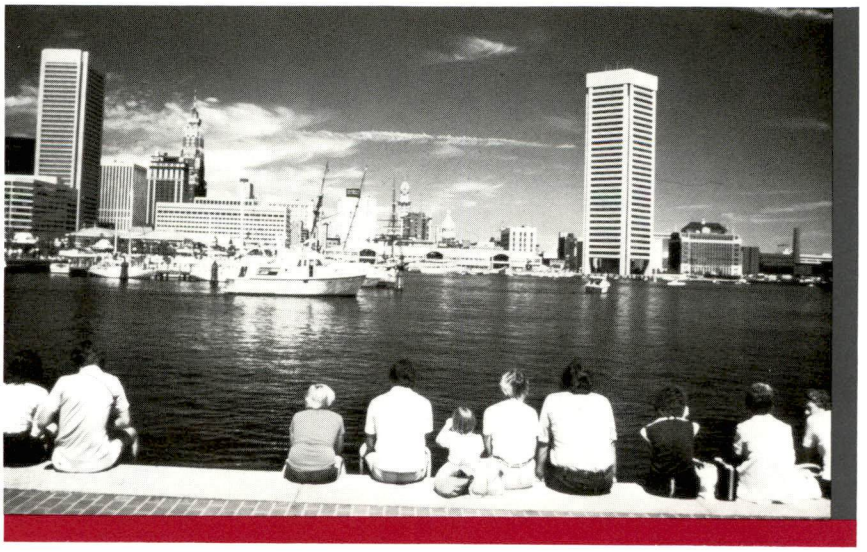
THE AMERICAN CITY IN THE 80s

A SHARED DREAM, A SHARED RESPONSIBILITY

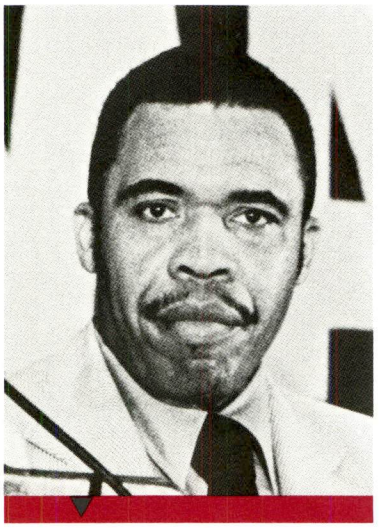
The progress of people living and working in America's cities today is the product of decades of hard work—by local governments, businesses, institutions, civil and community groups—and decades of working in partnership with state and federal government, in particular, has played a central role in urban growth and development. It has helped find solutions to serious social problems, tearing down the barriers to neighborhood renewal and improving the networks of street and transit systems, sewer and water systems, and police and fire protection that hold our cities together. The federal investment in cities has been significant and has enabled cities to leverage large amounts of private capital, undertake needed economic development projects and provide quality public services that would not have been possible with limited local revenues.

The need to reduce the large federal deficit that has developed during the 1980s has affected virtually every piece of legislation that the Reagan Administration and the Congress have addressed. Throughout the decade the Conference has continued to present the Mayors' concern that the federal deficit must not be reduced at the expense of the long established and constructive partnership between the federal government and the cities.

INNER HARBOR, BALTIMORE. ◀



THE MAYORS' AGENDA FOR THE



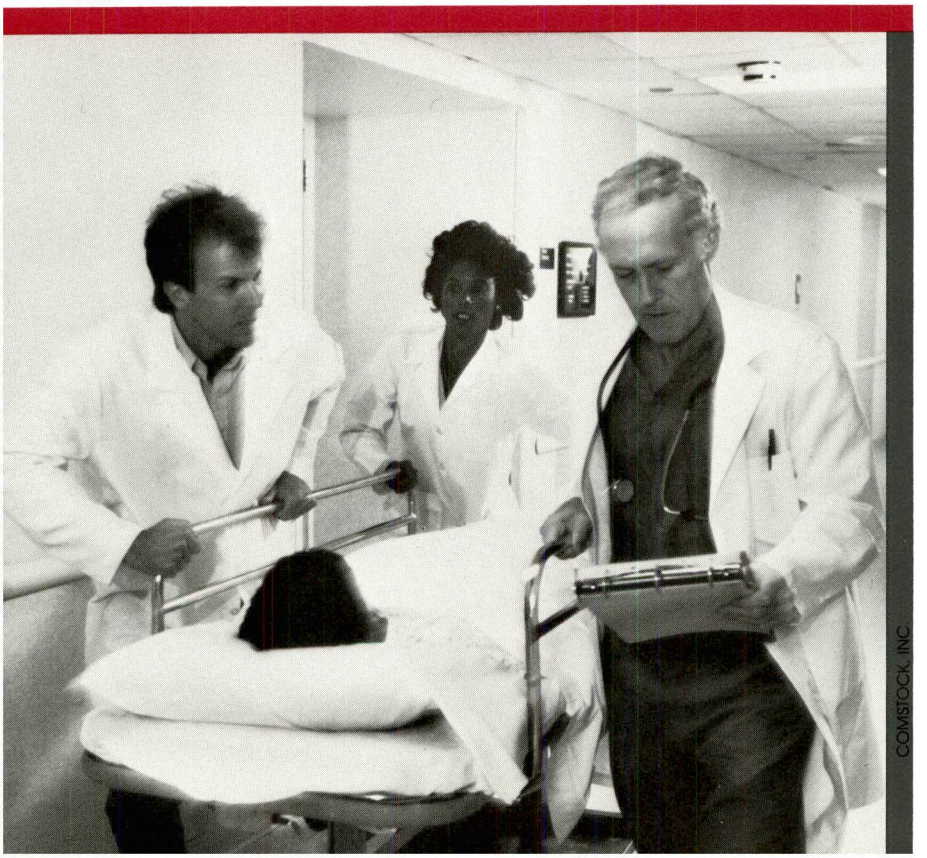
MAYOR KENNETH A. GIBSON, NEWARK, ELECTED FIRST BLACK PRESIDENT OF CONFERENCE, 1976.

The Administration and the Congress understand that the U.S. Conference of Mayors speaks for all the needs of all the people in all the cities. Active membership in the Conference is essential in order for cities and the needs of their citizens to be a part of this nation's agenda.

The U.S. Conference of Mayors is working with the Administration and the Congress to solve the ever-widening range of problems that threaten the progress of our cities and the well-being of their citizens. The federal deficit, which has dominated national policy thinking through most of this decade, remains an unfinished

PUBLIC HEALTH

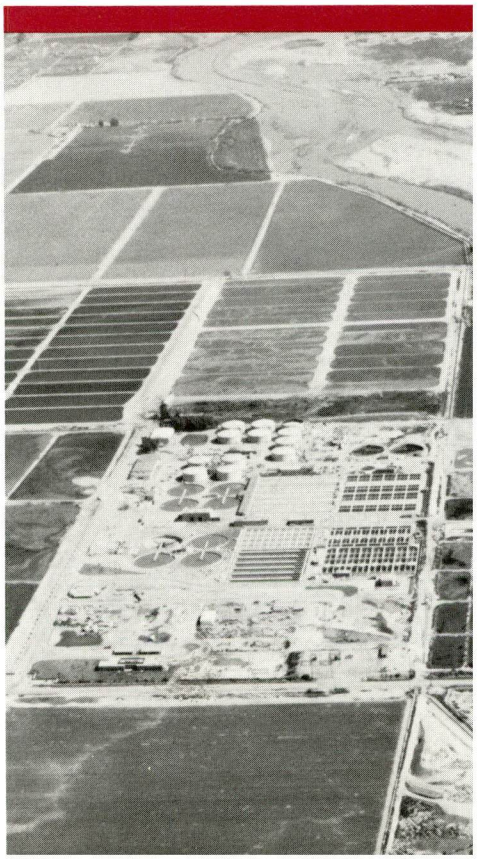
MIAMI



COMSTOCK, INC.

ENERGY AND THE

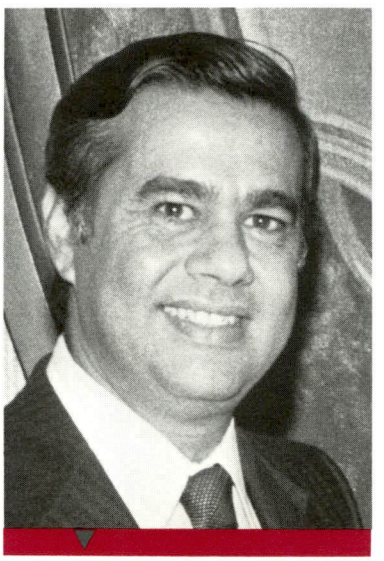
PHOENIX WASTEWATER TREATMENT CENTER



80s AND 90s

agenda item. The Conference of Mayors is working in Washington to ensure that the nation's deficit problem is not solved at the expense of the cities and the people who live in cities. The Congress and the Administration are now exploring new initiatives to meet the challenges of the next decade. Our faltering national economic competitiveness and its impact on the living standards of most Americans is a critical challenge to all levels of government as well as the private sector.

The agenda for the cities is a full one, and it is a critically important one. What is decided today in Washington will affect the citizens of this nation for generations to come.



MAYOR HERNAN PADILLA, SAN JUAN, ELECTED FIRST HISPANIC PRESIDENT OF CONFERENCE, 1984.

ENVIRONMENT



EDUCATION

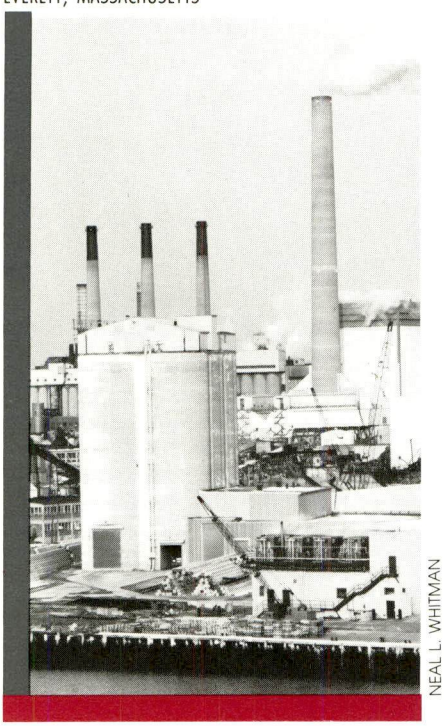
CHICAGO



JEAN-CLAUDE LEJEUNE, BLACK STAR

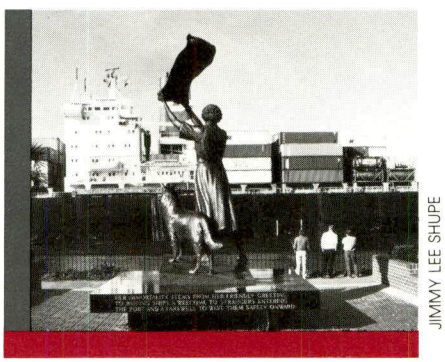
ECONOMIC DEVELOPMENT/ GROWTH & INDUSTRY

EVERETT, MASSACHUSETTS



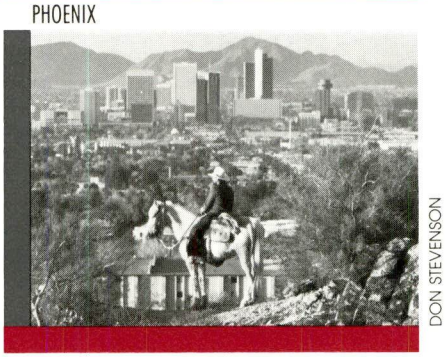
NEAL L. WHITMAN

SAVANNAH



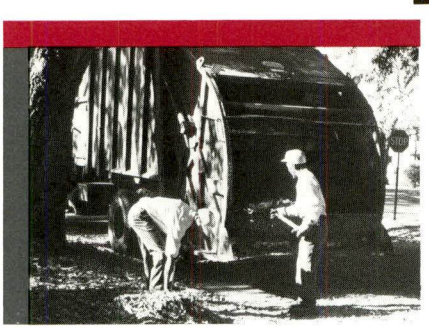
JIMMY LEE SHUPE

PHOENIX



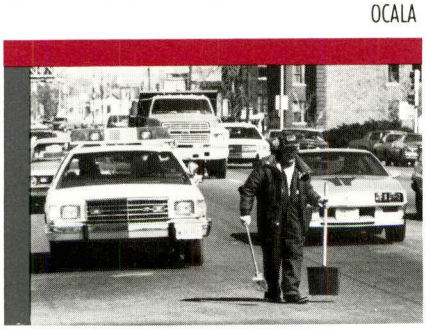
DON STEVENSON

ESSENTIAL SERVICES



ANNETTE SELPH

OCALA



HENRY J. BLACKWELL

PEORIA



JAMES A. EGAN

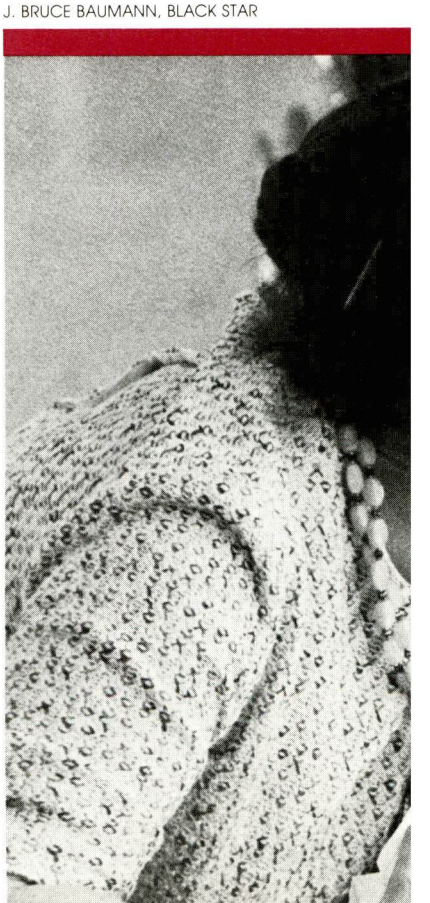
PROVIDENCE

HUMAN



CHICAGO

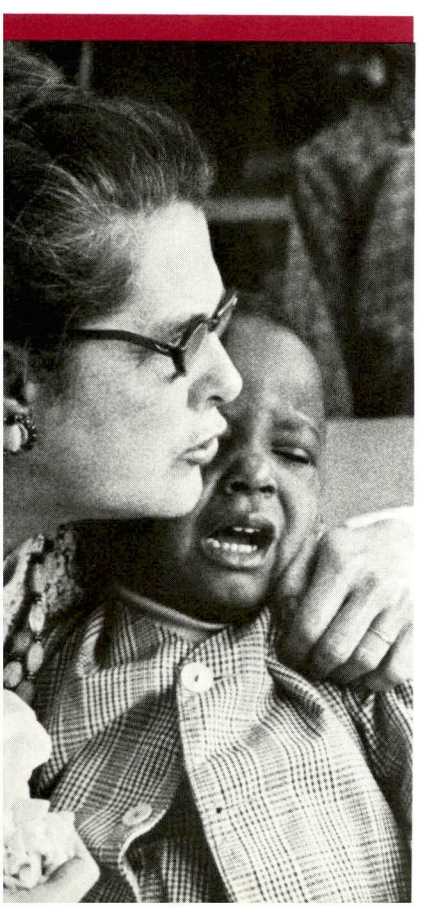
J. BRUCE BAUMANN, BLACK STAR



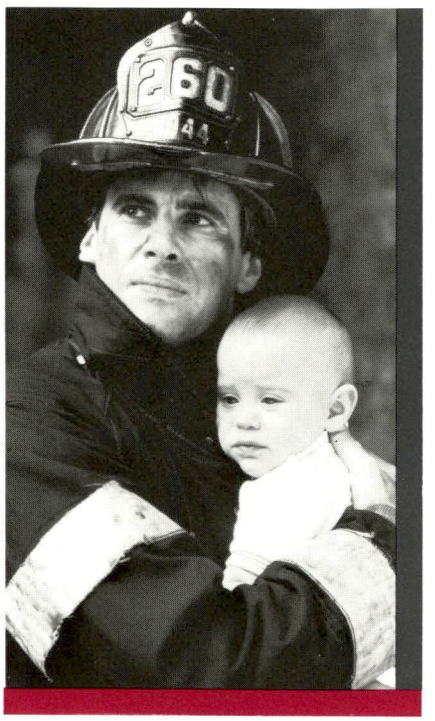
SERVICES



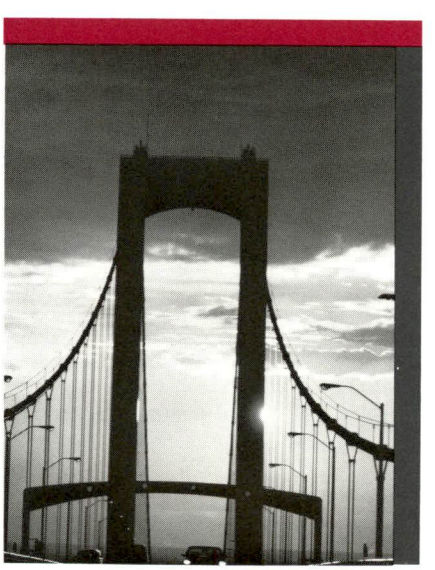
JEAN-CLAUDE LEJEUNE, BLACK STAR



COMSTOCK, INC. NEW YORK CITY



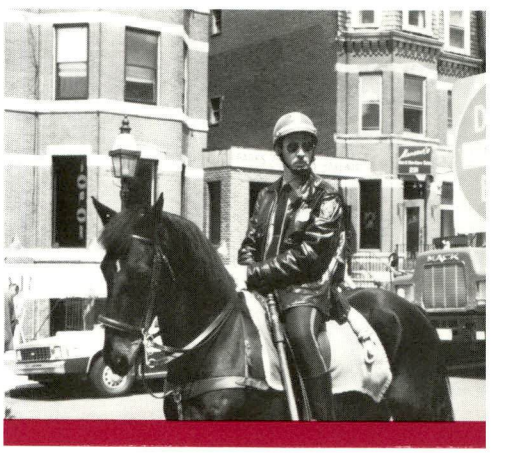
INFRASTRUCTURE



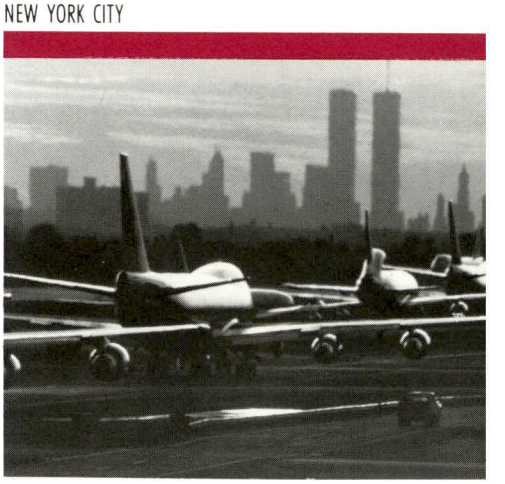
NEW YORK CITY COMSTOCK, INC.

PUBLIC SAFETY

BOSTON LYNNELLE CORLEY-PIERCY

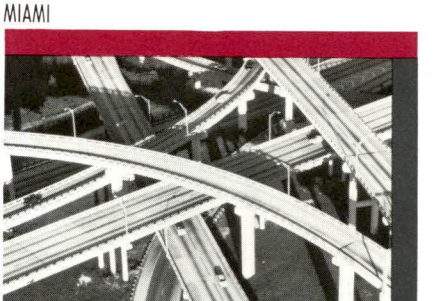


NEW YORK CITY

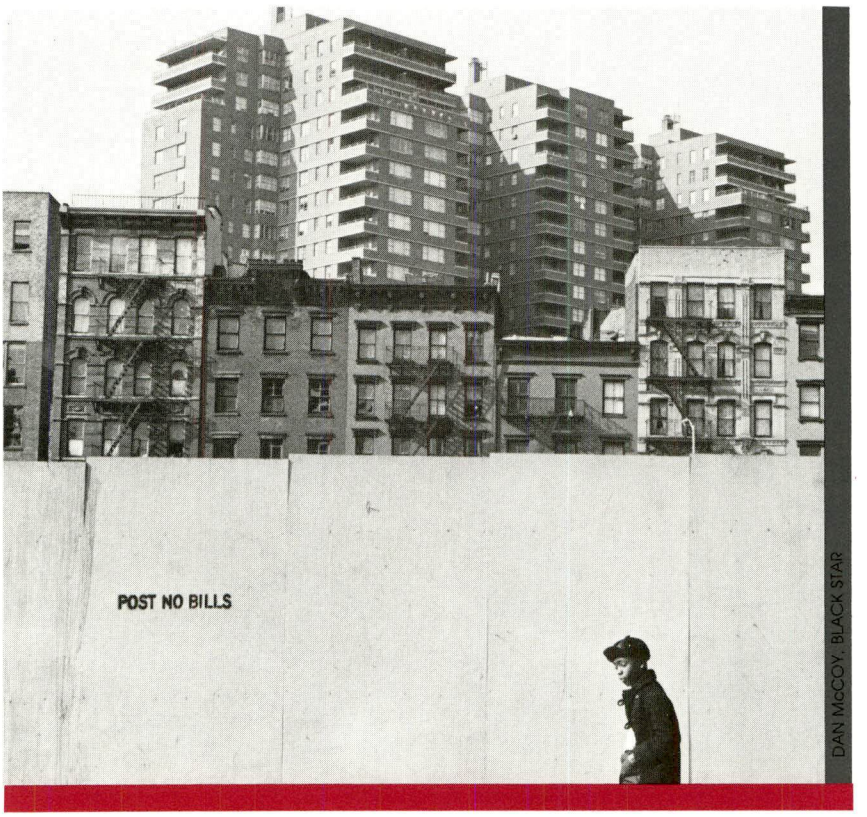


COMSTOCK, INC.

MIAMI



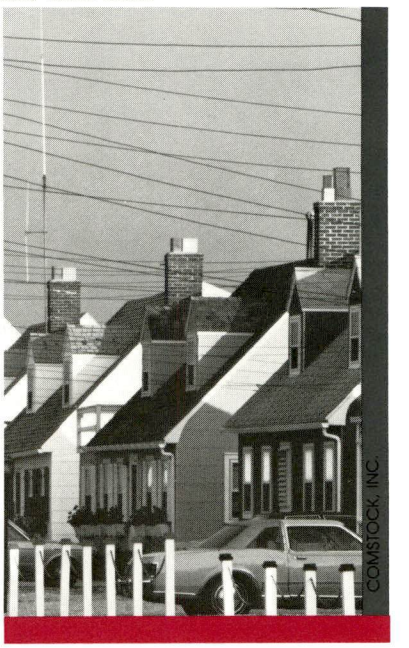
COMSTOCK, INC.



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CIVIL RIGHTS

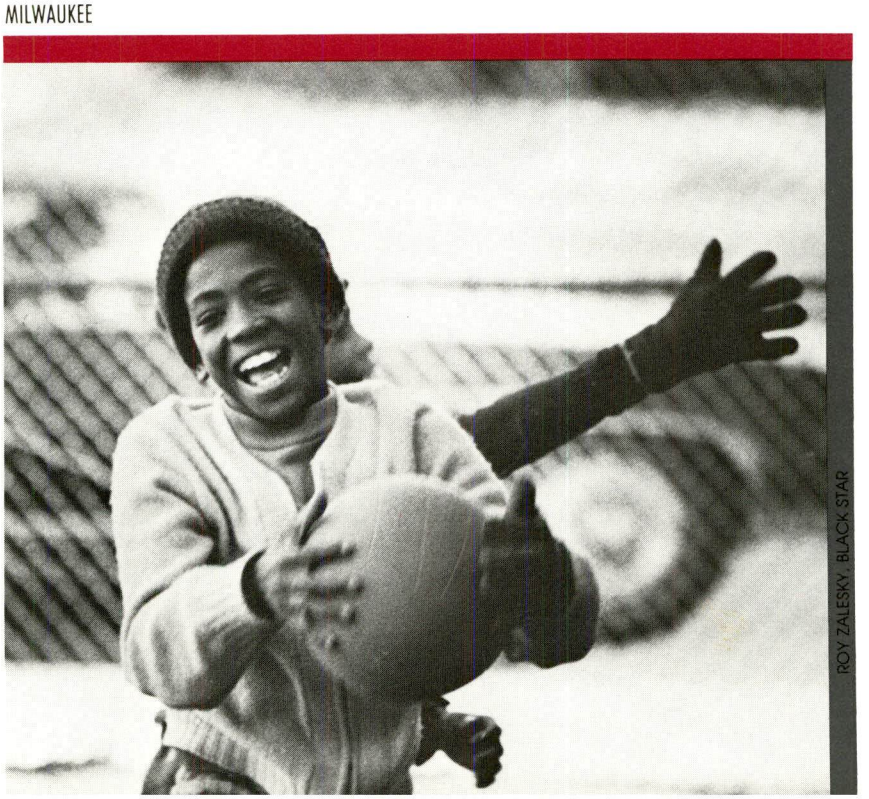
LONG ISLAND BEACH



EMPLOYMENT

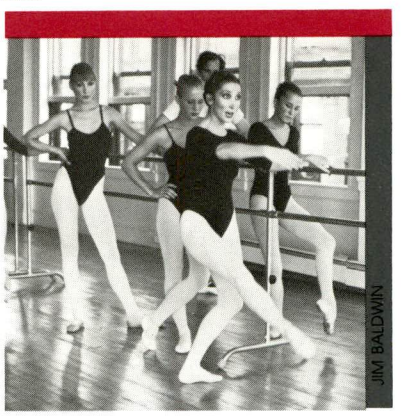
ARTS & RECREATION

MILWAUKEE

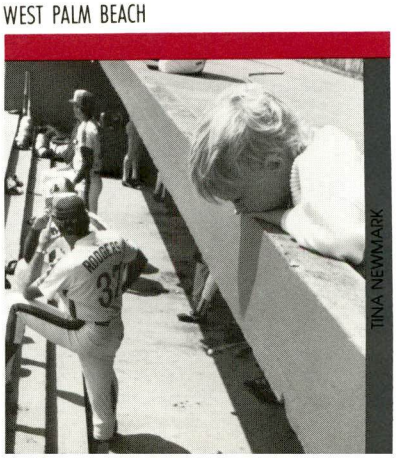


HOUSING

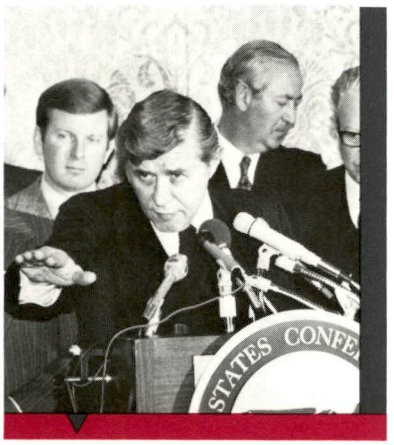
LYNN



WEST PALM BEACH



COMMITTEES & TASK FORCES



MILWAUKEE MAYOR MAIER MEETS THE PRESS, MIDWINTER MEETING, 1978. MAYOR CARVER (L); MAYOR MURPHY (R).



MAYOR BOOSALIS OF LINCOLN, ELECTED FIRST WOMAN PRESIDENT OF CONFERENCE IN 1981, LOBBIES FOR CONFERENCE AGENDA.

Every Mayor entering the U.S. Conference of Mayors participates directly and immediately in the selection of urban issues that will be pursued by the Conference in Washington. Each member of the Conference serves on one or more of the seven standing policy committees that meet at least twice a year—at the Midwinter Meeting in January and the Annual Meeting in June—to discuss, debate and, finally, to draft the cities' positions on the most pressing issues of the day.

In carrying out its legislative action role, the Conference works closely with the President, the Congress and the individual federal agencies. When bills affecting municipal governments are under consideration by congressional committees, it is customary for those committees to request the personal testimony of member Mayors, as well as the views of the Conference of Mayors.

The Standing Policy Committees Cover:

- Urban Economic Policy
- Transportation and Communications
- Energy and Environment
- Human Development
- Community Development, Housing and Economic Development
- Arts, Culture and Recreation
- International Affairs



PRESIDENT REAGAN MEETS WITH MAYORS AT WHITE HOUSE, FEBRUARY 1981.

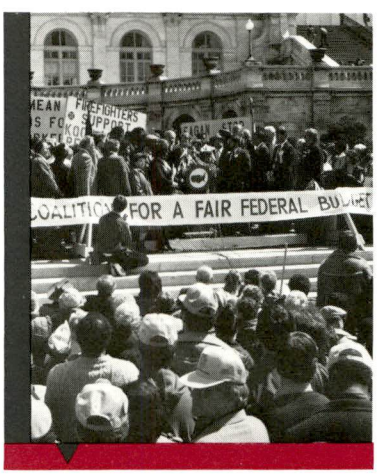
Each June, during the annual meeting of the Conference of Mayors, the standing committees recommend the policy positions they believe should be adopted by the organization. At this time every member attending the annual meeting is given an opportunity to question, discuss and then vote on each policy position. Each city, represented by its Mayor, casts one vote.

The urban policy positions adopted at the annual meeting reflect the collective views of those charged with administering the nation's cities, and as such, should be known to congressional leaders and the executive branch of the federal government. Following each annual meeting, therefore, copies of the official policy positions of the Conference are presented to the President and to both Houses of Congress.

In addition to the ongoing work of the Conference's standing committees, Mayors are organized into task forces to examine and act on issues that demand special attention; AIDS, Drug Control, Hunger and Homelessness, Literacy, Teenage Pregnancy, and State and Local Relations are among these. Through these task forces the Conference has historically assumed a national leadership position in calling early attention to serious urban problems and in pressing for solutions for them.



ELECTION OF OFFICERS, 50TH ANNIVERSARY OF CONFERENCE 1982.

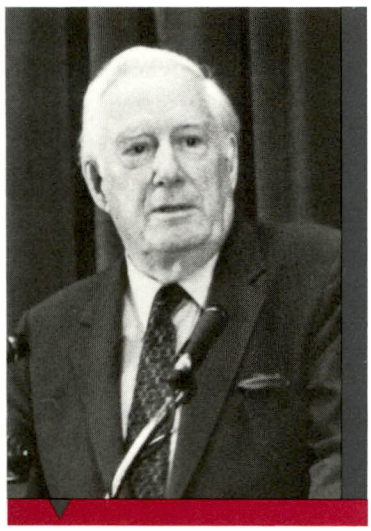


MAYORS MARCH TO CAPITOL FOR FAIR BUDGET, 1985.



MAYORS MEET WITH SENATE MAJORITY LEADER DOLE, 1986.

PROGRAMS & PROJECTS



CHIEF JUSTICE WARREN BURGER ADDRESSES 1986 MIDWINTER MEETING.

Mayors participate on standing committees and task forces to shape urban legislation and national urban policy. The Conference also provides Mayors and other local officials with opportunities to exchange information on effective approaches to municipal government.

Established in 1974, the Mayors Leadership Institute offers Mayors an annual series of seminars on important municipal issues, including economic development, financial management and labor relations. A Mayor's Executive Staff Institute provides similar information and instruction for those who assist the Mayors.

Because the Conference of Mayors is a nonpartisan organization, Mayors wishing to pursue partisan interests in urban affairs do so through either the National Conference of Democratic Mayors or the National Conference of Republican Mayors and Municipal Elected Officials. Both of these organizations meet each year in conjunction with Conference midwinter and annual meetings.



SENATE MAJORITY LEADER BYRD CALLS MAYORS TO CAPITOL HILL, JANUARY 1987.

With the emergence of women as a strong political force in the 1970's The Women Mayors was formed as a group within the Conference to pool the experience of women as candidates and local chief officials.

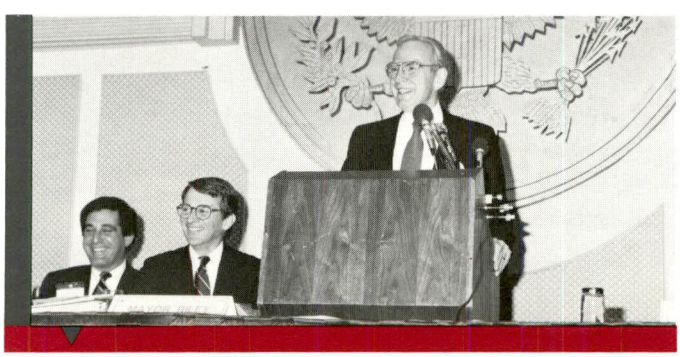
The Allied Membership program is comprised of organizations and individuals from the private sector with special experience and interest in urban issues. It offers collaboration between Mayors and the private sector on such issues as tax reform and infrastructure and allows an exchange of each other's experiences and perspectives.

Affiliated organizations assist the Conference by bringing together city officials concerned with special services and issues. Affiliates include the U.S. Conference of Local Health Officials, the National Resource Recovery Association, the National Community Development Association, the U.S. Conference of City Human Services and the Urban Transportation Conference.

From year to year the staff of the Conference works with cities in areas such as traffic safety, labor-management relations, deferred compensation, services for elderly persons, minority business development, public health, and various social services.



SURGEON GENERAL KOOP ADDRESSES 1987 MIDWINTER MEETING. MAYOR FEINSTEIN (R).



HOUSE SPEAKER WRIGHT ADDRESSES MAYORS' SPECIAL MEETING ON COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS, MIDWINTER MEETING 1987. MAYORS ABRAMSON AND RILEY (L).

ELECTION OF OFFICERS

At the conclusion of each annual meeting, members of the Conference of Mayors choose a President, Vice President and Advisory Board Chairman to serve for one full year. There are eleven Trustees, including active Mayors who are Past Presidents, and up to twenty-three members of the Advisory Board. As vacancies in these bodies occur, they are filled at this time. A Nominating Committee, which serves for one year and is appointed by the President, recommends to the membership names of Mayors to fill the positions of Officers, Trustees and Advisory Board members.

DUES STRUCTURE

The membership and service fees in the Conference are fixed on the basis of population by the Executive Committee. Cities with populations of 30,000 and above are eligible for membership. Cities below 30,000 are eligible as "service" cities. Service cities receive Conference materials and publications, but do not participate in the policy-making process of the organization.

ANNUAL MEETINGS

1988 • Salt Lake City, UT • June 10-15

1989 • Charleston, SC • June 15-21

1990 • Chicago, IL • June 15-20

1991 • San Diego, CA • June 14-19

UNITED STATES CONFERENCE OF MAYORS
1620 EYE STREET, NW / WASHINGTON, D.C. 20006
202/293-7330

DRUGS

(5)

CONFÉRENCE
EUROPÉENNE ET NORD-AMÉRICAINE
SUR LA SÉCURITÉ
ET LA PRÉVENTION DE LA CRIMINALITÉ
EN MILIEU URBAIN

EUROPEAN AN
NORTH-AMERICA
CONFERENC
ON URBAN SAFE
AND CRIME PREVENTIO

10 AU 13 OCTOBRE 1989

OCTOBER 10 TO 13 1989

PALAIS DES CONGRÈS
DE MONTRÉAL

MONTREAL
CONVENTION CENTER

Our meeting ~~[illegible]~~ in
MONTREAL October 1989
with FRENCH GOUT.
CANADIAN GOUT.
AND EUROPEAN community

AGENDA FOR SAFER CITIES

FÉDÉRATION
CANADIENNE
DES MUNICIPALITÉS
FEDERATION
OF CANADIAN
MUNICIPALITIES

FORUM
DES COLLECTIVITÉS
TERRITORIALES
EUROPÉENNES
POUR LA SÉCURITÉ
URBAINE
FORUM OF LOCAL
AND REGIONAL
AUTHORITIES
OF EUROPE
FOR URBAN SECURITY

THE UNITED STATES
CONFERENCE
OF MAYORS
CONFÉRENCE
DES MAIRES
DES ÉTATS-UNIS

FINAL DECLARATION

31 countries assembled -

Final statement

Montreal, Canada, October 13, 1989

COMMUNAUTÉ URBAINE DE MONTRÉAL
MONTREAL URBAN COMMUNITY

BUREAU DU PRÉSIDENT DU COMITÉ EXÉCUTIF 2, COMPLEXE DESJARDINS C.P. 129 MONTRÉAL H5B 1E6
TÉLÉPHONE (514) 280-3507 TÉLEX 055-60432 TÉLÉCOPIEUR (514) 282-0241

AGENDA FOR SAFER CITIES

This final declaration proposes a concrete program of action to prevent property and violent crime, reduce the demand for drugs, and decrease the feeling of insecurity in cities.

It results from the work of more than 900 mayors, city leaders, police executives, judges, urban planners, criminologists, representatives of government and national organizations.

The Conference was organized by the Federation of Canadian Municipalities, The European Forum on Urban Security and The U.S. Conference of Mayors in collaboration with the Montreal Urban Community, five international organizations of cities and more than 30 partners.

After preparatory meetings and development of over 100 briefs, we met in Montreal to develop an agenda for action to improve the quality of life by making communities safer from crime.

We came from 31 countries in Europe, North America and every region of the world. We were addressed by the Under Secretary General of the United Nations, the Secretary General of the Council of Europe, by Ministers from France, the Netherlands and Canada, as well as mayors of many of the world's major cities.

We concluded:

- The community is the focal point of crime prevention. Governments at all levels must nurture community based anti-crime efforts.
- We must go beyond a response by our criminal justice system - police, courts and corrections - if we are to prevent crime in our cities. Our response must be part of a long-range approach, yet be responsive to immediate needs.
- Crime prevention must bring together those responsible for housing, social services, recreation, schools, policing and justice to tackle the situations that breed crime.
- Elected officials at all levels must exert political leadership and assume responsibility to prevent urban crime. Without this, our belief in community, the quality of life in our cities and human rights can be threatened.
- Crime prevention must be supported by the whole society. Political leaders should encourage the development of a feeling of solidarity among community members.

I **"Security and crime prevention in an urban setting: Beyond the diversity of cities, matters of common interests"**

Fear of crime is a problem for those living in cities, particularly women and the elderly. It is a serious problem. However, in many cases, it is out of proportion with actual crime rates.

The causes of crime include:

* Poverty, unemployment, lack of affordable, decent housing and an unresponsive education system;
* A growing underclass created by blocked opportunities;

* The disintegration of communities and families, exacerbated by inadequate parenting;

* The problematic circumstances in which people migrate to cities and between countries;

* Destruction of native cultures;

* Changes in the physical environment of our cities which contribute to crime: among them, bedroom communities which are abandoned during the working day, and concentrated public housing inadequately linked to appropriate services;

* Because of modern societal problems, the difficulty that individuals have in connecting with the community, and that young people have in identifying with the culture, the family, the school or the society;

* Drug abuse, in part caused by other factors mentioned, and drug trafficking.

II "Making the urban setting safer: local initiatives"

Children

There should be:

* early investment in children;

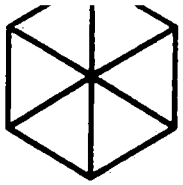
* pre and postnatal care and nutrition assistance for mothers and children;

* the availability of day care.

Youth

We must involve youth in the development of crime prevention policies, particularly those relating to health, recreation, training and employment.

We must provide quality education and opportunities to acquire skills to enter the work force.



Employers must provide fulfilling work opportunities, particularly for drop-outs.

Special efforts should be made to bridge the generation gaps.

Family Violence

Municipal and other orders of government must make family violence, sexual assaults and abuse of women and children an integral part of their policies and programs.

Municipalities must take responsibilities for a unified strategy against violence and fear which must be particularly sensitive to the perspectives of women and the elderly.

Housing and Urban Development

Local housing agencies should provide a range of services, and involve tenants in all aspects of the housing and services provided.

Urban design and renewal should take safety into account.

Drug Abuse Prevention

There must be comprehensive community based drug education and prevention efforts.

Schools must organize drug education programs in all grades.

Police and Criminal Justice

Police should provide important support for crime prevention initiatives involving citizens and community agencies.

They should work more in the community to prevent crime and reduce fear.

Preventing recidivism requires interagency approaches to housing, employment and social services, as well as community alternatives to prison.

Information on outcome of cases, access to effective judicial remedies and reparation must be provided urgently for victims.

Mediation and conciliation should be encouraged to avoid conflicts.

Training

Police, judges, social workers, doctors, and teachers should be trained in interagency settings to promote interagency prevention.

Communications

The public must be informed about local crime prevention programs and their results.

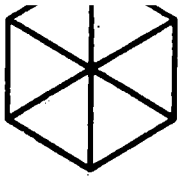
III "Making the urban setting safer: from local action to international support"

National Leadership

Effective crime control demands strong national leadership on crime prevention. There must be a national will - national political leadership and courage.

In all cases, crime prevention strategies and programs must be tailored to local needs - but not limited to local resources. Local efforts must be supported by national policies which provide stable, direct and timely funding and allow for local flexibility in program design.

While national strategies must include support for police, they must look beyond the police community in shaping their crime prevention policies. They should address those problems which are the antecedents of crime. Poverty and unemployment should be addressed through economic development, adequate wage and income policies. National governments should assure the provision of safe, suitable and affordable housing.



Programs which address the problems of children and youth must be integral parts of any national crime prevention policies.

There needs to be coordination in all crime prevention efforts within governments, among governments and between government and the private sector.

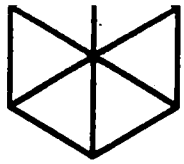
The growth of the private security sector must be considered in the development of anti-crime programs.

There is a need at the national level for technical assistance, research effort, and creation of data banks on crime control research. Information on this research must be available to local officials and others involved in crime prevention and control.

International Action

The nature and extent of crime today require that we move beyond national efforts, establishing international contacts and conventions dedicated to crime control and prevention. It is time to create an international data base which local officials in all countries can draw upon for anti-crime program models and for the exchange of crime control experts and practitioners.

We need international cooperation in the control of firearms, drug trafficking and money laundering.



IV Next Steps

The Federation of Canadian Municipalities, The European Forum on Urban Security and The U.S. Conference of Mayors will encourage their national leaders and their colleagues in local government, and the population at large to implement conclusions and recommendations of this declaration.

It will be presented to the Eighth United Nations Congress on the Prevention of Crime and Treatment of Offenders in August 1990.

It will be submitted as a contribution to the Urban Charter being drafted by the Council of Europe.

Means will be explored to pursue on a continuing basis the exchange of information begun at the Montreal Conference. A meeting of the Advisory Committee will be organized in Paris before the end of the year to prepare proposals to continue sharing knowledge and experiences, to implement this final declaration, and to begin planning the second world conference on urban safety, to be held in Europe in 1991.

THE UNITED STATES CONFERENCE OF MAYORS

1620 EYE STREET, NORTHWEST
WASHINGTON, D.C. 20006
TELEPHONE (202) 293-7330

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Mayor of Houston

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Executive Director:
J. THOMAS COCHRAN

September 20, 1989

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

Over the past several years, the mayors and police chiefs of this nation have been drawn together, as never before, by the drug crisis in our cities. As a group, we have called again and again for a comprehensive national strategy. We believe that you and Director Bennett have now given us the comprehensive strategy that has been so desperately needed.

We are pleased that the majority of the recommendations which had been offered by the Conference of Mayors this year were incorporated, in one form or another, in your strategy. But because of the enormity of the drug problem, we must be concerned about the impact of this strategy, or any strategy, if it is not backed by adequate federal resources, if it is not equipped to get those resources to where they are most needed, or if it takes funds away from other badly-needed programs and services in cities.

The mayors and police chiefs of 100 of our cities met this week in Washington; we discussed the plan at length, among ourselves and with Judge Walton, and expressed many of our concerns to him. Our three major points were these:

First, the total $7.9 billion proposed for the war on drugs -- the most serious problem in the nation-- is less than one percent of the nation's budget. The $350 million proposed for state and local enforcement assistance amounts to less than one percent of the total which state and local governments spend on criminal justice each year. When the scope of what must be accomplished with the enforcement funds is considered, it should be clear that we will have to move well beyond the currently authorized level of funding.

Second, the federal anti-drug help which is provided must come directly to cities; it should not be forced through a bureaucratic maze of federal and state agencies. Serious problems have been experienced with the state-local assistance programs for drug education, treatment and enforcement. The funds have been slow in coming to our cities, and too often they have not made it to the areas of greatest need.

Third, it is critical that the nation's drug war be expanded without shifting federal funds away from urban programs which actually support the war on drugs. Taking any funds from programs which fight the conditions fueling the drug crisis would clearly be counterproductive, and could only make this war more difficult to win. We need to be investing in solutions to the full range of urban problems, not cutting back on some to move ahead on others.

Mr. President, you can continue to count the mayors and police chiefs among the strongest supporters of your national anti-drug initiative. We hope we can count on your support for what we know must be done in our cities.

Sincerely,

Kathryn J. Whitmire

Kathryn J. Whitmire
President