

New York, New York, 12/12/78

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MEMORANDUM

THE WHITE HOUSE
WASHINGTON

December 6, 1977

TO: Mary Hoyt
FROM: Kathy Cade KC
RE: "The Caring Community"

"The Caring Community" was started three years ago when concerned citizens in the village realized that there were virtually no services available to older people there. With the help of federal funds under Title 20 and Title 7, they have started four lunch programs at four different centers in the village. In addition, these centers also provide recreation programs, medical services and other special events for senior citizens in the village. Each center serves at least 100 people. They also have special meals served on every holiday by members of the Board of Trustees of "The Caring Community".

The principal center is at 20 Waverly Place. Their staff coordinates with the directors of the other three centers. 20 Waverly Place has a special entertainment program for all the people where they regularly invite groups from the village to come and perform for the older people.

"The Caring Community" Board of Trustees is composed of 22 representatives from local hospitals, churches, synagogues and other community institutions. There are six key people who have been responsible for the efforts to raise funds to keep the Village Nursing Home going. They are:

Lenore Cahn Zola, Director of Fundraising
Father Robert Lott, Chairman of "The Caring Community" and
Chairman of the Board of Trustees of the Village Nursing Home
Rabbi Denis Matth, Vice Chairman of the Board of Trustees of
"The Caring Community" and the Village Nursing Home
Ann Wyatt, Member, Board of Trustees of the Village Nursing Home
Fred Miller, lawyer who has been working with the group
Rita Conyers, Member, Board of "The Caring Community" and the
Village Nursing Home

MEMORANDUM

THE WHITE HOUSE

WASHINGTON

December 9, 1977

TO: Mrs. Carter
FROM: Kathy Cade
RE: Scenario for Arrival

Upon arrival at the airport, you will be greeted by Mr. DeWitt Wallace, Mr. Landrum Bolling, President of the Council of Foundations, and Mr. Donald Lauder, President of Estee Lauder (that company is contributing \$60,000 to Bill's project), as well as Harv Oostdyk of the project staff.

You and Mr. Wallace and Mr. Oostdyk will ride to the Church together.

Bill, Mr. Bolling and Mr. Lauder will take a separate route and meet us at the school.

Mrs. Long will accompany Mary and me in your motorcade.

DECEMBER 12, 1977

OFFICE OF THE FIRST LADY'S PRESS SECRETARY

FIRST LADY'S TRIP TO NEW YORK

First Lady Rosalynn Carter will fly to New York today to visit the Church of the Master and Public School 180 in Harlem, at Morningside Avenue and 120th Street. After approximately an hour's visit there she will drive to the Village Nursing Home, 607 Hudson Street in Greenwich Village to have lunch with some of the residents and meet with the Board of Directors of The Caring Community, an organization which has been instrumental in preventing the home from being closed.

Church of the Master and P.S. 180 are part of New York City's "Cities in Schools" program, based on 15 years of work aimed to motivate inner city school children to stay in school. Cities in Schools is part of a growing nationwide effort to coordinate available social services from public and private sources through the structure of the school system. Mrs. Carter has been interested in this approach since she lived in Atlanta, where a similar project is located. Church of the Master is the resource center for three "Cities in Schools" projects in New York. Mrs. Carter's briefing on P.S. 180 will be conducted by Bill Milliken, coordinator of "Cities in Schools" and similar efforts in Atlanta and Indianapolis, and the Rev. Eugene Callender, pastor of the Church of the Master, who is active in many Harlem neighborhood organizations.

In Greenwich Village Mrs. Carter will visit the Village Nursing Home, recently saved from closing by the efforts of a coalition of community organizations known as "The Caring Community." The coalition was established years ago when community residents realized that few services were getting directly to the community's elderly. It promotes a variety of recreational and health services, entertainment and special events. The Caring Community is presently involved in the second phase of its fundraising to save the Village Nursing Home, which is the only such facility within the entire area bounded by 59th Street, the Battery and Fifth Avenue and the Hudson River. Mrs. Carter will be briefed by members of the Caring Community at the conclusion of her lunch with the residents.

A long-standing interest in neighborhood and citizen responsibility brings the First Lady to New York to visit the school and the nursing home. She hopes to focus public attention on alternatives to big government by highlighting the efforts of private groups that have humanized bureaucratic machinery and made it more effective through community concern and action.

FACT SHEET

A. General Description of the Cities In Schools Program.

1. The goal of the Cities In Schools Program is to develop small personal caring communities within the larger school community.

2. In three cities -- Atlanta, New York and Indianapolis -- the Institutional Development Corporation presently has developing models or prototypes of integrated, coordinated human services. These models (called Cities In Schools) are centered in the schools. The Institutional Development Corporation is also starting models in seven other cities.

3. The models coordinate services (such as health, manpower, legal aid, counseling, remedial reading, and education) inside of a school. The basis of the concept is to bring the services into the school, rather than to require the student to travel around a community and make various stops to see different service providers with whom he has no ongoing, personal relationship. A major tenet of the program is to use present resources more effectively.

4. An ingredient in the Cities in Schools model or prototype is the breaking down of service providers into small teams responsible for certain named students. This fosters a more consistent, personal relationship among the social workers, teachers and students. In each school the students are divided into small groups, and a team of service providers are ~~responsible for all of the~~ ^{responsible for} ~~responsible for all of the~~ needs of their students in each respective group. In addition, each staff person is responsible for all of the social and educational needs of certain specifically assigned students. This provides for more accountability among service providers. The teams' activities are further supplemented by parents, older students and other community volunteers.

B. New York Project.

1. Julia Richman Highschool -- Manhattan.

A multi-discipline staff serves 120 students. Special emphasis is placed on providing remedial education, counseling and addressing those extra curricular problems which inhibit a youth's academic growth.

2. P.S. 114 -- Bronx.

Individuals employed under the Public Works Program, together with Community Services Officers employed by the police department, work within the schools to enhance positive relationships among the community, police, and students. The program gives the students an opportunity to see the police in a helpful, rather than antagonistic situation.

3. P.S. 180 -- Manhattan.

The P.S. 180 project is developing in a 20-block area bordered by 116th Street, 125th Street, Morningside Avenue, and 8th Avenue. This community is being organized so that residents and community agencies (police department, fire department, postal department, etc.) meet on a regular basis to discuss alternative solutions to community problems.

4. Resource Center -- Manhattan

The Resource Center serves the three school projects by developing curriculum, organizing volunteers, training personnel and disseminating program information.

INSTITUTIONAL DEVELOPMENT CORPORATION

A PLAN TO ESTABLISH AN INTEGRATED HUMAN SERVICE DELIVERY SYSTEM

A. INTER-RELATED GOALS OF THE PLAN

Institutional Development Corporation (IDC), a non-profit organization, is designed to accomplish three inter-related goals:

1. To help disadvantaged youth become more self-sufficient by developing basic remedial skills, by improving youths' self-image, and by preparing youth for the world of work;
2. To be a catalyst for the integration of human services in local communities;
3. To fashion partnerships among the three levels of government (federal, state and local) and the public and private sectors.

IDC proposes to accomplish these goals by expanding three of IDC's existing experiments in Atlanta, Indianapolis and New York. IDC will not receive any federal funds in these efforts.

B. BACKGROUND AND THEORY OF EXPERIMENTS

IDC staff is comprised of men and women who for more than seventeen years have worked in poverty communities of America. In each of the above-mentioned cities they have established programs which initially placed disadvantaged adolescents in a school environment where the youth received intensive educational and social attention.

The core concept in these cities is based on the argument that fragmented services delivered along functional lines fail to make the needed integrated impact on the clients of these services. Many urban problems are described in this model as resulting primarily from breakdowns in poor families and neighborhoods. Traditional services, which treat symptoms -- health problems, poor educational performance, criminal justice problems and counseling needs -- separately, only help to speed the disintegration of neighborhood, family and the personality of the individual. This patchwork of uncoordinated services also results in programmatic duplication and inefficiency, since the various service providers cannot know about, and build upon, each other's efforts.

C. BASIC ELEMENTS IN IDC'S APPROACH

IDC attempts to eliminate this dysfunction by breaking the client population down into small manageable units -- a part of a school -- and by addressing the problems represented in these units by intensive application of coordinated and mutually supportive services. The key elements of this approach are:

- o Small units of service delivery -- That client groups be separated into manageable units which maintain a stable relationship over an extended period of time with a fixed team of specialists.
- o Wholism -- That the teams of specialists with different backgrounds and disciplines focus their services on the individual to deal with his multiple problems.
- o Coordination -- That there be intensive discussion about problems and approaches among team members to insure coordination and mutual support.
- o Personalism -- That team members be willing to take a personal interest in the people they are working with and that their indicators of success be improvements in the individuals, the schools or the neighborhoods and not merely the adequate performance of their own functional responsibilities.

D. PRESENT SCHOOL EXPERIMENTS AND THEIR PROPOSED EXPANSION

In IDC's present school experiments, the approach used is to divide students into groups or "families" of forty students which stay together throughout most of the class day. The goal is to provide these students with a strongly supportive environment (which they may not have at home) and to emphasize intensive remedial counseling and supportive services. Strong emphasis is placed on achieving order in the classroom, developing self-discipline and on individual attention to the full range of each student's needs. In some sites, this is achieved by assigning four or more supportive staff persons (and one teacher) to each family or group, resulting in an adult staff to student ratio of 1:8. The school is seen as a logical institution in the community around which to focus services because schools provide "captive" audiences and because schools are a symbol of hope to most disadvantaged parents.

IDC proposes to expand its existing efforts to include more and different aged students and their families and to add additional services by incorporating other social service providers. This expansion, called prototype

development, will be accomplished in the three cities where projects are presently in operation (Atlanta, Indianapolis, New York). While such developmental activities are being evaluated, initial groundwork will be commenced in seven additional cities where the prototypes can be replicated if the evaluations are positive.

E. ASSUMPTIONS UNDERLYING THE PROPOSAL

There are a number of assumptions underlying IDC's proposal and its potential as a model for improved service delivery:

- o That coordinated services focused on the individual, the school, the neighborhood or other manageable units will be more effective than the current service delivery system.
- o That application of this approach will cost little or no more than the current services system, since the resources and staff are already in place and movement to this model would only reallocate and reorient these existing resources.
- o That public and private agencies will agree to reallocate part of their staff and funds toward providing services using this intensive team approach.
- o That by supporting a number of "prototypes" or models of this approach (using additional funds at this stage) the effectiveness of this approach will be demonstrated without great cost to the public or private sectors. Successful evaluations of the prototypes will provide the impetus to federal, state and local governments, and the private sector, to take the difficult steps necessary to organize their service delivery organizations along these principles.
- o That early involvement of the business community, civic leaders and government officials will provide a cadre of influential persons convinced of the value of this approach and willing to lead the efforts to alter funding practices, laws and institutional systems.

F. PARTNERSHIP ROLE OF PUBLIC AND PRIVATE SECTORS

A small Federal Interagency Working Group on the Integration of Human Service Delivery Systems will be established to coordinate federal resources, to assist the local communities in implementation, and to monitor program results.

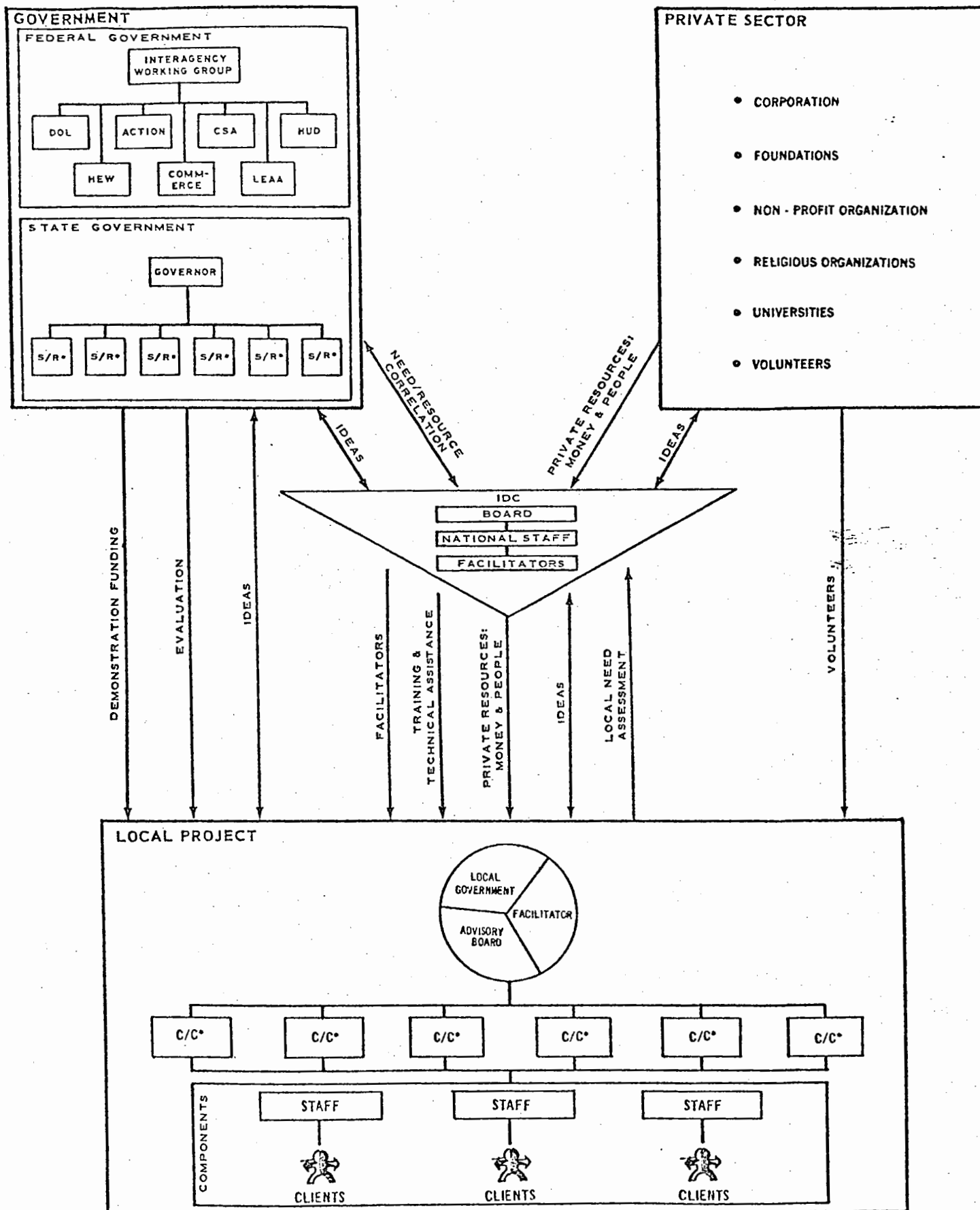
The non-federal public and private sectors will be asked to participate by contributing funding and human resources to the process of prototype development and replication.

In the first budget year of the proposed experiment, the total project cost will be \$7,620,000. This amount will support development of the three prototype cities, initial replication activities in seven cities, project evaluation and a small federal coordination unit.

Activities in the three prototype cities will service 3,170 youth in 21 separate program components. It is anticipated that 34 local agencies will participate in these efforts.

The projected sources of funding for the first year's budget (June, 1977 to May, 1978) will consist of 36 percent federal monies (\$2,774,000), 33 percent non-federal public (\$2,510,000) and 31 percent private (\$2,336,000).

STRUCTURE OF INTEGRATED SYSTEM



S/R* State/Regional
Department, Offices
Commissions, Agencies,
Boards, etc.

C/C* City/County
Department, Offices
Commissions, Agencies,
Boards, etc.

MEMORANDUM

THE WHITE HOUSE

WASHINGTON

December 9, 1977

TO: RSC

FROM: Kathy

RE: Scenario - Village Nursing Home

Upon arrival at the Village Nursing Home, you will be met at the car by John Issowits, Administrator, and Father Robert Lott, Chairman of the Board of the "Caring Community" and the Village Nursing Home.

When you enter the Nursing Home, you will be greeted by Senator Jacob Javits, Congressman Ted Weiss and Congressman John Murphy. All three have been very helpful to the Village Nursing Home.

The party will then proceed to the lunch room. You will dine at a table with seven residents. The Senator and Congressmen will lunch at separate tables also with residents.

At the conclusion of the meal, you will briefly greet residents eating at other tables. You will then proceed to the rehabilitation room for a briefing by members of the "Caring Community". In the rehabilitation room, you will also be introduced to Sister Evelyn Schneider, President of St. Vincent's Hospital. Sister Schneider has been of assistance to the "Caring Community", and Dr. Joseph English asked that you have an opportunity to greet her and thank her for allowing him to devote so much of his time during the past months to the President's Commission on Mental Health.

A list of the people who will provide the briefing is attached.

Attachment - Briefing list.

Better Ways

Caring Community

The residents of Greenwich Village, who seem to thrive on being different, want to buy and operate a nursing home. The intention is not to make money but to save the Village's only nursing home from extinction. To do this, a coalition of churches and social agencies must raise \$100,000 by the end of November. Another \$175,000 will be due in February to complete the purchase.

Until last year, The Village Nursing Home on Abingdon Square was an overcrowded institution trying to make a profit. It failed and went into receivership in April 1976. A coalition of local organizations known as The Caring Community took over and began to plan the home's transformation into a nonprofit, long-term care facility to be operated by community residents. If the effort should fail, the home will be closed and its 185 residents scattered, straining or cutting the ties that many of them still have

with family and friends in the neighborhood.

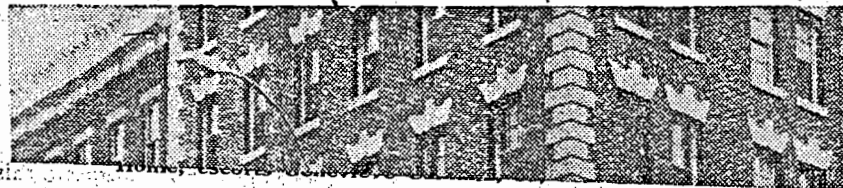
The Village community is trying to look after its own people instead of away from them. There may not be enough local money to meet the deadlines for purchase but outside groups have offered some help. Too often this society shunts those who are frail of body and mind into remote institutions. The Village is trying to prove there is a better way.

Routes

Slowly and reluctantly, the Transit Authority is revealing the secrets of New York City's bus routes. Maps on metal cylinders have been attached to 23 bus-stop poles. The aim is to find out whether the maps are helpful and whether the metal cylinders are bash-proof—two equally important considerations. So at the moment, it is possible to find out where you are going along one route in Manhattan

and one in Queens. Lucky riders there can discover not only the route but also its transfer points, and—to carry optimism to a touching extreme—the bus arrival times. For the rest of us, there are the usual sources for getting, or not getting, information: the question aimed at a slammed door or silent driver; the conflicting directions from fellow victims. Passengers at bus stops guard their secrets like former C.I.A. directors and the Transit Authority rivals them in mystery and obfuscation.

Nor do New Yorkers really expect anything to change. Asked whether their response to the new signs was favorable or unfavorable, bus riders added a new, distinctly native category: "Unimpressed." The reason, also quintessentially New York: "I don't trust it." The New York passenger will always be the wary loner advancing against odds, sharp of wit and fast of foot, a skilled spotter of con games and put-ons. His game is still bus roulette.



Village Nursing Home Is Given a Reprieve

"We Made It!" read the sign in the lobby of the Village Nursing Home, at Hudson and West 12th Streets. The Nov. 30 deadline for raising \$100,000 to avoid closing the home had been met, with the total suddenly pushed to \$101,632 by yesterday's morning mail.

A lunchtime announcement by John Issowits, director of the home, was greeted by cheers and applause from the home's residents.

An additional \$175,000 must be raised by March 1, but yesterday's end to the suspense assured the 184 resi-

dents that, in the interim, the home will not be closed and that Medicare and Medicaid payments will continue.

The nursing home, which faces Abingdon Square, is the only one south of 59th Street and west of Fifth Avenue. It was taken over in state receivership last year when its former proprietors failed to maintain government standards. Seeking to buy and operate the home is the nonprofit Caring Community, a coalition of church groups and social agencies.

Since its earliest days as a bucolic retreat from "the city" to the south of it, "the Village" has been a special place. From the first farmers, builders, and merchants to later artists, craftsmen, professors, longshoremen, factory workers, restaurateurs, and shopkeepers there has been enough diversity among its residents to match the many angles of its streets.

But always there has been a unifying sense of community—a concern for human beings, for living, not mere existence.

The people, of course, have made the community what it is. They have built it. They have cherished it. They have put down roots and given their time and talents.

And they have grown older here. Some have required nursing home care. Fortunately, the Village Nursing Home has offered an opportunity for elderly members of the community to maintain ties with friends and neighbors. We sometimes forget that older people have older spouses and friends who may not be able to travel long distances. And that the opportunity to remain part of the community to which they have given so much can be as important as the best medical care.

On these pages we reintroduce three long-time residents who helped build the community. They and their friends at the Nursing Home must stay here. In helping them we help ourselves—we all would be poorer without them.

We must raise \$275,000 by February, 1978. And \$100,000 of that by November 30! We have only this one chance to keep our nursing home in the community. Help save the Village Nursing Home. Today.

The Caring Community

Incorporated, of Greenwich Village
371 Sixth Avenue, N.Y., N.Y. 10014
(212) 741-1274

Ascension Church

CIAO

First Presbyterian Church

Grace Church

Greenwich House, Senior Citizen's
Health & Consultation Center

Our Lady of Guadalupe Church

Our Lady of Pompeii Church

St. Alphonsus's Church

Saint Bernard's Church

Saint John's in the Village

Saint Joseph's Church

Saint Luke in the Fields

Saint Vincent's Hospital

The Dunlop Hospital Aftercare Clinic

The Judson Memorial Church

The Metropolitan Duane Methodist
Church

The Salvation Army

The Village Temple

The Village Visiting Neighbors

The Caring Community, a non-profit, non-sectarian organization of churches, synagogues, and social welfare agencies, proposes to buy the Village Nursing Home. State and federal funds are available to operate the Home. \$275,000 must be raised to buy the building. Checks should be made to Caring Community, Inc. — Nursing Home Fund. Contributions are deductible.

**THEY CARED
ABOUT THE
COMMUNITY.
WE SHOULD
CARE ABOUT
THEM.**



**HELP SAVE
THE VILLAGE
NURSING HOME**