KIMBALL LADIEN, M.D.

1732 W. School St.
Chicago, IL 60657
312/248-6808

Secretary Donna Shalala
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20003

September 7, 1995

Dear Secretary Shalala,

Senators Simon and Braun among many others have recently written to you in support of Safe Haven as an innovative approach to breaking the cycles of gangs, drugs, abuse and joblessness in a win-win fashion that benefits all and saves tax dollars in the process. Much as with the original CCC and WPA, Safe Haven's Community Service Corps (CSC) would transform present welfare subsidies into community-based jobs and apprenticeship training programs. CSC activities would range from community policing/ resident patrols, day care, teacher's aides, tutoring and after-school programs to recycling/clean-up crews and home health care aides for the elderly and disabled to name but a few.

A motto of Safe Haven is that A PENNY OF PREVENTION IS WORTH A DOLLAR OF CURE. If we could reduce gang crime, drugs and teen pregnancies in Illinois by even 10% we would be saving over $400M annually. A One-Stop Case Management system significantly streamlines Safe Haven's community-based service delivery system and saves even more money in the process. By reinvesting at least some of these savings into expanding prevention-oriented programs such as high-quality, affordable daycare and after-school programs, we would achieve a multiplier effect with even greater savings (both financial and human) in future years.

I am writing to you now specifically concerning ways to significantly expand the number of after-school and related projects funded through ACF in a way that can potentially be useful in the upcoming Senate debate on welfare reform as well. As my enclosed letter to ACF grant officer Linda Perez suggests, Safe Haven's CSC model would save more than enough money to allow us to also implement the Chicago Board of Education's FACES program whose DOE funding was recently cut by Congress. Similarly however, implementation of Safe Haven models in other communities as well would allow HHS a means of funding a significantly larger number of programs while saving tax dollars in the process. As such Safe Haven would be a win-win for all involved: HHS, Congress, communities and taxpayers alike.

Regardless of the specific sites involved, both within and outside of Chicago, at least five priority CSC programs could be rapidly implemented. These programs would be locally run (through RMCs, CBOs, LSCs, etc) with many of the financial and social benefits staying within these communities as the nucleus for a

KIMBALL LADIEN, M.D.

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Sheila Burke
Chief of Staff
Senate Majority Leader's Office
Washington, DC 20510

September 14, 1995

LEADERSHIP MATTERS!

Dear Sheila,

Thank you and Nelson Rockefeller again for your time last week to discuss Safe Haven and its relevance to the present welfare reform debate. Given the vote in the Senate yesterday, however, it is clear that there is a great deal of needless polarity on these issues which can still be positively resolved with the demonstration of clear, bipartisan leadership. For instance, if instead of a "family cap" on AFDC payments, we simply require both mothers and fathers not paying adequate child support to participate in Community Service Corps (CSC) programs from day one, we would be establishing a significant deterent to out-of-wedlock births, balancing the rights and responsibilities of both parents, while actually improving the services available to the children involved and saving money in the process. Similarly, requiring single teen mothers to not only stay in school, but be involved in day care programs with their own children and others would have the effect of improving parenting and job skills and providing Safe Havens for their children while reducing the overall costs of these programs and potentially providing jobs to many of these mothers upon graduation in an area where there is clearly much need for these services. Such CSC-oriented interventions would be a win-win for all involved.

On a similar note, as we discussed, HHS presently has the potential to significantly expand the number, quality and positive results of after-school programs available throughout the country with no additional spending necessary. As outlined in further detail in my enclosed letters to Secretary Shalala and Linda Perez, simply incorporating Safe Haven's CSC and One-Stop Case Management programs into the Administration for Children and Families' pending Community Schools grants would allow us a win-win way to fund substantially more after-school programs by as early as September 30. Again, your, Senator Dole's and Secretary Shalala's leadership in these matters could result in a highly positive win-win for all involved--children, communities and taxpayers alike.

When now-Congressman Jerry Weller was still an Illinois State Representative, he introduced into our House an Earnfare-II Safe Haven (E-II/SH) bill with the following three provisions:

1. Community Service Corps (CSC). All abled-bodied public aid recipients, including AFDC, GA and some others (eg, drug addicts on SSI) are involved in some form of productive work in the public and/or private sector from day one of any benefits.

2. Parental Responsibility Act (PRA). Noncustodial parents either pay adequate child support or perform an equivalent amount of community service on an ongoing basis.

3. Prevention-Oriented Community Incentive Plan (POCIP). Communities are block-granted present social service funds with broad latitude for implementing CSC, One-Stop Case Management and other similar innovative programs. Communities are allowed to keep any savings they achieve to be reinvested as local citizens see best fit.

While E-II/SH is to be reintroduced this year, Earnfare-I, which implemented CSC-type work programs for GA recipients already saves Illinois about $300M annually. Earnfare-I also passed in 1992 on a vote in our House of 114-0! That's leadership.

With such Safe Haven reforms, communities would have both the means (CSC) and the incentives (POCIPs) for finally breaking the all-too-vicious cycles of gangs, drugs, abuse and welfare ONCE AND FOR ALL. These are amendments that can and should still be implemented in a truly bipartisan approach to welfare reform.

I have often said that Penicillin isn't a Republican or Democratic "issue." It is simply good medicine. So, too, Safe Haven is designed first and foremost as simply GOOD GOVERNMENT. Truly, a Penny of Prevention is worth a Dollar of Cure. The more that we all work together to deal with the underlying causes and not just the symptoms of our present social epidemics of crime, drugs, abuse and joblessness, the better it will be for us all. Not only can we achieve "a gang-free, drug-free, full-employment economy in America by the year 2000," we must set such a goal if we are truly to remain leaders and models for others as we approach the 21st Century.

With the bipartisan support of many from Senators Simon and Braun to Congressmen Weller, Ewing and Flanagan, we are now in a position to begin to implement Safe Haven demonstrations in Chicago and other communities around the country literally by the end of this month. Your and Senator Dole's assistance in this matter could help in turning this decade-long dream into a reality for the benefit of all. Truly, LEADERSHIP MATTERS!

Sincerely,

Kimball Ladien, MD

cc: Donna Shalala
Wendell Primus
Olivia Golden
Paul Simon
Carol Moseley Braun
Bill Clinton
Mel Burton

klsh569.995

KIMBALL LADIEN, M.D.

1732 W. School St.
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312/248-6808

Linda Perez
Grant Officer
Department of Health and Human Services
Washington, DC 20447

August 14, 1995

Dear Linda,

As we discussed in our recent phone conversation, it was originally intended that our Safe Haven-Empower Chicago IIIIS proposal (Part A) complement the Chicago Board of Education's FACES-Chicago (Part B) proposal that had been submitted under separate cover. Again, because of the highly cost-effective design of Safe Haven, which trains many present public aid parents for participation with our Community Service Corps (CSC) programs, the cost savings of these programs should allow us to fund most, if not all, of the objectives originally described in FACES-Chicago. Since we had referenced Part B for some of the specific details of our program design (eg, evaluation), it would be best to review both proposals as a unified program. For the convenience of your reviewers, however, I have briefly summarized this unified approach below.

1. Objective and Need for Assistance

The minimum 5-year goals of Safe Haven are a 25% reduction in gang crime, drugs, dropouts, teen pregnancies and joblessness and a 25% or better improvement in academic standards thoughout Chicago's Empowerment Zone and surrounding communities. Again, if we can implement an expanded CSC model throughout the entire Empowerment Zone, not only would we be able to implement both Parts A and B of our proposal, but we could do so on an expedited basis that saves tax dollars in the process.

2. Approach

While different focuses in after-school programs, support groups, etc are planned for different groups between the ages of 5-18, through the CSC we specifically have tried to include parents and other adults in these programs as well. As parental involvement is the highest predictor of not only academic success, but positive social attitudes as well, we see this as a critical factor to overall program success. In essence we are seeking to move from Comer schools to entire fully-integrated and cost-effective Comer Communities.

Through Safe Haven's One-Stop Case Management system (p. 5), we wish to integrate many of the traditional social services that are already available in a piecemeal and often redundant and costly fashion as was tragically illustrated in the example of Chicago's Keystone 19 families. The cost-savings of this approach would allow us in conjunction with the Chicago Board of Eduction to train and supervise a combination of Family Support Workers (FSWs) and CSC group facilitators to provide the services described in FACES-Chicago. In addition, as illustrated by the many letters of support from Senators Simon and Braun on down to the community level, the very design of the Empowerment Zone and Safe Haven processes are such as to continue to build the very coalitions that are essential for true community empowerment to occur. FACES-Chicago's Community Partnership Network (CPN) would also continue to be a vital part of this consortium-building process.

3. Results/Benefits

A motto of Safe Haven is that A PENNY OF PREVENTION IS WORTH A DOLLAR OF CURE. While our minimum goals of 25% reductions in gang crime, drugs, teen pregnancies and joblessness and 25% improvements in academic standards over the next five years are fully obtainable, if Safe Haven and the CSC are fully implemented in Chicago and elsewhere, we can, in fact, do much better than this. In this context it is relevant to note that if we were able to reduce gang crime, drugs and teen pregnancies in Illinois by even 10%, we would be saving over $400M annually. By reinvesting even a portion of these savings back into prevention-oriented programs such as high-quality day care/Head Start and after-school programs, we could achieve a multiplier effect with even greater savings (both financial and human) in future years.

One of the beauties of the Safe Haven design is that our after-school programs allow us to monitor much of this progress literally on a daily basis and so make adjustments rapidly as necessary to maximize our outcomes and cost-effectiveness. We can thus apply Continuous Quality Improvement (CQI) techniques as an integral part of our One-Stop Case Management system.

While the initial focus of our work is in Chicago, again, Safe Haven and the Community Service Corps can be a valuable potential add-on to any of the programs being considered by HHS anywhere in the country. At a time of significant budget cutbacks, Safe Haven would be a win-win and humane way of significantly improving the cost-effectiveness and services available in all of these programs. The fact that in Chicago HHS can get "two for the price of one" (ie, Safe Haven and FACES-Chicago) is just one example of this approach.

4. Evaluation

For most of the details of our evaluation plan we referred reviewers to the details in FACES-Chicago. For this reason, we have included this section as an addendum to this letter for your

convenience. In addition to this standarized evaluation data, however, we also wish to use control communities in order to more empirically evaluate the outcomes from Safe Haven. Being a part of a national evaluation protocol would give even greater strength to the results obtained. A cost-benefit analysis of this data will also help in maximizing our outcomes as part of a Continuous Quality Improvement (CQI) protocol.

5. Staff Background/Organizational Experience

In addition to our own staff and the Chicago Board of Education's, by the very design of Safe Haven we attempt to maximize the benefits of the organizational experience of all of our coalition partners. Again, the many community-based organizations, schools, agencies and other interested parties who had signed letters of intent to participate in FACES-Chicago's Community Partnership Network (CPN) would be able to continue their participation in the CPN through the funding of Safe Haven.

6. Budget

As described in our proposals, the $500,000 budget requested for Safe Haven is meant simply to "prime the pump" to allow us to begin implementation of these programs as rapidly as possible. The sooner we are able to demonstrate significant community-wide improvements and cost savings with these programs, the faster we will be able to expand Safe Haven at no additional costs to HHS. For these reasons, we have presented a relatively brief budget outline at this time which focuses on the core staff to be involved in these programs.

In addition to the initial 100 students at 10 schools envisioned under FACES-Chicago, Safe Haven would at a minimum be including approximately 100 adults (mostly parents) at these sites as well. Thus, whereas the intial costs of FACES-Chicago were projected at $625/student, under Safe Haven HHS costs per client would be approximately $310. Since the basic funding from HHS would remain constant, the more schools that we serve with Safe Haven, the even lower the costs per client will be.

7. Conclusions

A fundamental part of Safe Haven's mission is to develop "community-wide strategies and interventions designed to prevent crime, enhance academic achievement and change environmental factors, circumstances and attitudes which put children and youth at risk of unhealthy and destructive behaviors." Using the example of Chicago's Keystone 19, we argue that our present welfare system has been like giving heroin to children and then wondering why, year by year, our problems have gotten worse instead of better. While Safe Haven's One-Stop Case Management system approach can eliminate some of the grotesqueness of a Keystone 19-type situation (over a quarter of a million dollars

of services with five different case managers and we couldn't even feed and get the children to school let alone provide a nuturing environment), if we stopped with only these interventions, then we would be dealing with the symptoms, but not the underlying causes of our growing social epidemics of crime, drugs, abuse and teen pregnancies.

As the enclosed Chicago Sun Times editorial on Governor Tommy Thompson's Wisconsin Works (W2) proposals suggests, universal workfare requirements from day one for present public aid recipients may be a "blueprint for the nation" for dealing with the issues of fundamental welfare reform. President Clinton himself has vowed to "end welfare as we know it." Yet as important and necessary as such changes may be, they can be done punatively or in a positive, affirming manner. The choice is up to us. Towards this end, much as with the original CCC and WPA, the development of a Community Service Corps (CSC) can be a positive, cost-effective and win-win way to ensure that everyone is "part of the solution" is deeds as well as words for the benefit of all--children, recipients and taxpayers alike.

The above proposed consolidation of Safe Haven-Empower Chicago and FACES-Chicago programs represents a win-win approach to the HHS budget cutback dilemma as it relates to Chicago in particular. Again, however, anything that we can do in Chicago can just as easily be done at any other site around the country as well. In this context, I would welcome a dialog with HHS on incorporating the principles of Safe Haven and CSC into other proposals that you might be considering. Whether it is in Chicago or elsewhere around the country, however, I would ask the reviewers of these and other proposals to keep the following criteria in mind with which I begin and end my book, Safe Haven--Breaking the Cycles.

> "If within the next decade we can again walk down any street anywhere in America at any time of the day or night and both feel and actually be safe, then we are starting to do our job. If we can go into any home and find love and caring; if we can go into any school and find learning and growing; if we can go into any workplace and find productive and drug-free employees; if we can reach out into any neighborhood and find a sense of pride and commitment to the Community, then indeed a new millenium will have been reached. This is our goal. This is our dream. It is one I hope to share with you all. Working alone we can accomplish little. But working together we can change the world. As we read history and set the agenda, we have only a few years to go and not a second to lose." Safe Haven-Breaking the Cycles --Towards a Gang-Free, Drug-Free, Full-Employment Economy in America by the Year 2000--Kimball Ladien, MD

Best wishes,

Kimball Ladien, MD

klsh562.895

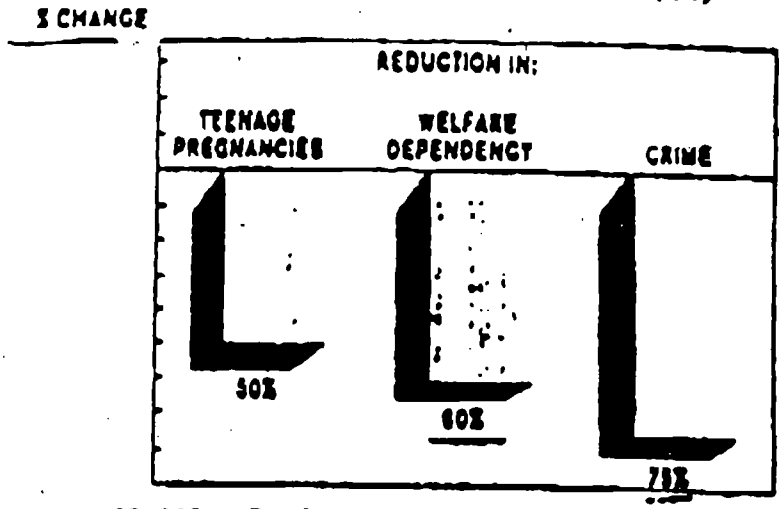
Table 2. Sample Savings and Services with Safe Haven in Chicago

Estimated Present Costs	Target #	Savings /program
Streets and Sanitation		
$20,000/year-Sanitation (garbage, blue bag, etc)	500*	$10,000,000
$10,000/year--grafitti removal, clean-up, etc	500*	5,000,000
CHA		
$3,000/avg repair to vandalized apartments	200	600,000
$3,000/avg rent lost/apt-year	200	600,000
$20,000/avg security guard salary/year	100	2,000,000
$15,000/avg maintenance salary/year	100	1,500,000
Chicago Police Department		
$35,000/avg salary CPD officer	50	1,750,000
Chicago Public Schools		
$10,000/teacher's assistant	200	2,000,000
$10,000/after-school coach	200	2,000,000
$10,000/after-school tutor	200	2,000,000
Department of Human Services		
$15,000/crisis intervention worker	200	3,000,000
$10,000/meals-on-wheels assistant	200	2,000,000
$15,000/home health care provider assistant	200	3,000,000
Chicago Park District		
$15,000/yr--grounds maintenance	200	3,000,000
$15,000/yr--recreation supervisor	100	1,500,000
Total		$39,950,000

* Activities include individuals in probation/parole restitution and Urban Boot Camp programs.

Figure 4.18

SUCCESS INDICATORS OF RESIDENT MANAGED PUBLIC HOUSING
(KENILWORTH-PARKSIDE DEVELOPMENT, WASH., DC)



SOURCE: NATL. CENTER FOR NEIGHBORHOOD ENTERPRISE

Figure 4.19

Cost Benefit of Resident Management

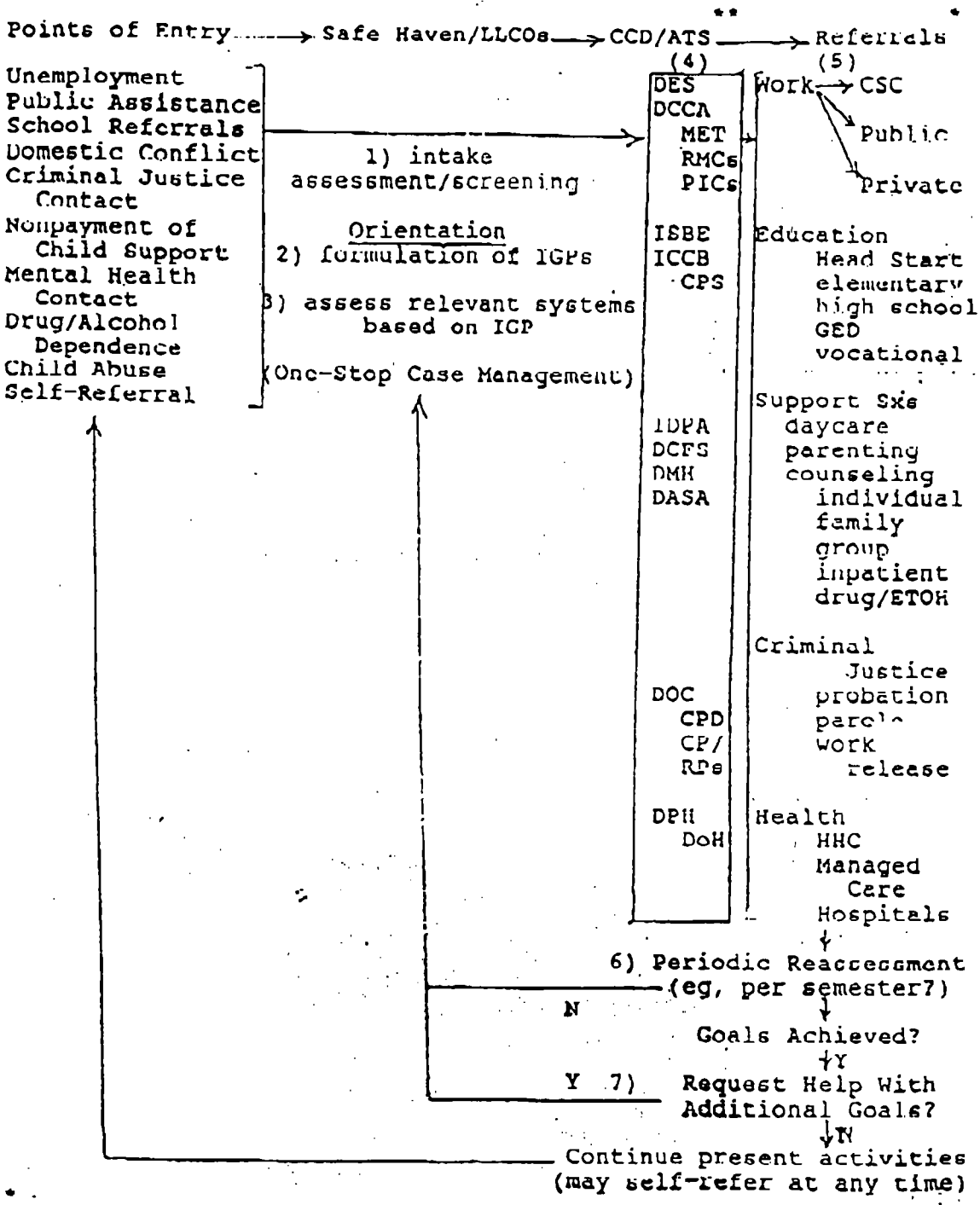
Kenilworth-Parkside Development

Total D.C. savings over 10 years = $5.7 million

Source: Coopers & Lybrand (1995)

*From Cisneros & Alexander, 1999

Figure 1. Safe Haven One-Stop Case Management Flow Chart



* Over time, communities (eg, RMCs) take more central role.

** Central Computerized Database/Automated Tracking System --Individualized Goals Profile (IGPs)--assign to needed cmpnts).

SAFE HAVEN-EMPOWER CHICAGO

Figure 2. CSC Participant IGP Assessment Worksheet

Identifying Data

Name:
Address:
Phone #:
DOB:

Family Members:
Ages:
Status:

Current Status

Work:

Education:

Supportive Services:

Criminal Justice:

Individualized Goals Profile

Immediate:

1 month:

6 months:

1 year:

2 years:

5 years:

10 years:

lifetime:

Figure 3A The Cycle of Poverty and Points of Intervention

as factors

Prenatal
—teen mother
—prior birth weight
—poor intrauterine nutrition
—poor OB/GYNE follow-up
—maternal alcohol/drug abuse
—exposure to intrauterine infections including AIDS and other venereal diseases
—intrauterine exposure to other toxins

Birth
—poverty
—single family home
—maternal alcohol/drug abuse
—birth trauma

Infancy
—poor nutrition
—impoverished developmental environment
—abuse and neglect
—poor sense of self and self-esteem

Childhood
—lack of positive role models
—abuse and neglect
—violent home and community environments
—exposure to alcohol and drugs
—poor education environments and support
—poor self-image, hopelessness, helplessness

Adolescence
—declining school performance/truancy
—negative peer relations/gangs
—alcohol/drug abuse
—abusive/traumatic home and community environments
—lack of positive role models
—promiscuity
—pregnancy
—poor self image, hopelessness, helplessness

Adulthood
—lack of education/skills/work experience
—unemployment
—alcohol/drug abuse
—gang/criminal activities/incarceration
—lack support services (eg, day-care, medical coverage)
—poor self-esteem, hopelessness, helplessness
—unpreparedness, entitlement
—spouse and child abuse
—pregnancy

Figure 3B Case 1: Teens at High Risk

win - lose

win - win

Entitlement

Empowerment

Individual rights

Society (responsibilities)

mother with early addiction

discharged from hospital—no supervision for Charity

Option "B"

Option "C"

good marriage—good relations with family

support services supervisor

HSU—scholarship

College—SSU support group supervisor

Child-Day Care Assistant training

return to High School

probation

hospital

rape at 17 suicide attempt

jail

Option "A"

jail with the loss of daughter, Charity

lose - lose

lose - win

Figure 4A. Case 1: Teens at

happy child age 4	loved by parents (4)	- occasional fighting by parents (2)	4
	family generally (4) stable	- withdrawn when parents fight	4
abused age 9	escapes beatings keeps family together (2)	- poor self-esteem - pain (6)	-6
	sad child (4) "behaved"	- poor grades (Cs) (5) (Cs - Ds)	-1
abuse ends age 10	abuse stopped (4)	- moved back to public housing with family (6)	0
	sad child (4) "behaved"	- poor grades (Ds - Fs) (6) drinking, unsafe sex	-2
having child age 16	living on her own guaranteed income no school (7)	- living in poverty but "giving up" minimize "costs" (3)	4
	sad adult (2) less "behaved"	- moved mother (7) on welfare, drop out	-5
addiction —early	short-term "high" from drugs (8)	- drugs further reduce perceived "costs" (2)	6
	sad adult (2) still into drugs	- unable to protect (8) daughter, Charity	-6
rape—suicide attempt	"decompensation" "giving up" (2)	- poor self-esteem - depression (8)	-6
	sad adult still into drugs	- unable to protect (8) daughter, Charity	-6
late addiction	"employment" to addiction (3)	- poor self-esteem - depression (8)	-5
	limited (2) parenting skills	- dealing drugs and (5) other criminal activities	-7
jail	chance to stop addictions (3)	- poor self-esteem - feeling "trapped" (5)	-2
	keeping (3) offender off the streets	- costs of keeping (8) offender in prison	-5

Figure 4B Case 1: Teens at

win - lose

win - win

Entitlement

Empowerment

Individual (rights)

Society (responsibilities)

addiction —early

having children at 16 years old

happy child 4 years old

16 years old—abuse ended

addiction - late

rape at 17 suicide attempt

jail

years old abuse begins

lose - lose

lose - win

Chicago Tribune EDITORIALS 8/3/95

Wis. Welfare Plan Is Blueprint for Nation

Today we are going to end welfare in Wisconsin. . . . There will be no more welfare offices, no more welfare checks, no more welfare families. Wisconsin Gov. Tommy G. Thompson

Some people will instinctively abhor Thompson's promise as a mean-spirited threat, unworkable and heartless in the extreme. But take a closer look at Thompson's latest welfare reform effort, and you'll see a blueprint for the kind of reform that President Clinton once promised but has never delivered.

Under last week's unprecedented proposal, Wisconsin would guarantee an immediate job to everyone who applies for welfare, and require them to take the job to receive benefits. The program would include job training, child care and financial counseling.

No excuses. Recipients would have to work even if they have small children, or if they have no diploma or job training. Those who are disabled would have to work to the best of their abilities. Juvenile mothers would have to live with their parents or in foster care.

Participants without a work background would be given subsidized "trial jobs" in the private sector and would be expected to move into unsubsidized jobs in two years. People not prepared for even trial jobs would qualify for community service work to develop work habits and skills.

Details and cost estimates haven't been worked out for the program, which will be presented to the Wisconsin Legislature this year. Its fate also hangs on the outcome of federal welfare reform. Serious questions must be answered about costs, and how committed the state is to providing the promised social services. Also, would such a plan work in a state with higher unemployment?

Beyond such details, though, is a breakthrough in thinking about the welfare system and its widely recognized failures. At its core, the welfare system fails because it nurtures dependence. When considering the merits of Thompson's proposal, one must ask: Is it better for the children of families on welfare to be supported by parents who work, or who don't? Are life lessons better learned by struggle or by entitlement?

The answer should be clear.

- Empowerment's Rights AND Responsibilities
- Let's make reform - positive win-win for everyone
- Remember - it was FDR who originally introduced the CCC & WPA
- Safe Haven = CSC = good preventive medicine - GOOD GOVERNMENT
- A bipartisan consensus could bring people together for the benefit of all

PAUL SIMON
ILLINOIS

COMMITTEES:
LABOR AND HUMAN RESOURCES
JUDICIARY
FOREIGN RELATIONS
BUDGET
INDIAN AFFAIRS

United States Senate

WASHINGTON, DC 20510-1302

May 25, 1995

Secretary Donna Shalala
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20003

Dear Secretary Shalala:

I am writing to express my support for federal funding of the Safe Haven-Empower Chicago initiative. This initiative is made in collaboration with the Family and Community Endeavor Schools Program of the Chicago Board of Education (FACES-Chicago) and the Westside Cluster Empowerment Zone Coalition (WCEZC).

Safe Haven was designed to break the cycles of gangs, drug abuse, and joblessness in communities while saving tax dollars in the process. Through its Community Service Corps (CSC), Safe Haven aims to transform present welfare subsidies into community-based jobs and apprenticeship training programs. Activities would range from organizing community policing/resident patrols, recycling and clean-up crews, and after-school programs to providing day care services, teacher's aides, tutoring, and home health care aides for the elderly and the disabled.

The area served by Safe Haven is in special need of the program given high numbers of at-risk youth and high unemployment.

Safe Haven brings a strong track record to this endeavor. Their proposal merits your close consideration and I urge your favorable decision.

Thank you for your attention this matter.

My best wishes.

Cordially,

Paul Simon
U.S. Senator

ps/ob/se

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CAROL MOSELEY-BRAUN
ILLINOIS

COMMITTEES:
BANKING, HOUSING, AND URBAN AFFAIRS
FINANCE
SPECIAL AGING

United States Senate
WASHINGTON, DC 20510-1303

CHICAGO, ILLINOIS OFFICE
Kluczynski Federal Building
Suite 3900
230 South Dearborn Street
Chicago, IL 60604-1696

May 16, 1995

The Honorable Donna E. Shalala
Secretary of Health and Human Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201

Dear Secretary Shalala:

I would like to add my support to the application submitted by Safe Havens for a grant from the joint Department of Health and Human Services and Department of Education Community Schools Program (93.588).

The funding will be used to develop a comprehensive program designed to promote community development through neighborhood education projects. These include church and community based after school programs that will provide tutoring, recreation, and support group services, apprenticeship and on the job training programs, and affordable day care and pre-head start programs. By combining all these services in a one-stop-shop format, Safe Haven hopes to provide a community nucleus that will provide educational programs for disadvantaged youth, promote parenting skills and provide support services for families.

The strength of Safe Haven's proposal is its inclusion of the entire community in the educational and community development process. Programs such as Safe Haven help to improve academic achievemnet, reduce crime and strengthen our communities. Please give this application your full and fair consideration.

Yours truly,

Carol Moseley-Braun

Carol Moseley-Braun
United States Senator

CMB:rd

LUIS V. GUTIERREZ
MEMBER OF CONGRESS
4TH DISTRICT, ILLINOIS
408 CANNON BUILDING
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COMMITTEES:
BANKING AND FINANCIAL SERVICES
VETERANS' AFFAIRS

Congress of the United States
House of Representatives
Washington, DC 20515-1304

June 27, 1995

The Honorable Donna Shalala
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shahala:

I am writing to express my support for the Safe Haven-Empowerment Chicago application submitted for a grant sponsored by both the Department of Health and Human Services and the Department of Education Community Schools Program.

The Safe Haven initiatives offers a one-stop case management approach to breaking the cycles of gangs, drug abuse and welfare. The funding will be used to develop a comprehensive program designed to promote community development through neighborhood education projects. These projects include activities such as community policing, home health aides for the elderly and disabled, job training and day care.

Safe Haven-Empowerment Chicago would help to fill the need for this type of programming in the 4th Congressional district. I ask you to this application your full and fair consideration.

Sincerely,

Luis V. Gutierrez
Member of Congress

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MICHAEL PATRICK FLANAGAN
6th District, Illinois
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SUBCOMMITTEES ON
THE CONSTITUTION
COMMERCIAL AND ADMINISTRATIVE LAW
COMMITTEE ON GOVERNMENT
REFORM AND OVERSIGHT
SUBCOMMITTEES ON
THE DISTRICT OF COLUMBIA
GOVERNMENT MANAGEMENT,
INFORMATION, AND TECHNOLOGY
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE

Congress of the United States
House of Representatives
Washington, DC 20515-1305

WASHINGTON OFFICE
1407 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4061
DISTRICT OFFICE
3538 WEST IRVING PARK ROAD
CHICAGO, IL 60618
(312) 588-[illegible]

July 11,1995

Secretary Donna Shalala
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20003

Dear Secretary Shalala,

I am writing to express my support for Dr. Kimball Ladien's Safe Haven initiatives, including Safe Haven-Empower Chicago. This alternative to the present welfare system would help to guarantee that everyone is "part of the solution" in deeds as well as words. By having CSC participants involved in programs ranging from resident patrols, day care assistants, teacher' aides and after-school assistants to home health care aides and community clean-up crews, we could significantly improve community-based services while reducing overall costs in the process.

If we in Illinois can reduce gang crime, drug abuse and welfare by even 10%, we will be saving over $400M annually. By reinvesting at least some of these savings into further expanding prevention-oriented initiatives such as day care and after-school programs, we would achieve a multiplier effect with even greater savings (both financial and human) in future years. At a time when we are all seeking innovative approaches to cost reductions, Safe Haven would be a win-win solution that benefits all -- children, recipients and taxpayers alike. For these reasons, I urge your support for this important initiative.

Sincerely,

Michael Patrick Flanagan
Member of Congress

MPF/meg

CHICAGO PUBLIC SCHOOLS

Argie K. Johnson
General Superintendent of Schools

Family Support Services and Alternative Schools • Department of Funded Programs
1819 West Pershing Road, 4C(s) • Chicago, Illinois 60609 • Telephone 312/535-7440 • FAX 312/535-7168

Lula M. Ford
Assistant Superintendent

Andrew Robinson, Ph.D.
Director

May 4, 1995

Kimball Ladien, MD
Medical Director
Safe Haven
1732 W. School St.
Chicago, Illinois 60657

Dear Dr. Ladien,

Thank you for the information that you have sent on Safe Haven-Empowerment Chicago, and for your offer to work collaboratively with the Chicago Board of Education in coordination Safe Haven with our Family and Community Endeavor Schools (FACES) proposal. The Bureau of School and Family Support Services of the Chicago Public Schools appreciates the community perspective of these proposals and would be willing to work collaboratively with Safe Haven in this process. We very much appreciate the opportunity to become a member of the community planning component for these joint programs.

Sincerely,

Andrew Robinson

Andrew Robinson, PhD
Director
Bureau of School and
Family Support Services

WCC THE WEST CLUSTER COLLABORATIVE
3333 W. Arthington, Suite 105 Chicago, IL 60624 312.265.5302 FAX 312.265.5197

May 3, 1995

Mr. Kimball Ladien, Md
Medical Director
Safe Haven
1732 W. School Street
Chicago, IL 60657

Dear Mr. Ladien:

The West Cluster Collaborative received information on the grant-proposal submitted by Safe Haven and Steve Frazier regarding HHS/Department of Education Community Schools Program/Family and Community Endeavor Schools (FACES). We understand that your proposal will be coordinated in collaboration with the Chicago Board of Education's FACES proposal and the work of the West Cluster Collaborative Education Committee.

This is to confirm that the WCC will participate as members of this collaborative effort in both the planning and implementation stages. By strongly involving the community in this process, we feel that it is consistent with the true intent and meaning of "Bottoms-up Community" planning.

Sincerely,

Robert Steele
Executive Director
WCC

THE SOUTHSIDE EMPOWERMENT ZONE CLUSTER
4305A SOUTH KING DRIVE
CHICAGO, ILLINOIS 60653

August 17, 1995

Mr. Kimball Ladien, MD
Medical Director
Safe Haven
1732 W. School Street
Chicago, Illinois 60657

Dear Mr. Ladien:

The Southside Cluster received information on the grant-proposal submitted by Safe Haven and Steve Frazier regarding HHS/Department of Education Community Schools Program/Family and Community Endeavor Schools (FACES). We understand that your proposal will be coordinated in collaboration with the Chicago Board of Education's FACES proposal, the work of the Southside Cluster Education Committee and the work that is being done with our youths future committees.

This is to confirm that the South Cluster will participate as members of this collaborative effort in both the planning and implementation stages. By strongly involving the community in the process, we feel that it is consistent with the true intent and meaning of "Bottoms-up Community" planning and the pride of this proposal met those that are outline in our strategic plan.

Sincerely,

Angelo Rose
South Cluster
Convener

AR /cw