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ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10243	Bob	Nelson	10/17/97

Addressed To

Thurman, Sandra

Sender's Organization

Dolores Street Community Services

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

Great seeing you! + info.

☐ Response Needed?

Response Type	Response Date	Responder ID
no response needed		

Responder Name	Action Promised	Action Complet	Action Date

Notes

DOLORES
STREET
COMMUNITY
SERVICES

938 Valencia Street
San Francisco
CA 94110

September 25, 1997

Sandra L. Thurman
Office of National AIDS Policy
750 17th Street, N.W., Ste 1060
Washington, D.C. 20503

Dear Ms. Thurman: Sandy

It was great to get the chance to meet you during the U.S. Conference on AIDS. I look forward to your next visit to San Francisco.

As we discussed, Dolores Street Community Services was organized in 1982 to provide housing, sanctuary, and support for people seeking dignity, health, and hope in San Francisco's Mission and Castro neighborhoods. Our programs include the Richard M. Cohen Residence for homeless people with HIV; the Dolores Housing Program, the premier emergency housing facility for homeless Latino individuals in the Mission District; and a community center at 938 Valencia Street.

Please take a moment and look through the enclosed information. I would love to give you a tour of our programs, especially the Richard M. Cohen Residence for persons living with AIDS.

Once again, thank-you for your commitment to people with AIDS, and all my best.

Sincerely,

Don't you dare come to town without calling!

Bob Nelson
Executive Director

enclosures

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CA 94110

THE RICHARD M. COHEN RESIDENCE

Since opening in January 1995, the Richard M. Cohen Residence has provided dignified housing and support services to homeless people with AIDS-related disabilities. The Cohen Residence is a 10-bed, 24-hour care, assisted-living residence for homeless men and women with disabling HIV or AIDS. The Cohen Residence provides a coordinated and integrated system of affordable housing with private rooms, meals, and support services in a beautiful Victorian cottage.

The Cohen Residence's services include 24-hour staffing, meals, assistance with medication, visiting nurse and attendant care, case management, financial management, transportation, activities, and access to substance abuse and mental health services. Volunteers are an integral component of the support service team, providing 1,500 hours each year of emotional and practical support to the residents.

The Cohen Residence addresses a critical need in the San Francisco AIDS care continuum. The Cohen Residence is a model of affordable housing that targets the growing population of homeless people who are coping with AIDS-related disabilities, but do not need hospice care. It is a compassionate and highly economic alternative to medically deficient shelters, SRO hotel rooms, the streets, or unnecessary hospitalization.

All of the residents are recently homeless and have physical and mental disabilities, including dementia. The program is designed to make stable, affordable housing accessible to a particularly vulnerable and growing population of homeless people.

The Richard M. Cohen Residence is a model of affordable housing in a safe, comfortable, and beautiful environment. The residence, a restored 1850's historic landmark cottage, is located on peaceful, tree-lined Dolores Street. In addition to the ten private bedrooms, residents share a large sunny kitchen and dining area, a living room, a library, a music room with a piano, two satellite kitchenettes, five bathrooms, laundry facilities, a large outdoor deck, a sunken patio, and extensive gardens surrounding the residence. The Cohen Residence is a home where formerly homeless people can live with dignity, and experience a healing and caring community.

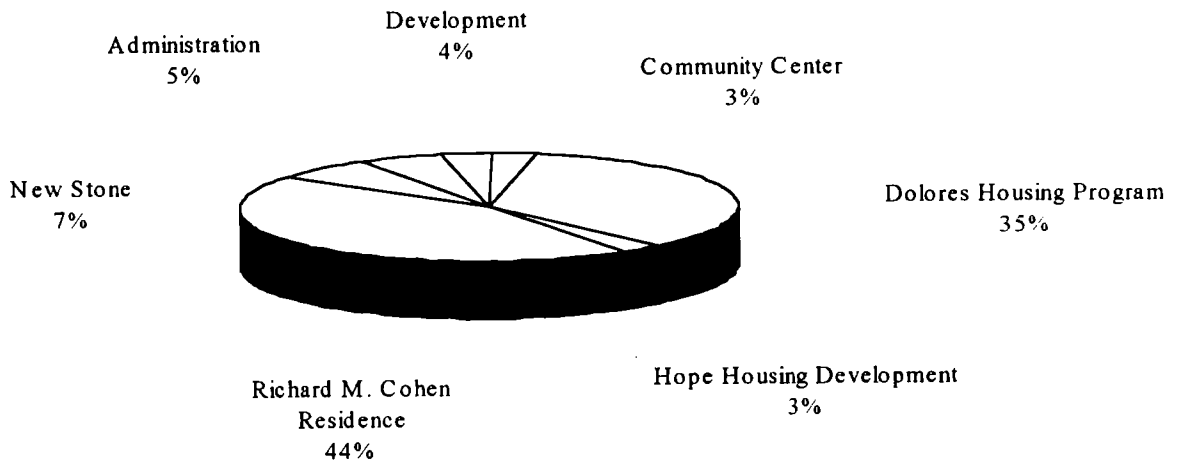
The Richard M. Cohen Residence was named in memory of a San Francisco resident who died of AIDS in 1991 and whose estate provided a significant portion of the funds needed to renovate the buildings.

For more information about this program or to find out about volunteer opportunities at the Cohen Residence, please call 415-282-6209.

Serving the poor and disenfranchised in the Mission and Castro since 1983

DOLORES STREET COMMUNITY SERVICES

Where Your Money Goes



- Our Mission is to provide housing, sanctuary and support for people seeking dignity, health, and hope in San Francisco's Mission and Castro Neighborhoods.

San Francisco Examiner

BOB NELSON

AIDS is now an epidemic for the poor

EVERY DAY, I pick up the paper, turn on the news or listen to people talk in the streets, and I receive the same message.

People with AIDS are living longer. The new therapies are working. Sick people are getting well, gaining strength, even thinking what they dared not think before, that they will survive this terrible epidemic.

Individuals on the San Francisco HIV Health Services Planning Council, which has jurisdiction over the region's federal AIDS funding, say that AIDS housing programs should give way to subsidized independent living. Many people are considering going back to work.

While all of this is being reported with great fanfare, there is a terrible secret. There are many, many people who will not take the new drug regimens. There are thousands of people who will get sick. People with AIDS are dying, many of them due to neglect.

AIDS is still with us. With some populations, it does not look like it is going to go away any time soon. These groups are made up of the very poor, the homeless, the active drug users and just plain folk who cannot tolerate the new drugs or deal with the nutritional requirements demanded by them.

We are keenly aware of this at Dolores Street Community Services, which is an AIDS housing provider and the premier provider of shelter for homeless Latino men in The City.

Two thousand low-income San Franciscans with HIV are on a waiting list for affordable housing. Most of these people will need AIDS services, and a large number would benefit greatly from AIDS housing programs with support services.

If you are HIV positive and obsessed with whether you are going to have a place to sleep tonight, chances are that you won't have time to think about making sure you are eating the right food or taking a pill at the proper time.

If you cannot tolerate one or more of the medications in a particular "drug cocktail," you may be wasting your time trying to take the others. If you have an opportunistic infection that has made it hell to swallow, it is doubtful that you will be able to take your meals on a time table.

Why aren't we hearing about these people? About these people who will be living with a chronic, debilitating disease for many years to come?

I believe one reason is fear. The good news is so good that we do not want to see the shadow that lies so close behind the bright cloud.

Another reason, though, is not such a gentle one. Many of these people who are falling through the "new" opening in the world of AIDS are people of color and women who are living in poverty.

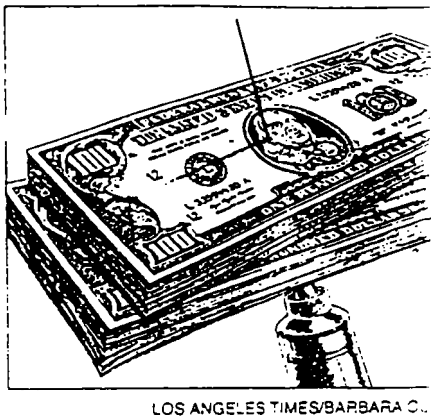
The new drug therapies demand the ordered, routine life of a middle-class person. Drugs and meals must be taken at well ordered times. If your life is in chaos, or if you are swamped with survival issues, it is extremely difficult, if not impossible, to follow the regimen.

Some physicians, realizing this, have talked of doing a triage of sorts, deciding who should or should not begin the new medications.

This will result in an underclass in the world of AIDS. The poorest of the poor will continue to succumb to this disease while the middle and upper classes get better. AIDS has all but disappeared in the minds of the glitterati.

It is a poor person's disease now, and I detect a new attitude that says: Let's not waste money on AIDS housing programs that benefit these people; we can better use the money on those who are well enough to live independently with a little support.

No. It is up to us to ensure that all people with AIDS are supported until we see this epidemic erased from the face of



LOS ANGELES TIMES/BARBARA C.

Examiner contributor Bob Nelson is t ecutive director of Dolores Street Com nity Services, which has served the po and disenfranchised of San Francisc Mission and Castro neighborhoods si 1983.

The San Francisco Bay Guardian

SINCE 1966. AN INDEPENDENT, LOCALLY OWNED AND EDITED NEWSWEEKLY.

July 30, 19

■ Best of the Bay ■

Best neighborhood HIV-supportive housing

Dolores Street Community Services' Richard M. Cohen Residence, a 10-bed residential hospice, was created in memory of Richard Cohen, a prominent San Francisco real estate agent who willed funds for its creation following his death from AIDS-related illnesses in 1991. Opened four years later, the hospice has so far provided a full-service haven for 40 people facing the final stages of the disease. The beautifully restored turn-of-the-century yellow home has a patio and garden and is just down the block from the Dolores Street Community Garden. Nine staffers — with the help of volunteers who last year contributed 1,500 hours — prepare meals, assist with medical care, counsel patients, and offer transportation for the residents, 24 hours a day. Advisors help with all aspects of case management. This selection is not meant to denigrate the great work done at the city's many other hospices, but merely to call attention to a unique home for people dealing with extremely difficult times. *For more information visit the project's administrative office at 938 Valencia or call (415) 282-6209.*

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Street Music
THE NEWSLETTER FOR
DOLORES STREET COMMUNITY SERVICES

Volume VIII, Number 2 Spring 1997

A CELEBRATION OF NEW BEGINNINGS

WORKING HOMELESS SEEK NEW SPACE

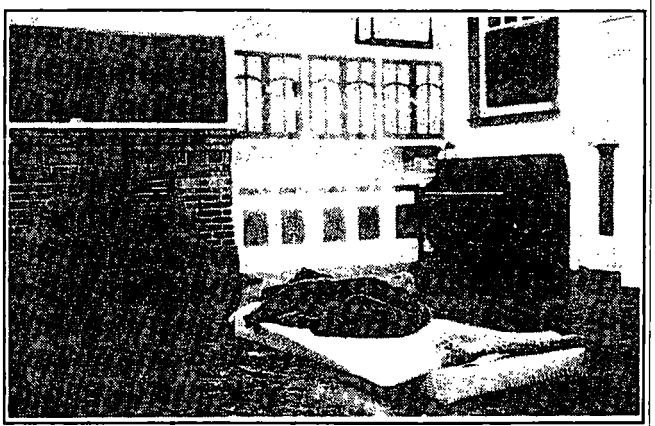
by Bob Nelson

The Dolores Housing Program, DSCS's premier emergency housing program for the hundreds of working homeless individuals of the Mission District, will soon be without a home if we cannot buy or lease a new site by the end of July. Each night, DSCS provides emergency housing and meals in a culturally appropriate setting for 70 men who are working or eager to work, but cannot yet afford the City's high rents. These men are trying to achieve the American dream. They deserve our respect and support.

For years, 50 of DSCS's emergency beds have been housed in two buildings on St. Peter's Catholic Church property. After a tragic fire in January which devastated the main church building, the Archdiocese requested that our program vacate the buildings by July 21 so that the parish can use them. There is not enough room for both the church and the housing program.

DSCS must now find a building to buy or lease. We need room for a service-rich drop-in center to provide employment counseling, job listings, English-as-a-Second-Language and life skills training, and substance abuse programs, in addition to emergency housing for 100 people. The drop-in center is the key. We envision a welcoming and safe environment, not unlike the union halls and cultural centers that served our parents and grandparents. We see the renovated program as an employment service with emergency housing attached. The expansion of beds from 70 to 100 will help address the over 200 people DSCS turns away monthly. The City estimates that 2,000 homeless people live in the Mission District.

We need approximately 7,500 square feet of space with the ability to have a kitchen and showers on site. Due to the short time frame, however, we are open to exploring temporary space. For additional information or to assist in the site search, please call 415-282-6209.



St. Anne's Hall, one of the emergency housing sites at St. Peter's Church.

DSCS WELCOMES BOB NELSON AS NEW EXECUTIVE DIRECTOR

The Board of Directors of Dolores Street Community Services is pleased to announce the appointment of Bob Nelson as Executive Director as of March 3, 1997. "We are extremely excited about Mr. Nelson's appointment," said Charles Anderson, President of the Board. "We know that his capabilities and experience combined with our mission and vision will lead us into the 21st Century. He has a passion for finding avenues out of poverty and homelessness."

Nelson comes to DSCS after nine years with Catholic Charities of the Archdiocese of San Francisco where he worked in the development of numerous programs and services for the homeless and underserved in the Bay Area. Nelson's latest position was as a member of the executive staff of the organization and the Director of Public Policy and Media Relations. He is a well-respected member of the community, serving on Mayor Brown's Welfare Reform Task Force and the Board of Directors of the National HIV Housing Coalition.

"This career move was planned with the consultation of many people and took nearly a year to make," said Nelson. "DSCS and I make a great match. I am extremely excited about our future."

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San Francisco
CA 94110

THE DOLORES HOUSING PROGRAM

The Dolores Housing Program (DHP) began in 1982 as a sanctuary for Central American refugees. DHP is a 70-bed emergency housing and support service program for homeless men, primarily the Latino working homeless of San Francisco's Mission District.

Dolores Housing is the premier emergency housing provider in the Mission District and the only program in the City specifically tailored to address the needs of the working homeless. DHP provides emergency housing, meals, medical care, and support service in a culturally appropriate, safe, and healthy environment.

Program personnel and volunteers provide on-site services and activities, case management, and inter-agency advocacy to help meet the complex needs of the guests and break their cycle of homelessness. DHP offers a hot meal, on-site health clinics, English classes, translation services, substance abuse counseling, and peer support.

Dolores Housing guests are provided job preparedness training, and referrals for clothing, employment resources, legal services, educational opportunities, and permanent housing.

DHP provides guests with a home base where they feel welcomed and part of a community. Guests may stay up to 90 days within a year.

DHP is currently seeking to buy or lease a building which will provide a service-rich drop-in center in addition to emergency housing for 100 people. The renovated program will be an employment service with emergency housing attached. DHP needs approximately 7,500 square feet of space with the ability to have a kitchen and showers on site.

The Dolores Housing Program depends on volunteers to provide its services cost-effectively and with a personal touch. For more information about this program or to assist in the site search, please call 415-282-6209.

Serving the poor and disenfranchised in the Mission and Castro since 1983

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HOPE HOUSING PROGRAM
214 DOLORES STREET

San Francisco needs affordable transitional housing with support services. In the era of Welfare Reform, the need for services for the homeless and disabled is more critical than ever. The changes in government entitlement programs, Welfare Reform legislation, the continued increase in the homeless population, and the inability of many people to find employment that pays enough to afford housing, points to the need to provide increased housing services.

Dolores Street Community Services (DSCS) has dedicated its efforts and energies to providing compassionate, dignified, culturally appropriate services to the neediest residents of the Castro and Mission neighborhoods since 1983.

In an effort to meet these needs, DSCS purchased a cottage at 220 Dolores Street in July, 1991. The cottage was subsequently developed into a 10-bedroom residence for homeless people with AIDS now known as the Richard M. Cohen Residence. The residence opened in January, 1995, and is staffed 24 hours a day. It will soon be licensed with the State of California as a Residential Care Facility for the Chronically Ill (RCF-CI). The rehabilitation of this property included a careful assessment of its historic character and a sensitive adaptation to current-day usage.

The cottage at 214 Dolores Street is a twin of the Richard M. Cohen Residence. Both of these structures were built in the 1850s and are considered among the oldest residential buildings remaining in the Mission neighborhood and are designated historic city landmarks. DSCS purchased 214 Dolores Street in August, 1996. Originally, the plan was to expand the services provided at the Richard M. Cohen Residence. However, due to changes in the epidemic, the opening of other HIV licensed care residences in San Francisco, and other factors, the plans for this house have changed. After careful consideration of the current needs of the homeless in the Mission District, the changes brought about by Welfare Reform, and in consultation with the City, non-profit organizations and DSCS staff, it was decided to develop the project as transitional housing with support services.

DSCS plans to rehabilitate the house to provide bedrooms for eight people at a time. The program is currently being designed to serve homeless, low-income, single adults who are in need of a period of stability in order to prepare for employment opportunities and gain the skills necessary to maintain permanent housing. The program will operate as supported independent living with staff available for support services and guidance. The goal of the program will be to assist residents in achieving self-sufficiency. Plans are being made to involve the neighborhood and community in the design and implementation of the residence.

Serving the poor and disenfranchised in the Mission and Castro since 1983

CREATING AVENUES OUT OF HOMELESSNESS
PROPOSED DOLORES HOUSING PROGRAM EXPANSION AND SHELTER RELOCATION

DOLORES HOUSING AND EMPLOYMENT SERVICES

The Need

The working homeless need creative avenues to livable employment. The changes in government entitlement programs, Welfare Reform legislation, the continued increase in the homeless population, and the inability of many people to find employment that pays enough to afford housing, points to the need to provide increased emergency housing services coupled with employment and life skills opportunities that focus on ways out of the cycle of homelessness. It is estimated that 2,000 people are homeless in the Mission District each night. The Dolores Housing Program is the premier provider for the homeless in the Mission District. It serves a largely immigrant population, both documented and undocumented, which is increasingly under attack and underserved. The Dolores Housing Program turns away an average of 207 people each month. Many of these individuals prefer the Dolores Housing Program because of the cultural sensitivity provided by the staff, who themselves are often immigrants and graduates of the shelter. Guests can understand and be understood in their own language, and food is prepared in a familiar and traditional manner.

Through an extensive needs assessment[1] conducted by Dolores Street Community Services and through ongoing dialogue with Dolores Housing Program guests, it is becoming increasingly clear that the program will best serve those who come to us if we expand the program to 24 hours and establish a drop-in center and employment development services. Guests of this program leave the shelters early every morning to find work but currently have no access to job training and job placement services. As a result, many individuals are not able to find adequate or consistent work and are unable to recover from chronic homelessness. By expanding case management from a "brokered" to a "hands-on" model, we will be able to address the needs of the increased numbers of those who come to Dolores Housing Programs with HIV, AIDS, or other disabilities. Many of these individuals currently are not followed by any service providers and "fall through the cracks" of the traditional service delivery system. By expanding staff, time and resources, we can meet these needs effectively and help people find avenues out of the cycle of homelessness.

1

Dolores Street Community Services Phoenix Project Community Needs Assessment; May 1996; People Places, Berkeley California; Executive Summary Attached.

The need to relocate the Emergency Housing Program sites, San Joaquin and Santa Ana, from their current location at St. Peter's Church, has been brought about by a major fire at St. Peter's and the parish's need to use the shelter space for other purposes. This has provided an opportunity for Dolores Street Community Services to reevaluate the program and develop a plan to serve the needs of the homeless and those at risk more effectively.

The Current Situation

The Dolores Housing Program currently provides bed space for 70 men nightly at three shelter locations. The Dolores Shelter is at 208 Dolores near 15th Street and has a 20 bed capacity. The shelters Santa Ana and Joaquin are located in buildings provided by St. Peters Church at 24th and Alabama streets. Santa Ana houses 20 men and Joaquin houses 30 men each night.

All three shelters serve a culturally appropriate evening meal. The food prepared is provided from a variety of resources including the Economic Opportunity Council of San Francisco, Moscone Center Catering Service, the San Francisco Food Bank, Grupo de Comida (coordinates distribution of food donated by local grocery food chains), local Mexican bakeries and, occasionally, restaurants and private individuals. We also receive funds from FEMA (Federal Emergency Management Administration) for meals and mass shelter. However, these funds have been cut over the last three years and are now less than half of their beginning amount. The DHP staff spends at least 20 hours each week picking up food and dividing it among the shelter sites. Due to the labor-intensive nature of this task, we created a Program Assistant position in order to relieve the Program Manager of this time-consuming activity. Other food, not available through the above means, is purchased out of the shelter operating budget, which is currently woefully inadequate. Only Santa Ana and Joaquin shelters have paid assistants, besides the supervisor, who prepare the meals. The Dolores Shelter relies on a large pool of volunteers to prepare the nightly meals. While most of the volunteers are very seriously committed to performing this important task, there are times when they are not able to fulfill their commitment. The Dolores Housing Program is very fortunate to have many people who volunteer their time in a variety of ways; and, without them, the program would suffer. We are very grateful for their participation and support.

Beginning in 1988, DSCS received a grant through the Emergency Shelter Grant Program. With these funds, we are able to hire one case manager who provides a 90 day brokered case management program for the shelter guests who want or need more help in stabilizing their lives. Currently, he case manages approximately 20 guests per month and assists them with crisis intervention, psychiatric or medical difficulties, employment opportunities, legal and immigrant issues, and, most important, housing. The main vehicle for assistance is referral and client goal setting. The major service the case manager provides is a listening ear. Many of our guests had traumatic experiences in their country of origin and had to leave family and friends in their quest to find safe haven and economic opportunity. A critical part of their healing process is to be able to tell their stories to someone who is sympathetic. The case manager fulfills this need by being available to the guests and supporting them in their attempts to make a better life for themselves. Obviously, this type of case management is just the first step in assisting guests in breaking the cycle of homelessness. More intensive case management is needed, in addition to comprehensive job development and creation programs, to really have an impact on the factors that result in someone being homeless.

As the premier provider of services to homeless Latinos, many of them the working poor, we must acknowledge that the current situation does not adequately address the following:

- **There are not enough shelter beds for this population.** Over two hundred people a month are turned away, denying them not only shelter but case management and vital community linkage opportunities.

- **Case Management is inadequate**. Although providing a vital service, the current "brokered" case management we are able to offer with one staff person does not adequately provide the follow through necessary to ensure that people are able to navigate the legal, social service, health care, and other delivery systems in the city.

- **There is no safe and culturally appropriate place for people to go during the day.** Our guests, and the community at large have cried out for a place where people can access job listings, life and skills building opportunities, case management services, twelve step programs and other community activities within a place that is culturally appropriate and welcoming. As a result, many find themselves "hanging out" on the streets on days when they are unable

to work potentially opening themselves up to crime and other forms of victimization.

- **Emergency housing must be linked with job training and placement.** Although many of our current guests are employed, their current wages are clearly inadequate to meet the needs of permanent or even transitional housing. There is a need to bring job and life skills training to them in ways that are accessible.

- **Temporary employment opportunities are lacking**. Employment opportunities are scarce for this population. Most of this population is dependent upon day labor which gives little or no opportunity to develop new skills or positive work habits. Creating avenues to a steady job at a consistent worksite is needed.

- **Creative community collaborative projects must be developed.** In the current climate of estrangement, the community must find new ways to welcome newcomers and ensure that they have ample opportunity to become productive members of society.

Therefore, we propose the following vision of a program design based on the Continuum of Care Strategic Homeless Plan of the City and County of San Francisco.

The Solution

I **Increase the number of guests served each night to 100.** We feel we would have no problem adding 30 beds to this modest goal.

II **Expand to a 24-hour model of services.** These services would include but not be limited to:

- **Intensive Case Management:** Expand the case manager (CM) program from brokered case management to intensive case management. The CM can be more of an advocate for the clients with whom s/he works and be able to take a more active role in assisting them in obtaining the services they need. The CM will spend more time with each client; take an

active role in locating housing; increase crisis intervention capability; conduct groups on job search, interviewing skills, coping skills, and a variety of subjects that apply especially to this population; coordinate the services they are receiving so that critical needs are not overlooked; and assist in preparing people to become citizens and helping them navigate the naturalization process. Those with verifiable disabilities will be assisted in applying for government entitlement and private assistance programs that will allow them to find housing and other services more easily. This will require an increase in the number of CM staff and extended hours of operation.

- **Drop-in Center:** Identified as a major need by the community and by Dolores Housing Program guests, this will be a place where guests can find respite from the street during the day in a welcoming and culturally appropriate environment. Besides recreational activities, special in-services, trainings and group activities will be provided. Case management and other program staff will be available as needed. The drop-in center will be a site for life skills and employment training, English-as-second language classes, twelve step groups and other activities. Job listings and other community opportunities will be available. Our vision is to provide a space not unlike the old union halls and cultural centers where people can gather in a supportive environment filled with opportunities to network and get ahead.

- **Job Training & Placement:** We envision this as the largest component of the program. A Job Developer will be hired who will concentrate on networking and recruiting employers to assist in training and placement of those who are ready to be employed. Some shelter guests come to this country already having attained skills and education but need an opportunity to demonstrate what they are trained to do. Others will be assisted in receiving training that will prepare them for a variety of positions, i.e., ESL, computer training (including programming and repair), evaluation of existing job skills, resume preparation, assistance filling out job applications, etc. Those without work and other documents will be referred for legal assistance and evaluation of their chances of becoming documented. There will always be a certain number of guests who will not be able to assimilate into the dominant culture/society but who will still need shelter and assistance with different types of services.

- **Temporary Employment Services:** We envision being able to employ some of our guests

within this expanded services model. There will be jobs available such as Desk Clerks, Monitors, Receptionists, Janitors, Cooks, etc. These jobs will be part of an overall training program that can prepare them for jobs in the private sector. In addition, we will develop a businesses of our own that will be self-sustaining and serve as another way to train people for employment in the corporate/non-profit/retail market.

- **Collaboration:** This expansion of services will require support of our funders and collaborative relations with those in our community who are already providing the expertise that we need. Substance use, mental health, and HIV/AIDS programs could easily be integrated into this plan. We will develop a working relationship with immigrant legal services and citizenship programs in the Mission who can assist our guests with INS, documentation problems, and expediting the citizenship process. We will work with the Day Labor Program, Mission Hiring Hall, and others in securing temporary employment for our guests. It will also require developing relationships and networking with the business and economic community in a way that we have not done before and enlisting them in our goal of creating jobs and matching skills of our guests with employers who need those skills.

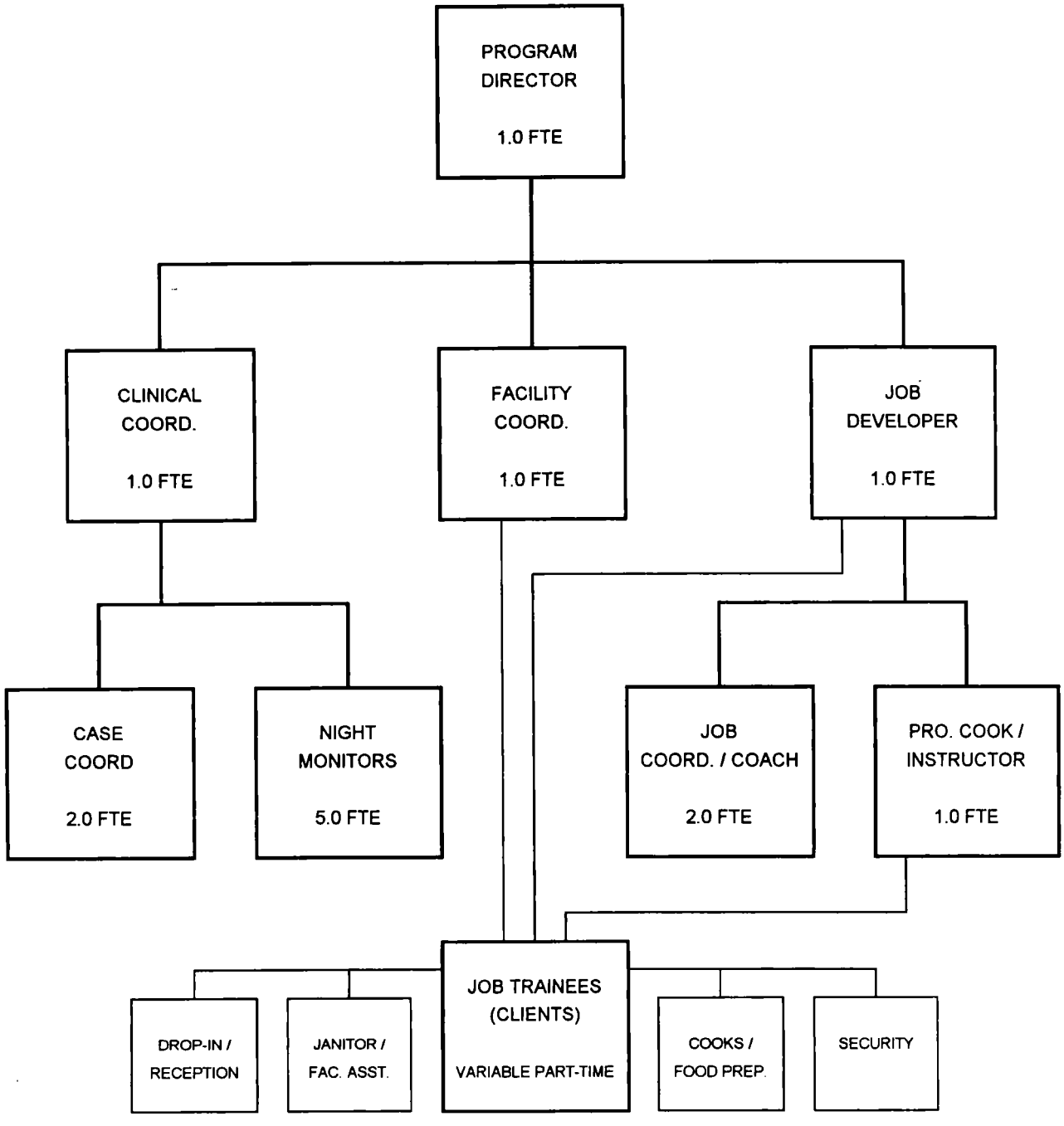
The Space Requirements

Obviously, this expanded program will need a greater amount of space in which to operate than we currently have. At a minimum, it will require bed space of approximately 5,000 square feet (50 square feet per person). The site must be in the Mission District. In addition, we will need space for the following:

- Showers, bathrooms, dining room, laundry room, etc.
- Program space, i.e., meeting rooms/education space, office space, training space, health clinic.
- Drop-in Center space large enough for recreation activities and relaxation.
- Full kitchen, large enough to prepare meals for 100 people. Perhaps a commercial kitchen that can also be used for training programs.
- Storage space for: food, cooking equipment, shelter guest belongings, lockers, office supplies, etc.

Although some of these activities may be accommodated off-site, we estimate the shelter site needs 7,500 square feet.

DOLORES HOUSING PROGRAM



I. EXECUTIVE SUMMARY

WHAT ARE THE GREATEST NEEDS IN THE COMMUNITY, AND WHAT ARE THE BEST WAYS TO ADDRESS THEM?

An approach to this process was taken which ensured that community needs would not be pre-defined, and which allowed consideration of a full range of possible responses to be identified. Some of these were determined to be good possibilities for consideration as Phoenix development options, based on the Site Feasibility Study, while others went beyond the scope of that development, or would be better addressed in other ways.

WHAT ARE THE MOST LIKELY PHOENIX DEVELOPMENT OPTIONS AT THIS POINT?

Group Homes

Group homes, which are residences serving the needs of a group of people with common characteristics, sharing some facilities and receiving some level of support services, seem to be a likely type of facility to develop on the site, in terms of current zoning. The community needs assessment indicates that group homes are needed for AIDS/HIV patients (like the Cohen Residence), single women, those with relatively mild psychiatric disabilities, youth (particularly those aged 18-21), and as transitional housing for people as they move out of shelters, drug treatment programs, and jail. It appears transitional housing of this type, with some level of support services, is particularly needed by women, often with children.

Church/worship space

As a pre-existing use, this would likely be possible to develop on the site. The DSBC congregation hopes to create an inter-faith community of like-minded congregations, who would share their desire to be a positive presence in the neighborhood. If developed to serve under 200, this would not require on-site parking, a critical issue in development. A determination would be needed as to whether classroom-type space, or kitchen/dining areas, would be usable by community groups under the community facility designation.

Child-care center

Child-care was a strongly identified community need. The feasibility study indicates that current zoning would allow a facility for up to 12 children on the site. As mentioned in the focus group notes, this should be strongly considered as a component of any development option, but at this size would not constitute the only or primary use of the site. Child-care has been identified as a critical pre-requisite for parents (and especially single mothers) to participate in education or training programs, seek work or go to a job, or attend doctor's appointmens and similar necessary undertakings. There is a particular need for full-day, low-cost yet good quality programs, and it appears that infant and toddler care may be in especially short supply.

Tutoring/enrichment/mentoring program

This might be easily incorporated into a designated community facility, and the Phoenix site's proximity to Mission High School makes it a likely location for services addressing young adults. Tutoring is clearly needed by many young people, and particularly if it was provided in conjunction with a mentoring program offering a one-on-one relationship with a caring adult, might achieve greater success than standard approaches.

Youth nightclub
This might fall within the community facility designation, providing socializing and recreational value for local teens. Other more difficult issues might be neighborhood reaction to the level of activity and noise generated by such a use. In general, although the multi-purpose space might well be converted to such use on weekends, say, the residential nature of the neighborhood suggests that opposition would be likely.

Rental space for community meetings
The need for welcoming, accessible, affordable space to hold meetings and other larger events in the community was stressed repeatedly in the needs assessment process. It seems likely that this could be accommodated in the multi-purpose space of the church, and that it would fall within the community facility designation.

WHAT ARE THE COMMUNITY NEEDS WHICH GO BEYOND THE PHOENIX DEVELOPMENT?

Residential drug treatment center for women
This would be considered a residential care facility, which according to the feasibility study is inadvisable for DSCS to pursue on the site. It was, however, identified as a desperately needed facility, with no alternatives existing in the community at present.

Battered Women's Shelter
This was a need reiterated by many of the service providers addressing women's needs, and was strongly indicated by the review of existing studies. With only three such shelters, San Francisco as a whole is under-served, and the Latina community appears to be particularly in need of additional shelter space. The Phoenix site is far too visible to be a desirable shelter location, but DSCS may want to pursue other options in this regard, including location of a more appropriate site, helping existing shelters to expand, or addressing the need for community based family dynamics/respect/domestic violence prevention programs.

Job Hub
All those addressing employment issues were convinced of the value of a single, central location providing a full range of employment related services. Such a "hub" would not be a good fit for the site, which is not large enough for the type of facility envisioned, would need substantial associated parking, and would require a variance. DSCS may want to work with other organizations to form a coalition to address creation of such a facility, or a multi-service center which would include the Hub, a drop-in center, and an emergency shelter on a large site central to the Mission.

Drop-in Center
While this option was primarily raised by interviewees as important for use by the homeless, it was stressed by several that such a facility should not be solely for that use. Rather, it should be the site of intake for a variety of programs, and be the sort of "safe place" mentioned in a number of interviews, where anyone needing respite from their normal settings or routines could anticipate finding some peace, or a helping hand.

Community Center

DSCS provided administrative/program space to 40-odd community groups in the previous facility, and continues to do so at a much reduced scale. Clearly, many groups need such space and would be compatible with DSCS's goals in the community. However, it appears that

obtaining a "resource center" designation, necessary to provide this service, would be very difficult. DSCS may want to pursue this course anyway, or seek an alternative location.

Women's Health

There was repeated concern regarding women's health and the delivery of health care in the community to women. Due to issues ranging from cultural interaction/trust patterns to the number of female sex-workers needing health care to the tendency of women to avoid seeking care if they fear losing their children, it seems clear that specialized services are required, together with vigorous and appropriate outreach. DSCS might want to provide space for satellite clinics of the agencies already successfully providing these services, and who want and need to expand, or to take an active role in the referral process.

Needs of Immigrants and Refugees

A very specific need has been raised by many involved in the assessment process, which relates to the current spate of laws and pending legislation geared to limiting access to funding and services by undocumented immigrants. Certainly, as one of the primary service providers to this population, DSCS will want to consider how they can respond to increasing limitations on support options – either through expansion of services, an increased emphasis on referral to remaining resources, and/or political action.

WHAT ARE THE CHALLENGES AND OPPORTUNITIES PARTICULAR TO THIS SITUATION?

The SROs

The large number of SROs in the Mission are simultaneously the source, or at least the location, of many of the most pervasive problems in the community, yet also one of the community's resources with the greatest potential for addressing problems. DSCS may want to work with other organizations to explore SROs as a site for development of comprehensive residential and service packages to address community needs – for example, as housing for single young adults, homeless women with children, or those with disabilities.

Support of Youth in the Community

The larger community has, in effect, turned its back on the often overwhelmingly difficult circumstances a very high proportion of young people are facing, either in denial of the likely and alarming consequences, in all-too-typical fear of young adults at large, or by offering simplistic and formulaic responses which do not reflect the complexity of these young people's lives. With the frightening implications of widespread school failure, lack of safe and legal means to be self-supporting, family breakdown vs the support offered by gang membership, and prevalence of substance abuse, high stress, teen pregnancy and violence, it is clear why those working with youth describe the situation as a catastrophe held barely in check. DSCS may want to explore the possibility of providing space for a consortium of youth-focused advocacy groups, as a means of furthering their efforts and creating a positive place for youth to "belong".

DSCS's Role in the Community

DSCS has expressed commitment to expanding services to address the needs of women in the community, and to broadening the services they offer shelter guests. However, the assessment process has raised a more fundamental question which DSCS should consider. Many of those interviewed or participating in focus group sessions have made a distinction between providing services directly related to particular needs, and thus easing the situation of those wrestling with particular problems, and in taking a more activist role seeking social change. DSCS will need to consider and clarify their desired role.

GAY MEN OF COLOR CONSORTIUM-L.A.

1169 N. VERMONT AVE. LOS ANGELES, CA/213.660.9680 fax-660.6279

April 30, 1997

Sandy Thurman
Office of AIDS
750 17th Street, NW
Suite 600
Washington D.C., 20503

Dear Ms. Thurman,

I just wanted to say what a pleasure it was meeting you at the AIDS Watch '97 Reception on April 14, 1997. Your commitment to people with HIV and AIDS was evident, as was your appreciation and understanding of the needs of various populations. May I also say it is always an honor to meet one of the founders of the CAEAR Coalition, my experience being on the Executive Committee of the CAEAR Coalition has been many things, exciting, inspiring and not to mention a great time for growth. I am truly in awe of those who first put the Coalition together.

As I mentioned, I am the Project Coordinator for the Gay Men of Color Consortium (GMOCC). The GMOCC consists of four member agencies; Asian Pacific AIDS Intervention Team (APAIT), Bienestar-Latino AIDS Project (BIENESTAR), Minority AIDS Project, National Black Gay and Lesbian Leadership Forum/AIDS Team (APT). The member agencies are indigenous to the communities they serve and provide a wide array of services targeted to the communities of color. Services include Case Management, Buddy Program, Treatment Education, Support Groups, Programs for Youth, among other services that were developed and run by persons from the communities. Through a subcontract the GMOCC also provides two trainings, "Cultural Diversity and HIV Disease" and "Complementary Therapies for HIV Disease" for HIV and AIDS service staff members.

Your commitment to visit some of the smaller HIV and AIDS agencies in Los Angeles, performing front line work to the disenfranchised communities, is greatly appreciated. In light of that commitment I would like to extend an invitation to host a reception in your honor at one of the GMOCC member agencies during your next Los Angeles visit. As you know people of color make up the majority of AIDS cases in Los Angeles County, and of the three largest communities gay men of color make up 67%, 75% and 85% of the cases in the African American, Latino and Asian Pacific Islander communities respectively. Holding a reception would not only present an opportunity for you to see the work of the member agencies, but also put a spot light on the most impacted population. This is very important since gay men of color are over represented in the number of AIDS cases and under represented in the political process.

I would be happy to work with a member of your staff to put together the event including date, time location etc. I look forward to planning the event as I have seen first hand your pledge to those infected with HIV. Please feel free to call me at 310.641.7795.

Sincerely,

Shawn Griffin

Shawn Griffin
Project Coordinator

AIDS Services Foundation Orange County

AIDS Services Foundation Orange County

Thomas J. Peterson
Public Policy

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October 3, 1997

Ms. Sandra Thurman, Director
OFFICE OF NATIONAL AIDS POLICY
808 17th St., Suite 820 NW
Washington, DC 20006

Dear Ms. Thurman:

I was so disappointed to learn that your travel schedule prevented your being involved in our November conference. We are very excited about this particular conference, now that we are completing our first year of new optimism and hope in the AIDS epidemic. Thank you for considering being a part of our event.

A secondary purpose in our invitation was to feature you in a "town hall" meeting with our clients, community leaders and professional staff. Our Public Policy Department has created a program called *"Hope Through Leadership"* to provide clients -- as well as members of our Board of Directors and HIV Advisory Committee -- with opportunities to discuss issues directly with decision makers. The object of the program is to recognize the importance of all types of leadership in furthering the renewed sense of hope that surrounds people living with HIV and AIDS. Our first event featured Helen Miramontes, R. N., a member of the President's Council on AIDS and longtime friend of ASF. As you know, Helen has a remarkable gift for bridging the understanding between policy decisions at the federal level and the impact of those decisions at the community level. We had a very successful event and wonderful attendance.

There is every indication that we are currently at a pivotal point in the history of the AIDS epidemic. At a time when there is a movement for increasing the HIV surveillance activities of the federal government, there is also a movement to broaden the Medicaid definition of HIV disease, with the intention of making HIV care more universally available. The dialogue with the HIV impacted community about these issues is critical for making sure that the needs of those who are most hard-hit, including our 800 clients, are properly served.

In 1997 California marked its 100,000th AIDS diagnosis. Orange County continues to record new HIV infections. Deaths due to AIDS have not stopped. Although we may be perceived as a carefree suburban outpost in southern California, the fact of the matter is that we are an epicenter of the AIDS epidemic that needs -- and deserves -- the attention and focus of our top officials. Our client demographics reflect the national trends of

infection in populations that are especially hard-hit: women and people of color. Your involvement in a town hall meeting would provide such an important statement of inclusion and commitment to these communities. Your background in community-based organizations combined with your wonderful speaking skills provide a natural fit with this program. I know that your participation would have a lasting impact on this community.

The Board of Directors of AIDS Services Foundation remains steadfast in its commitment to provide care and services for those in need. Our tradition of caring for the HIV-impacted men, women and children in Orange County spans more than a decade. Your participation in a town hall meeting would provide an incredible beginning for our program of client advocacy in 1998. We understand from your office that you are contemplating travel to southern California in January. Our proximity to Los Angeles and San Diego make us an easy adjunct to your travel plans to this region.

Would you mind reviewing your travel plans for early 1998 and consider a stop in Orange County. We would consider it an honor to host you for a public policy event at this important time. Most of all, please also consider this also an invitation to be a part of the family at AIDS Services Foundation. Please contact me directly at 714 / 253 - 1510 or Thomas Peterson, our Public Policy Coordinator, at 714 / 253 - 1538. Thank you for considering this invitation.

Sincerely,

Priscilla B. Munro
Executive Director

AIDS Services Foundation Orange County

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714 253-1500

August 5, 1997

Ms. Sandra Thurman, Director
Office of National AIDS Policy
808 17th St., Suite 820 NW
Washington, DC 20006

Dear Ms. Thurman:

I would like to invite you to be a part of two very important events that are being planned by AIDS Services Foundation later this year. AIDS Services Foundation has recently established a Public Policy Department in response to the increasing desire among our clients to become more directly involved in all aspects of their health, especially those aspects which are impacted by decisions made by elected officials and policy makers at all levels of government. We view client advocacy as being an integral part of the entirety of services that are necessary to serve our clients effectively.

The Public Policy Department has created a program called *"Hope Through Leadership"* to provide clients -- as well as members of our Board of Directors and HIV Advisory Committee -- with opportunities to discuss issues directly with decision makers. The object of the program is to recognize the importance of all types of leadership in furthering the renewed hope that has returned to our clients. Our first event featured Helen Miramontes, R. N., a member of the President's Council on AIDS and longtime friend of ASF. As you know, Helen has a remarkable gift for bridging the understanding between policy decisions at the federal level and the impact of those decisions at the community level. We had a very successful event.

We have decided to design an event to feature you as a speaker in an evening "town hall" type of setting. We have an activist client population that is very involved and quite astute about issues of HIV and AIDS. Your background in community-based organizations combined with your wonderful speaking skills provide a natural fit with this program. Most importantly, I know that your participation would have a lasting impact on this community.

In addition, our agency will be presenting its annual conference, being called "HIV: New Perspectives", on Saturday, November 8th. This conference consists of a day-long series of workshops, breakout sessions and discussions on the campus of UC Irvine. This conference has grown each year in attendance and participation, and attracts an important population that is otherwise difficult to reach, including women and people of color. The recent advances in medical treatments promise to make this

year's event particularly well-attended; your involvement would assure us of a total success.

Earlier this year, California marked its 100,000th AIDS diagnosis. Orange County continues to record new HIV infections, and deaths due to AIDS have not stopped. Although we may be perceived as a carefree suburban outpost in southern California, the fact of the matter is that we are an epicenter of the AIDS epidemic that needs -- and deserves -- the attention and focus of our top officials. Our client demographics reflect the national trends of infection in populations that are especially hard-hit: women and people of color. Your involvement would provide such an important statement of inclusion and commitment to this community. I hope you can be a part of these two important events.

I certainly understand the demands on your time and the complexities of your travel schedule. I would ask you to consider being available for the "town hall" meeting, which could be scheduled on Thursday or Friday evening, November 6th or 7th, followed by your involvement on Saturday, November 8th at this conference. Since these events are directed at different target groups, I would expect both to be extremely well-attended, especially with advance notice and promotion of your involvement.

ASF has a tradition of dedicated service to HIV-impacted men, women and children in Orange County that spans more than a decade. We are currently serving our highest caseload ever, and we remain firmly committed to our mission. As part of our mission, we acknowledge the added responsibility of providing client advocacy among our services. Your participation in these two events would provide the lynchpin in our program of client advocacy this year. Most of all, please consider this an invitation to be a part of the family at AIDS Services Foundation.

I have enclosed some materials to provide some background about ASF. Please contact me directly at 714 / 253 - 1510 or Thomas Peterson, our Public Policy Coordinator, at 714 / 253 - 1538. Thank you for considering this invitation.

Sincerely,

Priscilla B. Munro
Executive Director