

SOCIAL POLICY REPORT
FOR THE
DOWNTOWN URBAN RENEWAL AREA
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SOCIAL POLICY REPORT

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INTRODUCTION

On October 24, 1973, the Portland City Council authorized an agreement with the San Francisco firm of Livingston and Blayney, City and Regional Planners, to prepare an urban renewal plan for the waterfront area of Downtown Portland. Special provisions within the workplan for the project called for the preparation of social policy recommendations to be presented to the Council. The major responsibility for these recommendations was assigned to the Human Resources Bureau of the City.

This direction from the City Council marked a major departure in the planning process from the traditional planning agenda which considered land use as a first priority. It has long been recognized that physical renewal can uproot whole neighborhoods with disastrous effects upon the residents of the area to be renewed. There have been few instances, however, where policy makers have attempted to look at the social implications as one of the first steps in the renewal planning process. The request for social policy recommendations by the City Council was just such an attempt. The Council decided first to consider the needs of the residents of the target area, the impact of proposed changes upon their lives, their needs and their community, and the repercussions of this impact upon the larger Portland community. Land use plans, development regulations and controls will follow as tools to implement the policy of Portland for its people.

Recommendations for social policy are based on the presumptions that the City bears responsibility for the social repercussions of its actions, that there are identifiable levels of privation and need, that within any given community exchanges take place that fulfill the more

demanding needs of the residents, that sane and normal living indicates a balance between need and fulfillment and that physical changes within communities can upset the balance. Social policy will give directions in an attempt to maintain that balance.

The recommended policy position of the City will reach far beyond the programs of the Human Resources Bureau. It will direct the involvement of the Bureau as it relates to federal, state and other local governmental units. It will provide priorities for the legislative lobbying efforts of the City. It will give direction and advice to some of the programs of the Portland Development Commission, the Office of Planning and Development, the Housing Authority of Portland, the Bureau of Parks, Bureau of Traffic Engineering, Bureau of Planning and the Human Resources Bureau (Manpower, Area Agency on Aging and Public Inebriate Project).

Specific recommendations within this report will call for:

- 1) the retention of 1,150 housing units through 1980 for low income people within the area (through the programs of the Office of Planning and Development, the Housing Authority of Portland and the Portland Development Commission).
- 2) the expansion of social service programs for the area residents (through programs of the Human Resources Bureau, Office of Planning and Development and the Portland Development Commission).
- 3) the expansion of recreational opportunities for residents (through programs of the Bureau of Parks and the Bureau of Traffic Engineering).

- 4) the retention and enhancement of the unique ethnic characteristics of the Asian-American community (through the planning efforts of the Portland Development Commission and the City Planning Commission).

Although the Human Resources Bureau was given the task of presenting social policy recommendations to the City Council, many others have had a great deal to do with the Social Policy Report. Because of the inclusion of the local skid road in the project area, Mr. Irving Shandler, Executive Director of the Diagnostic and Rehabilitation Center of Philadelphia was engaged as a consultant. Mr. Shandler's project in Philadelphia has been in operation for over twelve years and is recognized as a prototype for programs for skid road areas.

Mr. Shandler's input was invaluable in the preparation of this Social Policy Report. However, it should be made clear that he is not responsible for the final conclusions and recommendations. In fact, Mr. Shandler's final consultant's report, which is here reproduced as Appendix 7, is somewhat at odds with the recommendations contained herein. The Human Resources Bureau and Mr. Shandler agree that skid road life is demeaning and dehumanizing to those who are caught up in its insidious web. There is also agreement that the City should strive to eliminate the current skid road and prevent the formation of new skid roads. However, there are differences of emphasis on methods of achieving these goals and, in particular, there is disagreement on a timetable for accomplishment.

In general, Mr. Shandler's recommendations rely more heavily on the city's regulatory power to bring about closure of skid road institutions whereas the Human Resources Bureau's approach is to provide

alternative living situations outside the core area as a means of making the cluster of skid road services unnecessary or unprofitable. Obviously a strong regulatory stance could accelerate the dispersal of the Burnside population and a diminishing or even disappearance of skid road. It is our contention, however, that without social services and decent, available housing in other areas of the city that precipitous closures of skid road institutions would only result in formation of other skid roads elsewhere in the city.

In addition to Mr. Shandler's contributions, many others have played an important role in the formulation of these social policy recommendations. We have relied heavily on advice from staff of the Office of Planning and Development, the City Planning Bureau, the Portland Development Commission and the Housing Authority of Portland. The members of the consulting team have also provided valuable advice and information particularly Livingston and Blayney and Skidmore, Owings and Merrill. The Social Policy Report has also been written and rewritten with considerable input from citizens groups including the Citizens Advisory Committee to the Downtown Plan, the Burnside Community Council, the Japanese American Citizens League, the Chinese Consolidated Businessmen's Association as well as a number of individual citizens.

SOCIAL POLICY REPORT

I. EXISTING CONDITIONS

A. Burnside Community

This section is inhabited by a predominantly male, aging population who have little earned income and less in the way of other financial assets. Because a high percentage of the men do not have permanent addresses, have alcohol problems and are distrustful of governmental agencies, there is a high probability of undercounting in the Federal census process. Therefore, although population estimates are based on census data, other local surveys and estimates have also been used to arrive at demographic descriptions. The population is predominantly white with a minority population consisting of approximately 170 Asian-Americans, 138 American Indians, 147 Blacks and 69 Chicanos. Of the total of 1,750 residents of Burnside, it is estimated that 1,400 or 80% are characterized by significant alcohol related problems. The above described population is the breakdown of the year-round residents and does not include the influx of transients during the summer months.

The most common living arrangements for this population is a single hotel room with church supported missions, other group living arrangements and open space accounting for the remainder. Although the missions have stable sources of financing and account for nearly ten percent of the public inebriate population, the

other group shelters, which together provide approximately 15% of the living units for this population, are only tenuously funded and their operation is in jeopardy.

Burnside Street is the boundary between Census Tract 51 (Burnside) and Census Tract 54 (Lownsdale). However, this boundary between the two census tracts does not reflect the true dividing line in a socio-economic sense. We have, therefore, included the Salvation Army Harbor Light Mission and the Home, Holm and Stewart Hotels as part of the Burnside Community even though they are in Census Tract 54. (See Appendix 1 for a map of these areas).

B. Lownsdale Community

Despite indicators to the contrary, the Lownsdale area is relatively more stable than Burnside with a population that displays less alcohol related problems and is entirely made up of hotel room occupants. In fact, it is much more difficult to define and a less visible population. Consequently, there is not the same network of social service agencies concerned with this population.

As is the case with Burnside, the population is older and mal-proportioned with a heavy male bias. Characteristics of the Lownsdale population is the absence of the "street" population as in Burnside. The majority of the residents have pensions.

Their length of residence in one location is slightly shorter. However, of the 550 residents, it is estimated that 150 or 27% fit our public inebriate definition, i.e., are dependent on alcohol or display other related characteristics such as lack of family contacts, no fixed address, etc.

C. Social Services

Appendix 3 contains an inventory of the services available to residents of the Burnside-Lownsdale area. As previously mentioned, most of the services are geared to the Burnside rather than the Lownsdale community and, specifically, there is a concentration of services to the alcoholic population. In addition to the agencies appearing in this inventory, there are a number of other organizations that might, almost incidentally, serve a client from Burnside or Lownsdale.

Perhaps the two most important developments in the availability of services have been the City's involvement in the area with the resultant planning for a Public Inebriate Project; and, secondly, there have been reductions in a number of County services due to severe budget cuts. What will probably result will be a net increase in service capability but in some areas the increase resulting from the Public Inebriate Project will only serve to offset cuts in previously existing services.

The Public Inebriate Project will add 55 alcoholic treatment beds that will be located outside the area but will service

clients from Burnside-Lowndale virtually exclusively. In addition to the residential treatment facilities there will be established a walk-in center with a satellite nursing station and outreach and follow-up capability will be increased. Even with this anticipated increase in service capability there will not be sufficient resources to involve more than 20-25% of the estimated 1,550 public inebriates from the area in meaningful treatment.

An argument can be made for the inclusion of law enforcement and correctional activities in this inventory of social services since a large percentage of the target population comes to the attention of the police as public inebriates. In fact, even though public intoxication has been decriminalized, the county jail facilities are still one of the largest single sources of short term shelter for the public inebriate. In recent months the jail facility has been averaging approximately 300 civil holds per month for intoxication and a like number have been booked on minor criminal charges (jay-walking, drinking in public, etc.) who are really brought to police attention because of intoxication.

II. EXISTING CONDITIONS ANALYSIS

There are a number of factors impinging on the Burnside-Lownsdale area that have progressed to the present point without much direction or control and would probably continue in much the same manner given no planning or City imposed policy. For instance, the population of the area has been in a long term decline. The 1950 decennial census found a total population in the area of 5,600; ten years later this population had diminished to 3,762; finally, the 1970 census found a population of 2,450. If this same trend continued through 1990, the population counts would be 1,633 and 1,089 for the next two federal census counts.

People knowledgeable of the area have stated that the 1970 census represents a net undercount of the population. This is no doubt true (as it was also probably true of the earlier census data as it related to the lower socio-economic strata). Since the beginning of 1972, development activity and general economic pressures have resulted in the closure of 14 hotels which contained approximately 700 units. The City jail at 2nd and Oak also closed and the 1970 Census counted 156 residents of that facility at that time.

Yet another phenomenon not reflected in census data is the influx of transients during the summer months. The Oregon State Casual Labor Office in the area has indicated a drastic decrease in agricultural labor demands for this area during 1973 and 1974. Formal statistics were kept for 1972 (not funded for 1973 and 1974), in-

dicating a peak of 30 bus loads of workers per day taken from the area. The laborer demand peaked at 18 bus loads per day during 1973 and 1974. Reasons alleged for this decreased influx are:

1) lack of pressure from Mexican nationals on agricultural workers in California, 2) increased mechanization of harvesting processes and 3) increased use of chemicals for weed control. This migrant influx in the past has been a major source of new recruits, especially to the Burnside area.

Since the area has been marked for new development and as office complexes have been started or projected, convenience shops, taverns catering to the young, restaurants, etc. have opened in the area. In some instances this commercial development has been at the expense of space previously devoted to housing. Another factor in the question of available housing supply has been the recent adoption of the Uniform Building Code, and in particular, Chapter 13 that sets standards for buildings over two stories used as dwelling units.

The immediate effects of Chapter 13 are difficult to isolate and identify. Within the waterfront area at the initial inspection for Chapter 13 enforcement, three hotels (approximately 80 rooms) were vacant. Since enforcement began, six hotels have closed (approximately 400 rooms) and possible future closures threaten three more (approximately 75 rooms). Since there has been a fairly consistent vacancy rate of 15-20% for the area, a certain number of closures can be absorbed without displacement of residents. This

compression of population together with added incentive for some of the displacees to move to other neighborhoods can be the reasonably anticipated consequence of the closures caused by Chapter 13 enforcement.

Historically, skid road redevelopments have resulted in the migration of residents to the nearest available geographical area. With this as a rule of thumb, migration could be expected to occur to the Southeast Grand Avenue area, to the residential area West of 10th Avenue and to Northwest Portland. According to mid-summer reports from social service agencies and members of the Portland Police Department, there has been recent discernable movement to the Southeast Grand Avenue area, and there are telltale signs of incipient skid roads in the areas of Southwest Eleventh and Stark, Northwest Twenty-Third and Lovejoy and Northwest Twentieth and Burnside.

If there are continuing pressures on housing in the waterfront area with resultant closures, it can be expected that this trend would accelerate. The implementation of the Public Inebriate Project will provide opportunities to prevent this sort of uncontrolled dispersal.

It is unlikely that pressures on the Lownsdale population would result in their relocating into Burnside as a matter of choice. The hotels in near Southwest would be the most likely choice for most Lownsdale residents. There are also rental units in Southeast and Northwest that, while significantly higher priced than those

units currently occupied, might absorb some Lownsdale residents.

What must be kept in mind is that the 1970 Census found that 57% of the project area population was paying 25% or more of income for rent. Further, 32% of the residents in 1970 were paying 35% or more of their income for rent. Unless their economic condition has improved considerably since the 1970 Census was taken (of course there is absolutely no reason to believe this to be the case) at least that one-third of the population already paying 35% or more of income for rent could not absorb any increases. Probably the one-fourth of the population paying between 25 and 35% would have tremendous difficulty tolerating significant rent increases.

It seems obvious that the current conditions are stable only to the extent that approximately 200 men are dependent on private charity for housing arrangements; well over 100 others spend each night sleeping on the floor of a building that has been officially declared unsafe and unsanitary for less than half this number; and, finally, fifty to one hundred more are sleeping in doorways, parks, under bridges or other open space with an occasional respite from the elements when they are placed on civil hold in the jail. This figure may increase significantly during the summer months with an influx of transients.

It is also clear that the current social services in the area do not now come close to meeting the needs of the population. For instance there is a dearth of recreational opportunities to meet

residents' needs. As first floor space is taken over for retail use less and less remaining hotels have retained lobbies for a lounge area and for socializing. To some extent, at least in the area adjacent to Lownsdale Square, this need is met during better weather by the placement of benches and tables that are used for card playing, checkers and chess, or just as social gathering places for visiting and conversation. On the other hand, no such facilities exist in the North Park Blocks for Burnside residents. In fact, the area is controlled in such a way as to be beneficial to office workers from nearby buildings rather than to residents.

However, even with this bleak picture of available housing stock, relatively high price as compared with income and inadequate services, the area probably provides a better overall environment for its current residents than any other area to which they are likely to move. With development activities becoming a reality it may exacerbate the already substandard living conditions of the area.

III. RECOMMENDED OBJECTIVES

Per capita, the poorest residents of the City are found in the waterfront area. While many of their needs are addressed in existing service programs, virtually none of their needs are being adequately met. To meet these needs more completely, the following objectives should be pursued:

- A. Provide sufficient housing units to house the current population at rents they can afford.
- B. Maintain capability to place men in casual labor situations and develop training and placement capability for those who are able to progress to more traditional work situations.
- C. Provide cultural and recreational outlets for the existing population and to encourage other citizens to use the Downtown area.
- D. Redirect social services to the elderly residents to assist them in maintaining themselves in independent living situations.
- E. Implement a system of comprehensive treatment programs for alcoholics.
- F. Provide access to existing social services through in-system advocacy and transportation support.

IV. POLICY OPTIONS

The City of Portland through its action in drawing lines on a map and declaring an area within a set of boundaries to be an urban renewal project area has created expectations in the minds of citizens of the area, as well as the City as a whole. The expectation of City action as well as an implied public responsibility for setting the conditions under which change can occur has probably already eliminated the first option -- i.e., the "do nothing" option. Representatives of several City Bureaus have spent considerable time in the area and have been engaged in a continuing dialogue with agency representatives, community leaders and residents. Not all of this increase in City interest and activity has been welcomed by the area representatives but the involvement of City officials has become an accepted reality and if there were ever a time when a completely laissez-faire policy could have been adopted, that time has undoubtedly passed.

Even with the elimination of the "do nothing" option, there are a number of differing policy sets the City could adopt with regard to this area. In discussions with members of the Citizens Advisory Committee there has been constant friction over a classic chicken versus egg situation. It has been often expressed that a general vision of what the area is to become is the necessary first step. In other words the City Council should express clearly what it wants the Burnside-Lownsdale area to become and only then can a rational social policy be planned. The other view has been that a background

paper must be presented to Council describing the conditions of the area, the probable consequences of the adoption of one or another policy and then recommending a course of action. Obviously this latter course of action has been followed.

Option 1. Concentrate on Commercial Development Adopt the view that continued use of space for housing units is incompatible with the physical changes in the area and given this incompatibility, the area should be allowed to develop as a concentration of office buildings, commercial and warehouse facilities and with convenience and service outlets to accommodate the office workers by day and the broader community at night.

Option 2. Commercial Development Coupled with New Housing Really a variation of #1 in which the hypothesis would be adopted that housing should be maintained in the area but the current residents would be displaced by others who display different socio-economic characteristics. Even were a large share of future housing units to be set aside for the traditional low income public housing population, few current residents would qualify. Should there be a mix of low, moderate and upper income housing, virtually none of those now living in the Burnside or Lownsdale would qualify for even moderate income housing.

Option 3. Encourage Retention of Existing Housing Retain existing housing in the area to house basically those who now live there. However, since many residents are on fixed incomes and pay an inordinately large percentage of this income for housing they will probably not be able to afford the housing even if retained. This is particularly true if more stringent code requirements force building owners to invest in improvements to comply.

Option 4. Eliminate Skid Road Institutions Acceptance of the view that the whole network of "services" typical of a skid road area -- dilapidated hotels, flop houses, missions and other helping organizations, beer and wine outlets, pawn shops and check room, etc. -- are really a magnet that attracts homeless men, alcoholics and other skid road types. The natural conclusion of this "attractive nuisance" theory (attractive at least to the skid road population) is that the elimination of the attraction would result in a natural displacement of this "problem population." Under this option, policies would be adopted that would effectively close the services required to maintain the life style and thus the population would voluntarily relocate to a place that was more attractive to them.

Option 5. Encourage Gradual Dispersal An adoption of a policy that, in effect, tried to do a little for everyone. To retain, at least for an interim period, a network of services for the alcoholic population; to encourage the retention of part of the housing stock in the Lownsdale area; to provide incentives for some Burnside and some

Lownsdale residents to disperse through relocation payments, provision of better services in other areas, availability of better, lower-cost housing elsewhere, etc.; and as there was a gradual dwindling of current population to convert vacated space to other uses -- e.g., retail establishments or housing for relatively more affluent families or individuals.

V. POLICY OPTION ANALYSIS

Option 1. Concentrate on Commercial Development The results of the adoption of this policy would be that over 2,000 residents who now live in the area would be uprooted and the current housing market could not absorb them at prices they can afford to pay. In the case of the pensioners who reside in the Lownsdale area, it is possible that they could relocate to other areas where the service networks established to serve the elderly are much better established. If the problems of higher rents could be solved through some form of subsidy, there is the potential that many of the current Lownsdale population could have a better quality of life in some other area of the city. It should be kept in mind, however, that moving -- particularly an enforced move -- causes considerable stress and this stress is aggravated when dealing with an elderly population. Recent studies of this problem have discovered alarmingly high mortality rates among persons over 60 years of age who have been relocated. The cost of such a relocation in subsidized rentals and services to assist the persons displaced in adapting to the new area would be considerable. No in-depth attitudinal studies have been done to determine how many Lownsdale residents might actually prefer to live elsewhere were that economically feasible.

The Burnside community presents a different set of assumptions. While low rents might also be a factor in people's decisions to live in this area, this must also be viewed as an area with other attractions. At least a portion of the population pays no rent so

that the availability of missions and a tolerance of men living in outdoor public areas is also a factor. In addition, it is assumed by many (leaving aside deeper psychological probing for motive) that a large share of the Burnside population lives in the area by choice. Following this assumption that the men are leading a life they have chosen, a relocation would result in little more than closing down one skid road only to see one or more new skid roads develop elsewhere in other parts of the City.

If, in fact, it were possible to completely close down skid road housing and remove all the other parts of the culture it would be stretching the bounds of optimism to hope that a natural result would be the dispersal of the men into small groups that would become invisible and that the problems of skid road would just go away. Despite all the problems associated with the North Burnside area it must be admitted that there is a certain efficiency of service delivery obtained from concentrating a population with like social service needs in one relatively small geographic area.

The services currently available to service the Burnside population are inadequate but it is the only sector, except for health care institutions, that is willing to service this population at all. A natural consequence of dispersing this population would be to deprive them of all access to services. The social service agencies in other parts of the city are ill-equipped to handle this client group and have displayed no desire or willingness to change their

priorities. A good example of this is the reports from agencies located near the east end of the Burnside Bridge. These agencies have reported recent influxes of persons seeking services who are from the Burnside area. The agencies do not feel capable of handling this new client load without new resources and have expressed feelings that the presence of the skid road types is hindering their ability to service their pre-existing client population.

In short, the two populations (Burnside and Lownsdale) must be seen as presenting different problems. Economic factors alone mitigate against dispersal of either of these populations. However, if housing were made available in alternate locations that current Lownsdale residents could afford, many of them could probably be assimilated into other areas of the city successfully. This is not true of most residents of Burnside.

Option 2. Commercial Development Coupled With New Housing Any attempt to couple removal of the existing population with an effort to attract new, more stable elements would present the same problems for the existing population as mentioned in the foregoing analysis of option #1. Despite some of the advantages of having a more diverse population resident in the downtown - waterfront area, it is hard to visualize conditions that would bring this about. For instance, if younger families with children were to be attracted to the area a whole series of amenities would have to be made available: increased park and playground space, protected street crossings, buffers from

traffic noise, etc. It is also obvious that present hotel space, even with considerable renovation could not provide an attractive alternative for this population.

There already exists a supply of housing for high income tenants in the South Auditorium Project area. If diversity of population in the overall downtown area is a goal to be sought, the missing elements are low and moderate income units. The whole question of housing supply is more properly a topic for physical rather than social planning. However, it is obvious that there is little opportunity to produce new low-income housing in the present or near future and housing for moderate income families and individuals does not present a substantially brighter picture.

Option 3. Encourage Retention of Existing Housing This option comes closest to maintaining the status quo and should, therefore, be easiest of accomplishment. This is not to say that it will be easy. It is obvious that as supply dwindles (there has been a loss of approximately 700 housing units in the project area in a little over two years) and with demand remaining relatively constant, that prices for remaining units will go up. It is also reasonable to assume that required investment to meet the recently imposed Chapter 13 requirements will result in some rent increases as well as some additional closures. In addition to the Chapter 13 regulations that became effective on April 1, 1974, the new State of Oregon Structural Specialty and Fire and Life Safety Code provisions

became effective July 1, 1974. As development occurs there will also be further pressures on existing property devoted to housing and it is reasonable to assume that some existing units would thus be converted to some other use.

Despite the difficulties presented by the above factors it is probably going to remain true, with some numerically insignificant exceptions, that the Burnside and Lownsdale areas will remain more attractive alternatives for their respective populations than any other area of the city. This is particularly true if some way is found to ameliorate the effects of increased rents.

Option 4. Eliminate Skid Road Institutions Any attempt to reduce the skid road population and its attendant problems by removing the so-called attractions would have to have impact on a number of different institutions whose vulnerability to available pressures vary considerably. In particular the religious institutions that support missions and other facilities in the Burnside area would resist closure. There is also little doubt that the businesses that exist precisely because the current population resides in the area would also resist changes.

In order to bring about more than a token change there would have to be fairly drastic and expensive action taken. Given the prognosis for the availability of Federal urban renewal funds, it does not seem that condemnation and public acquisition of the properties in

question is very feasible, even if they qualified on the basis of blight or on a use incompatible with the urban renewal plan. Another possibility for bringing about this type of change might be a concentrated code enforcement policy or institution of various regulatory disincentives to group feeding arrangements, etc.

Even leaving humane considerations outside of the equation, there are many difficulties in closing the skid road institutions. It may be possible over a period of years to increase the available resources to service this population and as new services are added they can be located so as to disperse the population.

Option 5. Encourage Gradual Dispersal To continue the analysis of #4. above it may be possible to continue services in the present general area geared to the current population. This would mean services geared to the alcoholic population, health services in general, employment opportunities and involving agencies outside the area in serving the population that now resides there. Opportunities could be seized as population gradually disperses into other areas so that other uses could be made of space currently devoted to housing in the area. Of course, one such use might be different, presumably better, housing.

This option would depend on the provision of choice to current residents who would then exercise this choice through a process of voluntary relocation. In order for this to have any chance of

succeeding there would have to be attractive possibilities in other areas. To some extent this is exactly what the Public Inebriate Project is designed to provide for the skid road alcoholic. If this program is reasonably successful it could be anticipated that a significant portion of the current population could be re-located through its auspices, some of whom would be rehabilitated and capable of independent living and others could be stabilized and able to live in dispersed, group living situations of a variety of types.

For the Lownsdale residents the key to gradual dispersal is the availability of low-income housing. Although prospects are not bright for any significant increase in the available supply of low-income housing units, it is possible that sufficient numbers of units could be made available to keep ahead of potential future closures and/or conversions. In addition, as the population within the area decreased it would become less expensive to provide some form of rent relief to the remaining residents.

VI. RECOMMENDED SOCIAL POLICY

A. Housing

The scarcity of alternate housing resources for current residents of the Urban Renewal area poses a major problem. Housing within the area has not been maintained generally. The residents live in poverty and low-income people can not afford new or rehabilitated housing without subsidies. The lifestyle of the area residents is a further hinderance in their competition for the existing supply of inexpensive housing.

There is no comparable housing stock either in cost or style of housing elsewhere in the City. Housing of this type does not enter into regular housing market channels. Community-wide projections are thus not available. Surveys carried out by the Human Resources Bureau in July, 1974 in two areas in Southeast and Southwest Portland indicated that 17% and 16% of the multiple family units rented for less than \$50/month. Occupancy rates for these units were 100% in the surveyed areas. The 1970 U. S. census indicated that 89% of the waterfront area residents were paying less than \$50/month for rent.

The midyear survey of vacancy rates carried out by Portland General Electric found vacancy rates of 2.29% for single family dwellings and 8.83% for multiple dwelling units. Of 92,741 total units, 3,609 were vacant. The P.G.E. survey covers approximately 70% of households in the City of Portland.

In summary, housing within the urban renewal area will need rehabilitation if it is to remain as an available resource. Vacant housing is not available in the geographically adjacent areas. Vacancy rates throughout the city are low. All of these factors point to the necessity of a housing subsidy for area residents, either within or outside the urban renewal area.

Population Decrease

According to U. S. Census figures, the population within the urban renewal area decreased by 33% during the 1950's and 35% during the 1960's. Indications for the 1970's are for a continuation of that same trend. Seven hundred housing units have been taken off the market in the area since 1970, and the occupancy rate remains fairly constant at 80-85%. Projecting a straightline decrease of 33% for the 1970's, area population figures would be 1,633 by 1980.

Certain factors which are affecting the area population are expected to accelerate that population decline. These include code enforcement, area redevelopment under the urban renewal program, alterations in the summertime influx of agricultural workers and dispersal through the Public Inebriate Program. The rate of movement from the area will nearly double for the 1970's, with a population of 1,000 projected for 1980. (cf. Appendix 6, Projections for Voluntary Dispersals from Waterfront Area). Because the effects of market forces and public policy are not now known, projections have been limited to 1980. At

that time a restudy and evaluation will be needed.

From 1974 to 1980, a housing supply adequate to meet the needs of the projected declining population will be needed in the waterfront area. According to Human Resources Bureau projections, the population will decrease at the rate indicated in Chart 1. Needed housing units are also projected, allowing for a 13% vacancy factor.

CHART 1. PROJECTED POPULATION AND HOUSING NEEDS

<u>YEAR</u>	<u>POPULATION</u>	<u>HOUSING</u>
1973	2,207	2,535
1974	2,126	2,445
1975	1,975	2,271
1976	1,799	2,069
1977	1,612	1,854
1978	1,418	1,631
1979	1,214	1,396
1980	1,000	1,150

Housing subsidies will be required to guarantee the continuation of the housing as well as to maintain low rent levels. Major reconstruction of 400 units for the area should be accomplished during the next five years (80 units per year). The renovation of the Foster Hotel at a projected cost of \$500,000 has given experience from which to project cost estimates. Factors of economies gained from experience and

inflation will affect the cost as individual projects are developed. The additional 660 units needed can be retained through subsidies at a much lower level. These latter subsidies would help to offset the cost of code conformity to meet health and safety standards, but will not provide for cosmetic renewal.

Recommendations:

That a minimum number of housing units as projected in Chart 1 be maintained for low income people until 1980. That subsidies be provided so that housing units in other areas be made available within the 25% of income guideline for people moving from the area. That the Housing Authority of Portland set aside 50% of newly available Section 23 units for one bedroom and efficiency units. That the standard be adopted that citizens should not have to pay over 25% of income for rent, and that assistance be given to achieve this goal. That exact amounts of such required assistance are not known, but the City could provide help in qualifying residents should Federal programs be instituted. That Community Development Block Grant programs be made available to subsidize retention of these units for low-income residents. That the Portland Development Commission be instructed to acquire and renovate existing hotel space through the use of tax increment funds should the available units fall below the projected numbers in Chart 1.

B. Existing Services

Both the Burnside and Lownsdale areas are currently underserved

with needed social services and the services that do exist are funded in such a manner as to be in danger of further deterioration. In some cases the city is in a position to influence this situation directly and in other cases could use its good offices to bring about improvements.

Recommendations:

That the City recognize the needs of this area and give it priority in its planning and development process. Such recognition of Burnside-Lownsdale as a priority area could take concrete form by designating it a target area for Community Development Block Grant funds. A second type of assistance to social services in the area would be the decision to invest a portion of the tax increment funds to provide adequate physical facilities for social service agencies. Thirdly, the City, through its Human Resources Bureau, should continue social planning in the area with an emphasis on resources development to provide more stable sources of funding for needed services.

C. Services to the Elderly

The two census tracts that comprise the renewal area have one of the oldest populations of any area in Portland -- the average age in Burnside being 53.9 and in Lownsdale 54.7. At the time the 1970 Census was taken nearly 1,200 residents of this area were 55 or over. Given these figures combined with the income data for this population, the Burnside - Lownsdale

area should be one of the highest priority target areas for services to the elderly in the City. In fact, no agency receiving Title III Older American Act funds is located in the area and those that are in adjacent areas or which provide City-wide services do not provide a significant amount of service to residents of this area.

Recommendations:

The City has been jointly designated with Multnomah County as the Area Agency on Aging and has recently accepted the responsibility for administering funds for aging programs. Since there will no longer be direct State Program on Aging funding to projects (as with the previous Title III grants) the City should take this opportunity to reorder service priorities and ensure that a fair share of aging services are directed to the Burnside - Lownsdale area. In particular transportation services, home delivered meals or group eating arrangements and homemaker services should be redirected. In addition, a service center for the elderly should be considered for this target area.

D. Employment Support

This is another service area that the City, as the operator of the Manpower Area Planning Council, is in a position to reorder priorities. Since previous categorical program guidelines are being relaxed as the Comprehensive Employment and Training Act is being implemented, this is also a good point in time to adopt policies that will ensure a fair share of services to the

Burnside - Lownsdale area. This area, due to the distrust of governmental entities that is characteristic of a large proportion of the population, has a significant segment that does not appear in official unemployment rates but even so has a high rate of unemployment. The Burnside - Lownsdale area should be recognized by the city as an area with special needs for employment assistance and persons afflicted with the disease of alcoholism should be considered one of the priority groups for training and placement.

E. Recreation

There is little public open space in the renewal area but the situation will be alleviated by the development of the waterfront greenway. The needs of the residents of the area should be considered as planning for this greenway develops.

Recommendations:

That restrictions on the use of one block in Lownsdale Square and one of the North Park Blocks that reserve use for women and children be removed. The population of the area is predominantly male and this restriction based on sex narrows the already constricted options for open space use. The Park Bureau should also consider the placement of tables for card playing, chess and checkers in the North Park Blocks as are now provided in Lownsdale Square. The assignment of a park supervisor to this area

would also reduce the need for setting aside areas for women only as well as providing better access to equipment now available. An example of this is that access to horseshoes is now controlled by an office building superintendent which tends to make them available to the office workers but unavailable to the residents of the area. In addition to the open space use, any planning for a senior citizen center for the area should consider recreational and socialization needs of the population.

As the Waterfront greenway is developed, access thereto should be provided at points most convenient to the Burnside and Lownsdale communities. This access is especially critical in the Burnside area. A pedestrian crosswalk at N. W. Couch on Front Avenue is crucial, since the alternative would require a four-block detour for the elderly pedestrian Burnside population.

F. Cultural Facilities

Efforts at preservation of historically valuable sites should be encouraged as a means of maintaining interest by the wider community in the downtown area. Interest has also been expressed in reviving the area as a center for Asian-American cultural expression.

Recommendations:

Since contacts with representatives of the Chinese-American and

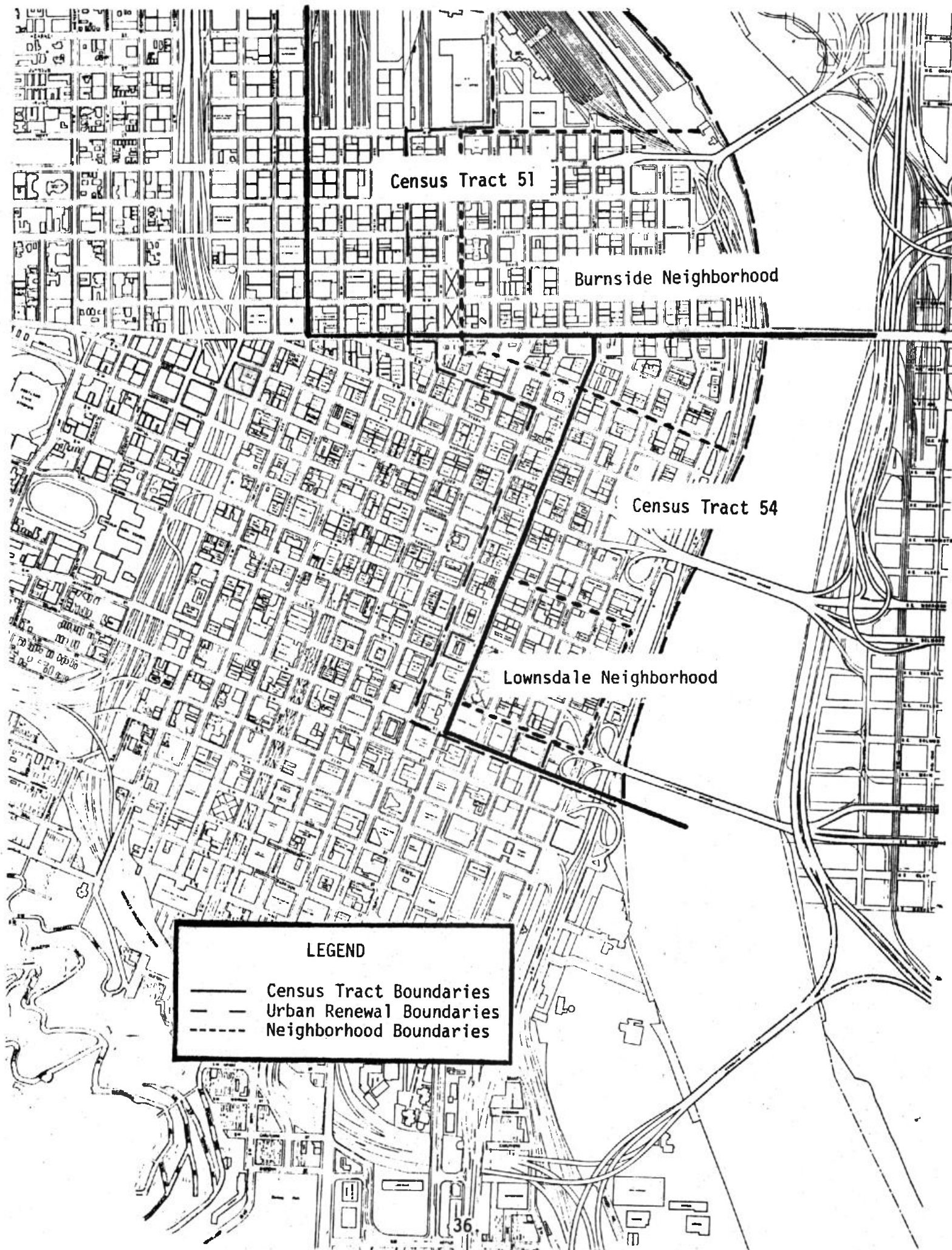
Japanese-American communities have not resulted in consensus among the Asian-American communities concerning plans for the area, the City of Portland should initiate a planning program within the City bureaus to work together with the Asian-American communities to develop plans for their area in North Burnside.

G. Services to Alcoholics

With the City's leadership role in planning and implementation of the Public Inebriate Project the first step has been taken in dealing with this difficult problem. The scope of services projected in this project are not going to be sufficient to even approach eradication of the problem. The City must maintain a leadership role in the field of alcoholic rehabilitation to ensure that Federal, State and private resources are made available in sufficient quantity to provide means for reasonable progress. As men more amenable to rehabilitation are moved out into the broader community, either in group living situations or living independently, the problems in the area will be reduced quantitatively but the harder core alcoholics who remain will present major difficulties that must still be dealt with. Special care should be taken so that all city funds directed to serving this population be deployed in such a way as to enhance the effectiveness of current service programs.

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Census Tract 51

Burnside Neighborhood

Census Tract 54

Lownsdale Neighborhood

LEGEND

- Census Tract Boundaries
- - - Urban Renewal Boundaries
- Neighborhood Boundaries

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DOWNTOWN PORTLAND
WATERFRONT AREA
SOCIAL SERVICES SURVEY

HUMAN RESOURCES BUREAU
July, 1974

INCLUDING:

LIST OF SOCIAL SERVICE AGENCIES
PROFILES OF SOCIAL SERVICE AGENCIES
INDEX OF SOCIAL SERVICES

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INDEX OF SERVICES BY TYPE

Alcoholics Anonymous - ACRP, DHDC, MTC, ARA.

Alcoholism Treatment - DHDC, USVA, SAHL, ARA.

Clinics - UIP, ASC, MTC.

Counseling - ACRP, UIP, MCMHC, DHDC, UGM, USVA, BPI, SAHL, MTC, OSDVR, PRM, HHI, NPARC, ARA, NARA, WTH, NWPP.

Hospitals - USVA, ASC.

Housing - ACRP, UIP, UGM, BPI, BHH, SAHL, MTC, PRM, HHI, NPARC, ARA, NARA, WTH.

Employment - ACRP, UIP, UGM, BHH, SAHL, MTC, CLO, OSDRR, NPARC, ARA.

Legal Aid - UIP, ARA.

Maintenance - USVA, MCPW, OSDVR, SSA, NWPP.

Medical Assistance - MCMHC, SAHL, BHH, HHI, ARA, MTC, ASC.

Personal Services - DHDC, UGM, BPI, PRM.

Religious Services - UGM, SAHL, PRM.

Transportation - NWPP, HHI.

PROFILES OF SOCIAL SERVICE AGENCIES

The following profiles give basic information for the major agencies offering services to the residents of the Waterfront area.

Annual budgets available for 16 of the 22 agencies total \$4,875,506.

Funding sources for these programs are as follows:

federal	- \$2,868,446
state	- 360,500
county	- 1,161,200
city	- 64,000
U.G.N.	- 47,700
private contributions	- 138,600
fees	- 138,760
other	- 96,300

Eight of the agencies tabulate clients by caseload rather than by visit, and carry a total of 4,636 (duplicated) cases. Twelve of the agencies count 1,819 daily clients (duplicated) with one or more services offered to each. Service figures were not available from two agencies.

Alcoholic Rehabilitation Association
807 S. E. 28th
233-1222

Annual Budget: \$128,300

Budget Sources:

State - \$50,000

Private Contributions - \$2,000

Fees - \$70,000

Other - \$6,100

Numbers Served: 45 daily residents

Services Provided:

Room and board

Physicians services

Counseling and referral

Job Counseling

Crisis situations

Family counseling

Legal problems

Eligibility Criteria:

Desire to remain sober

Capability to be self-supporting

Alcoholism Counseling and Recovery Program
1200 S. W. 7th
233-5888

Annual Budget: \$104,840

Budget Sources:

Federal - \$75,000 (NIAAA)

State - \$7,500

U.G.N. - \$200

Churches - \$100

Private Contributions - \$200

Fees - \$21,840

Numbers Served: 200 (average caseload)

Services Provided:

Counseling

Job Placement

A.A.

Housing for 15

Eligibility Criteria:

Alcoholism Problems

Ankeny Street Walk-In Clinic

104 S. W. 5th

248-3816

Annual Budget: \$771,000

Budget Sources:

County - \$771,000

Numbers Served: 865 services daily (duplicated count)

Services Provided:

Lab tests - 150,000

Immunization clinic

TB clinic - 21,503

Ambulance service

Community health nursing

Walk-in clinic - 18,000

VD clinic - 20,000

Eligibility Criteria:

County residency

Need

Blanchet House of Hospitality
340 N. W. Glisan
226-3911

Annual Budget: \$85,000

Budget Sources:

Private Contributions - \$45,000

In-kind - \$40,000

Numbers Served: 240 daily

Services Provided:

Meals twice daily - 350 per day

Health check

Residence - 70 per day

Job development

Eligibility Criteria:

Need

Burnside Projects, Inc.
523 N. W. Everett
222-9362

Annual Budget: \$35,500

Budget Sources:

City - \$1,000

Churches - \$20,000

Private Contributions - \$14,500

Numbers Served: 180 daily

Services Provided:

Counseling and referral

Nighttime shelter - 100

First Aid

Advocacy

Personal hygiene, clothing - 80

Recreational activities

Eligibility Criteria:

Need

Casual Labor Office

135 W. Burnside

229-5936

Annual Budget: \$29,000

Budget Sources:

State - \$29,000

Numbers Served: 20 per day

Services Provided:

Casual labor placements - 5,400

Agricultural workers - 15,000

Eligibility Criteria:

Persons seeking employment

David P. Hooper Detoxification Center

227 S. W. Pine

248-3770

Annual Budget: \$524,200

Budget Sources:

State - \$189,000

County - \$335,200

Numbers Served: 49 per day

Services Provided:

In-patient alcoholic detox

Outreach and follow-up

Delousing

Eligibility Criteria:

Intoxicated, needing and desiring detoxification

30+ days since last admission

Harmony House, Inc.

1925 S. E. Taylor

232-3448

Annual Budget: \$14,400

Budget Sources:

Fees - \$14,400 annually

Numbers Served: 12 daily

Services Provided:

Counseling

Transportation

Room and board

Medical services

Eligibility Criteria:

Self-supporting

Matt Talbot Center

222 N. W. Couch

222-2378

Annual Budget: \$15,670

Budget Sources:

Private Contributions - \$3,050

Fees - \$12,620

Numbers Served: 45 per day

Services Provided:

Counseling

Rooms

Employment Search

Medical clinic - first aid

Eligibility Criteria:

Need

Multnomah County Mental Health Clinic

104 S. W. 5th

248-3425

Annual Budget: \$110,000

Budget Sources:

State - \$55,000

County - \$55,000

Number Served: 741 open cases

Services Provided:

Counseling

Hospital follow-up

Screening

Medical supervision

Eligibility Criteria:

County residency

Need

Multnomah County Public Welfare

508 S. W. Mill

229-6810

Annual Budget: not available

Budget Sources:

Federal

State

Numbers Served: 868

2,169 - caseload in W. Side Office

35-40% on General Assistance

60-65% on Oregon Supplemental Income Program (SSI)

40% from Waterfront

Services Provided:

General assistance

Oregon Supplemental Income Program

Eligibility Criteria:

No residency requirements

Unemployable for 31 days

Native American Rehabilitation Association

3303 S. E. Division

233-7643

Annual Budget: \$81,250

Budget Sources:

Federal - NIAAA - \$81,250

Numbers Served: 241 annually

Services Provided:

Room and board

Counseling and referral

Eligibility Criteria:

Urban Indian population

N. Portland Alcoholic Rehabilitation Center

9731 N. E. 6th Drive

285-1752

Annual Budget: \$5,600

Budget Sources:

Private Contributions - \$400

Recycling Project - \$5,200

Numbers Served: 5 daily

Services Provided:

Room and board

Medical examination

Counseling

Job development

Eligibility Criteria:

Need

N. W. Pilot Project

1956 N. W. Everett Street
224-2640

Annual Budget: not available

Budget Sources:

Federal (OAA)

U.G.N.

Churches

Private Contributions

Numbers Served: caseload of 813

Services Provided:

Programs for aging - hot meals

Counseling

Outreach

Housing counseling

Transportation

Eligibility Criteria:

Need

Disabled

Elderly (65 years and older)

Oregon State Department of Vocational Rehabilitation

115 S. W. 4th

229-5055

Annual Budget: not available

Budget Sources:

Federal

State

Numbers Served: 300 - regular caseload

0 - from Waterfront area

Services Provided:

Rehab. training

Counseling

Maintenance

Eligibility Criteria:

Some kind of disability

Condition must be judged a vocational handicap

A reasonable expectation that the person will become gainfully employed

Portland Rescue Mission

111 W. Burnside

227-0421

Annual Budget: \$26,400

Budget Sources:

Churches and Private Contributions - \$26,400

Numbers Served: 97 daily

Services Provided:

Clothing and shaving - 7,800

Counseling

Religious services - 33,868

Evening meal - 35,232

Beds - 7,101

Eligibility Criteria:

Need

Salvation Army Harbor Light

134 W. Burnside

223-2043

Annual Budget: \$169,150

Budget Sources:

State - \$30,000

U.G.N. - \$47,500

Churches - \$14,000

Private Contributions - \$12,950

Fees - \$19,700

In-kind - \$45,000

Numbers Served: 220 daily

Services Provided:

Meals - 79,342

Beds - 36,807

Counseling - 15,951

Employment counseling

Religious services

Medical services - 810

Rehabilitation program - 466

Eligibility Criteria:

Need

Social Security Administration

1221 S. W. 12th

221-3413

Annual Budget: \$2,447,196 (case money - annualized)

Budget Sources:

Federal - \$2,447,196

Numbers Served: 1,323

zip code 97204 743

1/3 of zip code 97209 580

Services Provided:

Medicare

Medicaid

S.S.I. - Supplemental Security Income

Social Security

Eligibility Criteria:

Disabled (totally disabled and unable to work, and must last or expect to last for 1 year)

Blind (legally)

Aged (65)

Union Gospel Mission

15 N. W. 3rd Avenue

228-0319

Annual Budget: Unknown

Budget Sources:

Churches

Private Contributions

Fees - sale of souvenirs

Salvage Funds

Numbers Served: 41 daily

Services Provided:

Meals - 14,977

Room and board - 11,045

Emergency care

Counseling and referral

Employment in salvage work

Chapel

Eligibility Criteria:

Need

United States Veterans Administration

426 S. W. Stark

221-2431

Annual Budget: not broken down to provide relevant data

Budget Sources:

Federal - 100%

Numbers Served: not broken down to provide relevant data

Services Provided:

Hospitalization

Outpatient care at VA and at office

Casework support

Subsidy after hospital care

Eligibility Criteria:

Must be veteran

Urban Indian Program
1630 S. W. Morrison
248-4562

Annual Budget: \$328,000

Budget Sources:

Federal - \$265,000

City - \$63,000

Numbers Served: 150 caseload - unduplicated (2.2 services person)

Services Provided:

Clinic services - TB tests

Counseling and referral

Employment development

Housing location

Legal Aid

Eligibility Criteria:

Native American

William Temple House
615 N. W. 20th
226-3021

Annual Budget: not available

Budget Sources:

Churches

Private Contributions

Thrift Shop Revenue

Numbers Served: not available

Services Provided:

Counseling and assistance

Emergency Relief

Housing Referral

Advocacy

Eligibility Criteria:

Need

A

HOUSING STUDY

CONDUCTED IN

SOUTHWEST AND SOUTHEAST PORTLAND

(C.T. 53, 21, 11.01, and 11.02)

City of Portland

Human Resources Bureau

October 1, 1974

Background Information

In the waterfront area of Downtown Portland lives the lowest income population in the City of Portland. Income averages \$2,328 and \$2,162 per capita for Census Tracts 51 and 54 respectively during 1969. More than one-half of the residents pay over 25% of their income for housing (17% is the rent-income ratio for the City as a whole) and nearly one-third of the population pay over 35%. The housing stock in the area is being gradually but constantly eroded. The Burnside and Lownsdale areas have approximately 2,535 housing units renting at an average of \$38 per month (c.f., "Need for Housing North of Burnside," Portland City Planning Commission, December 1973). The vacancy rate was computed at 21% in 1971 (c.f., "A Profile of People Who Live in Downtown Portland," CH₂M, December 1971) and at 14% in July 1973 by the Planning Commission survey.

Target Areas

In an effort to identify other areas of low-income housing in the City and to collect information about total numbers of units, current vacancy rates and rent levels, a survey was conducted by the Human Resources Bureau in July 1974. Target areas for the survey included housing in Southwest and close-in Southeast Portland. These areas were chosen because of their proximity to the downtown waterfront area and because they do contain some low-income housing. For the purposes of the study, the Southwest Survey area was defined as all of Census Tract 53 -- bordered by Burnside on the north, Jefferson on the south, Fourth Avenue on the east and Twelfth Avenue on the west -- and a portion of Census Tract 52, between Twelfth Avenue and the Stadium

Freeway and between Burnside and Jefferson. The Stadium Freeway seems to serve as a natural boundary between neighborhoods. The area in Southeast Portland was defined by the Banfield Freeway on the north, the Willamette River on the west, Division Street on the south and Twelfth Avenue on the east. (See Map, p. 11)

In the Southwest area, the housing units are quite scattered, but there are concentrations in the Northwest corner (Block Group 1, western half) and the southern one-third of the Tract (Block Group 3). In the Southeast area, the housing is concentrated along Grand Avenue and with lateral extensions along Burnside and Morrison Streets.

Methodology

Survey information was obtained through interviews with all available hotel and apartment managers in the two areas, based upon a listing of all housing structures compiled from the 1970 Census, a housing survey list of Southeast Portland (1972) and a walking survey of the area. Of an attempted 46 interviews in the downtown area, 40 were completed. In the Southeast area, 32 interviews were attempted, but only 18 were completed.

In the Southwest area, four hotel structures, the YMCA and two apartment buildings have been closed and/or torn down since the 1970 Census. This reflects a net loss of approximately 349 units. In the Southeast area, from previous surveys of the housing stock, five multi-unit structures are no longer used for housing.

For the 20 structures for which information was not obtained through interview, a number of alternative sources were contacted. These included the Sanitation Department, the Fire Department, the Oregon Apartment Association, the Oregon Motor Hotel Association, the Creative

Outlet, the PACT Southeast Senior Center and the Multnomah County Assessment and Taxation Division, Commercial Section. None of these offices keep records along this line. The best source proved to be the Commercial Tax Assessment Office, from which was obtained the total number of rooms for each structure and, for those buildings recently assessed, a list of actual rent rates. This source provided rent rates and total numbers of units for seven southeast structures.

The face-to-face drop-in interview technique presented a number of problems. These included physical, linguistic and informational barriers, and a lack of willingness to cooperate on the part of some managers.

According to reports of people familiar with the area, the level of hostility encountered by the interviewer reflected the anxiety of managers subsequent to Chapter 13 code inspections. It also reflects the nonconforming conditions of some of the structures and the unwillingness of the managers to give out information that may cause them problems at a later date.

Findings

Based on the general assumption on the part of the interviewer of a distinction between hotels and apartments, the two groups were separated and analyzed. The difference between the groups was assumed to be that hotels and apartments serve different functions and, therefore, offer different types of facilities. The name of the particular structure was assumed to reflect this distinction and was recorded as such. Discussions with the managers verified this assumption. The hotels characteristically have few kitchen facilities, while bathroom facilities progressed from sink only at the lowest price levels, to

partial baths (sink and toilets) to full baths as the price rose. Most of the apartment units (about 95%) have full baths and kitchen facilities with the remainder being rented as sleeping rooms.

Southwest Portland

The 40 structures in the southwest area, for which surveys were completed, included 33 structures which rent units on a weekly and/or monthly basis. There were a total of 1,869 housing units counted in this category. The seven structures with day rates only were not computed in the statistics, as it was assumed that monthly rates for these units would be quite high.

The general appearance of the buildings - age, upkeep, cleanliness, etc., seemed to vary by price levels, location and by the hotel and apartment distinction. The apartment structures in the downtown area are nearly all located in Block Group 3, are generally in the higher rent levels and appear to be in better condition. The hotels in Block Group 1 and closest to Burnside, are in the lowest rent levels and appear to be the most dilapidated. In the area nearest Burnside, there is more of a variety of support services, i.e., laundry, restaurants, small grocery stores. The southern end of the survey area contains fewer of these types of facilities and more small businesses directed toward a younger population, i.e., small taverns and record shops.

In the southwest area, of the total 1,869 "permanent" housing units, 1,418 were in hotel settings and 451 were counted as apartment units.

For purposes of statistical analysis, the units were classified into categories of \$25 according to the rent ranges, with hotels and

apartments computed separately.

Table 1 shows total number of apartment units in each category, number vacant, number occupied, percent vacant and percent occupied and percent of the total inventory in each category.

TABLE 1 S.W. APARTMENTS

Rent Categories	\$25-49	\$50-74	\$75-99	\$100-124	\$125-149	\$150+	Total
Rooms		127	60	31	102	131	451
# Vacant		5	4	8	0	35	52
# Occupied		122	56	23	102	96	399
% Vacant		4%	7%	26%		26%	12%
% Occupied		96%	93%	74%	100%	74%	88%
% Total inventory		34%	16%	8%	27%	29%	100%

Table 2 states the same information for the hotels surveyed in the southwest area.

TABLE 2 S.W. HOTELS

Rent Categories	\$25-49	\$50-74	\$75-99	\$100-124	\$125-149	\$150+	Total
Rooms	308	607	186	30	82	205	1,418
# Vacant	43	80	18	8		20	169
# Occupied	265	527	168	22	82	185	1,249
% Vacant	14%	13%	10%	27%		10%	12%
% Occupied	86%	87%	90%	73%	100%	90%	88%
% Total Inventory	22%	43%	13%	2%	6%	14%	100%

Table 3 shows totals of the preceding information for all housing units in the southwest area.

TABLE 3 S.W. HOTELS & APARTMENTS

Rent Categories	\$25-49	\$50-74	\$75-99	\$100-124	\$125-149	\$150+	Totals
Rooms	308	734	246	61	184	336	1,869
# Vacant	43	85	22	16		55	221
# Occupied	265	649	224	45	184	281	1,648
% Vacant	14%	12%	9%	26%		6%	12%
% Occupied	86%	88%	91%	74%	100%	84%	88%
% Total Inventory	16%	39%	13%	3%	10%	18%	100%

Of the total 1,869 housing units, 1,418 were in 23 hotel structures. There were 169 vacant rooms - a rate of 12% over all the categories. The apartment units included a total of 451 units in 10 structures. (The tenants in one building are subsidized by the Housing Authority of Portland. Under this system, the units are rented at 25% of the individual's income). Of these apartment units, 52 were found vacant, a rate of 12%.

The hotel vacancy rates in the lowest rent levels did not seem to vary significantly between categories, possibly reflecting the necessity of maintaining a certain percentage of rooms for transient lodging at all rent levels. The categories under \$100 per month included 1,101 rooms of which 141 are vacant - a rate of 13%. The apartment vacancy rate is lower in the lowest rent levels, gradually increasing with price, except for the 102 units at \$125-\$149. The categories under \$100, including 187 rooms of which 9 are vacant, showed a vacancy rate of only 5%. This

factor possibly reflects general use by a lower income population with some occupancy by an upper middle income group.

Southeast Portland

In the southeast survey area, 783 units were identified in 25 of the 32 structures. There are no units in this area which rent on a daily basis. Information about 18 of these structures was collected by survey and data on the other 7 was collected from the Tax Assessor's Office.

In this area, the hotels are nearly all on the main streets, and the apartments are more scattered. The differences in geographical characteristics are not as easily separable as in the southwest area (The prevailing zone in the area is "M" and the community is in transition. New housing structures are not allowed).

Of the total 783 housing units in the area, 110 were in hotels, 613 were in apartments and 60 were in other types of structures (boarding houses, small multi-unit structures with no name, etc.).

Table 4 shows the total number of apartment units in each category, number and percent vacant, number and percent occupied and percent of the total inventory in each category. This data was only computed for the 18 surveys completed by interviews with the managers as they alone knew the current vacancy rates.

TABLE 4 S.E. APARTMENTS

Rent Categories	\$25-49	\$50-74	\$75-99	Rates N/A	Total
Rooms	85	178	199	69	531
# Vacant		14	25	2	41
# Occupied	85	164	174	67	490
% Vacant		8%	13%	3%	8%
% Occupied	100%	92%	87%	97%	92%
% Total Inventory	16%	34%	37%	13%	100%

Table 5 states the same information for the hotels surveyed in the southeast area.

TABLE 5 S.E. HOTELS

Rent Categories	\$25-49	\$50-74	\$75-99	Total
Rooms	26		84	110
# Vacant	5		9	14
# Occupied	21		75	96
% Vacant	19%		11%	13%
% Occupied	81%		89%	87%
% Total Inventory	24%		75%	100%

The number of units in other types of structures was 20, with only 4 occupied. This is a vacancy rate of 80%.

Table 6 shows totals of the preceding information for all types of housing units in the southeast area.

TABLE 6 S.E. HOUSING UNITS

Rent Categories	\$25-49	\$50-74	\$75-99	Rates N/A	Total
Rooms	131	178	283	69	661
# Vacant	21	14	34	2	71
# Occupied	110	164	249	67	590
% Vacant	16%	8%	12%	3%	11%
% Occupied	84%	92%	88%	97%	89%
% Total Inventory	20%	27%	43%	10%	100%

In the southeast area, the total number of rentable units counted in the 18 structures was 661. Of these 110 were in 2 hotel structures, with 14 vacancies, or a rate of 13%. The apartment units totaled 531, with 41 vacancies, a rate of 8%. The other structures included one boarding house with 20 units and 16 vacancies, a rate of 80%. There were no housing units in the area which fell into categories above \$100.

The hotel categories had consistent vacancy rates on each category, while the apartments were again more fully occupied at the lowest levels. This could reflect the necessity for hotel transient lodging and fairly heavy apartment use by a low-income group. It could also be stated that several of the structures in the \$50-99 ranges were undergoing repairs and some of the units were counted by the managers but were not actually rentable.

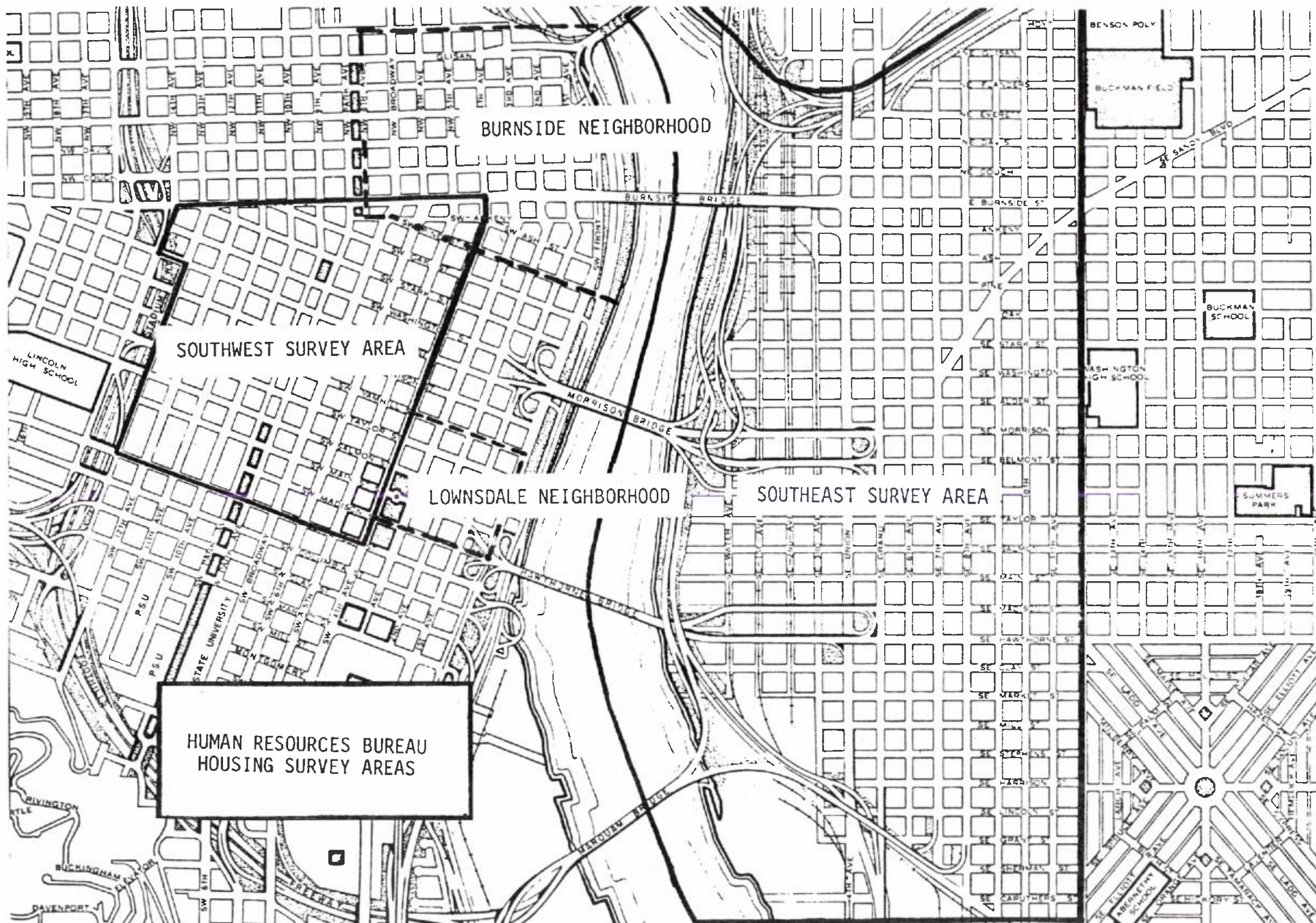
Implications and Conclusions

In the southwest and southeast areas included in the survey, there are few vacant units actually available to absorb any migration

from the Burnside-Lownsdale areas. The vacancy rates for the hotels in the areas are fairly consistent, between 10%-15%, possibly that percentage of the total reserved for transient lodging. The apartments in both areas are more fully occupied in the lowest rent levels, making it especially difficult to relocate more than a few low-income persons.

The rent levels in the areas are not comparable to those found in the Burnside-Lownsdale areas. As was previously stated, the average rent in the Burnside-Lownsdale areas is now \$38. In the areas surveyed, less than one-quarter of the total inventory rents at less than \$50. It is also significant that approximately 89% of the Burnside-Lownsdale residents pay less than \$50/month for rent. Along with the fact that over one-half the residents of Burnside-Lownsdale presently pay over 25% of their income for rent, it is probably that most of the persons involved would have difficulty relocating in the areas surveyed.

Another factor that should be considered are the attitudes expressed by some of the managers when informed that the survey was being conducted to collect information about the housing supply in the area if residents of Burnside or Lownsdale should be displaced. Several managers in the southeast area expressed a definite unwillingness to house these residents but also complained about having to raise room rents to cover costs of their repairs to meet the City regulations.



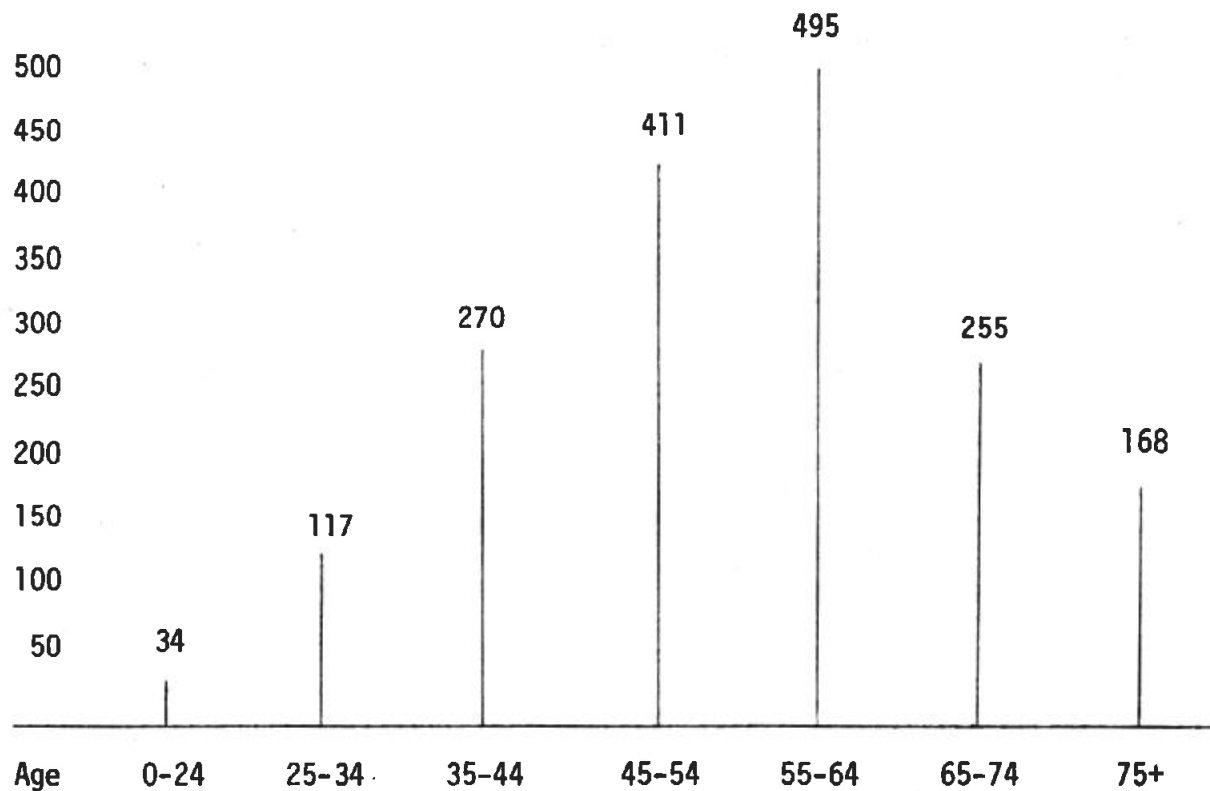
DEMOGRAPHIC DATA
CENSUS TRACTS 51 AND 54

Sources:

U.S. Census - 1970
Planning Bureau Study - 1973
Human Resources Bureau

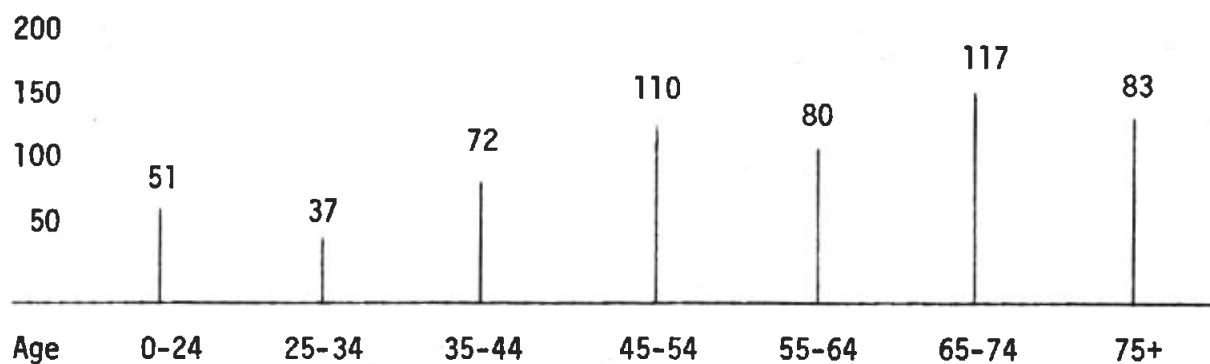
Contents:	<u>Page</u>
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1. Age Distribution - Burnside Area



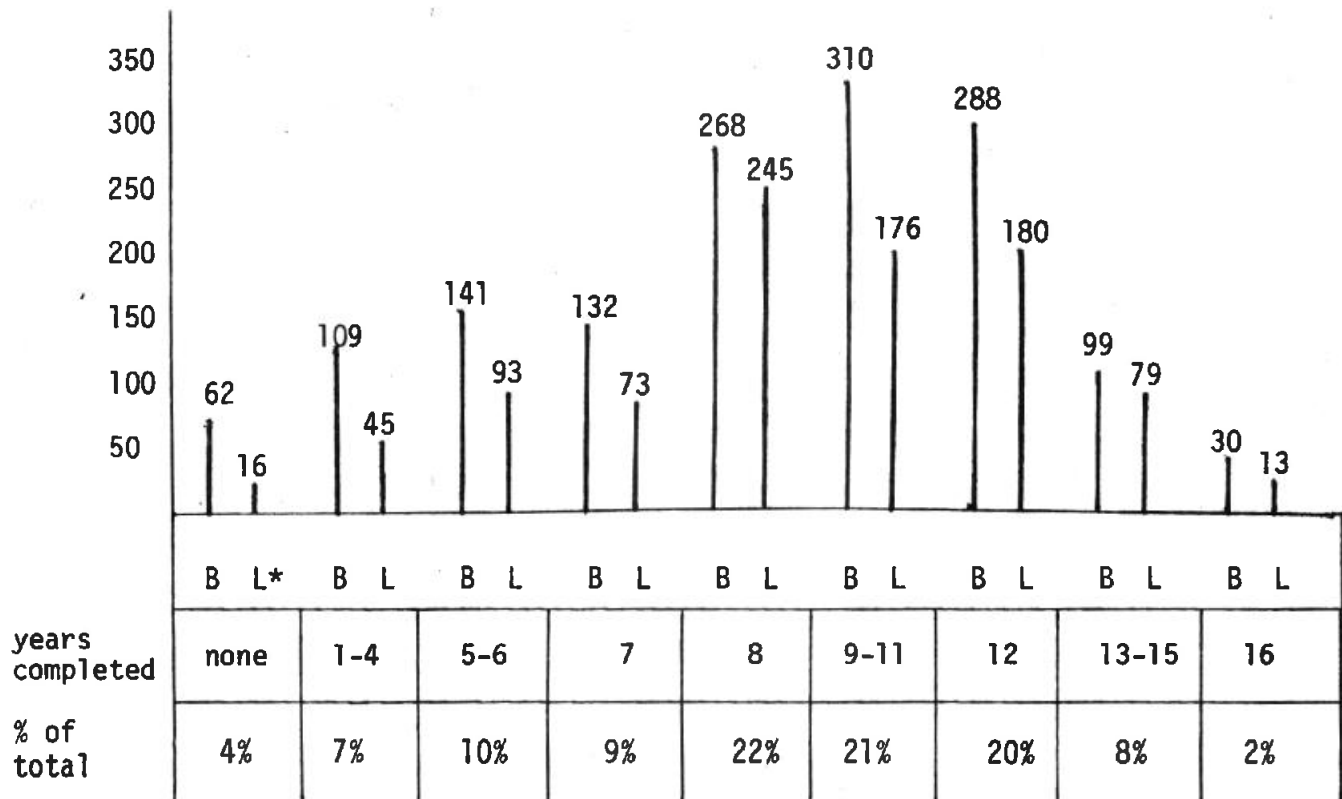
Average Age: 53.9
Source: 1970 U. S. Census

2. Age Distribution - Lowmsdale Area



Average Age: 54.7
Source: 1970 U. S. Census

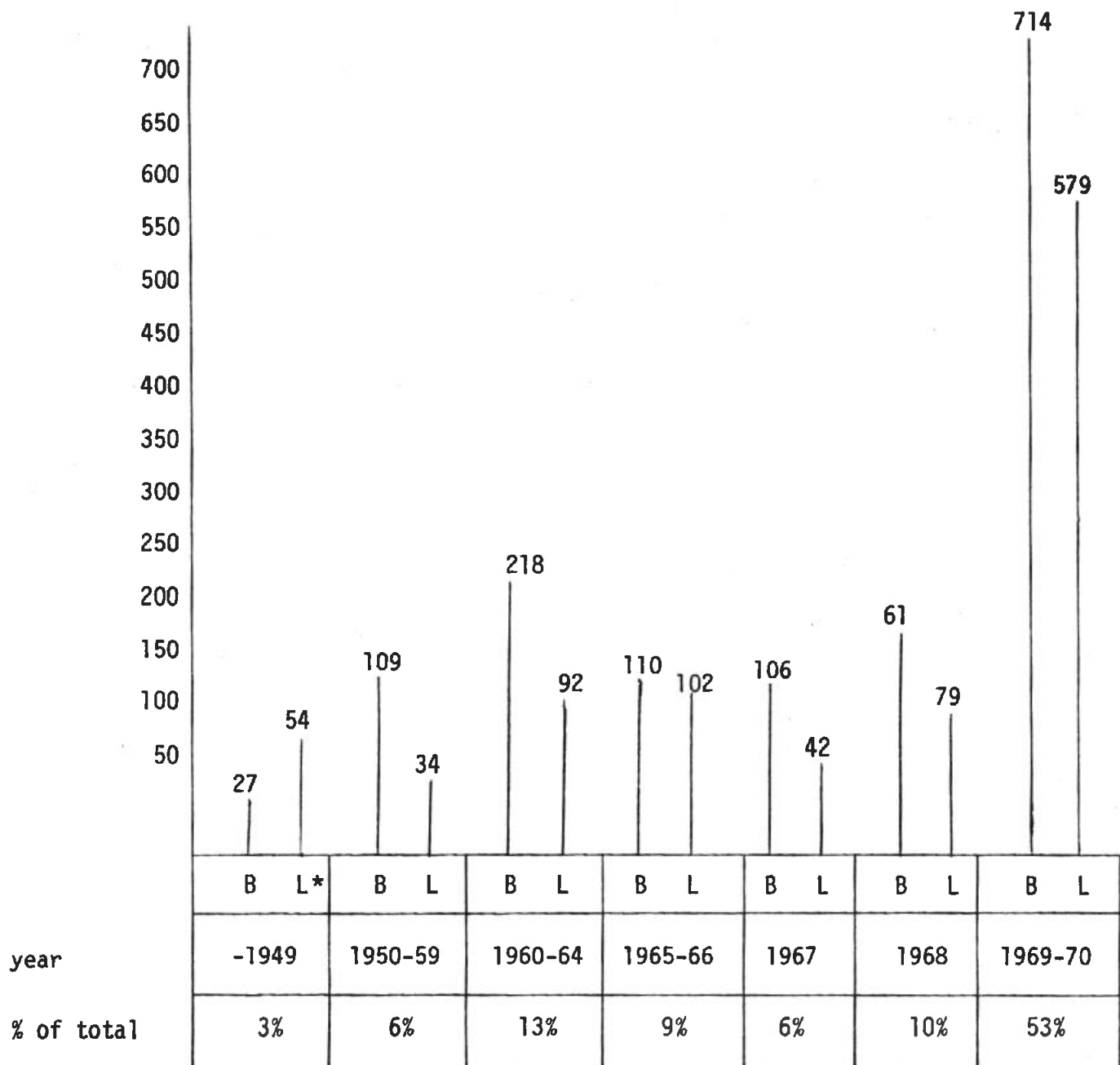
3. Education level/year of school completed



Source: 1970 U. S. Census

*B = Burnside Community
L = Lownsdale Community

4. Stability: Occupied units/year head of household moved in



Source: 1970 U. S. Census

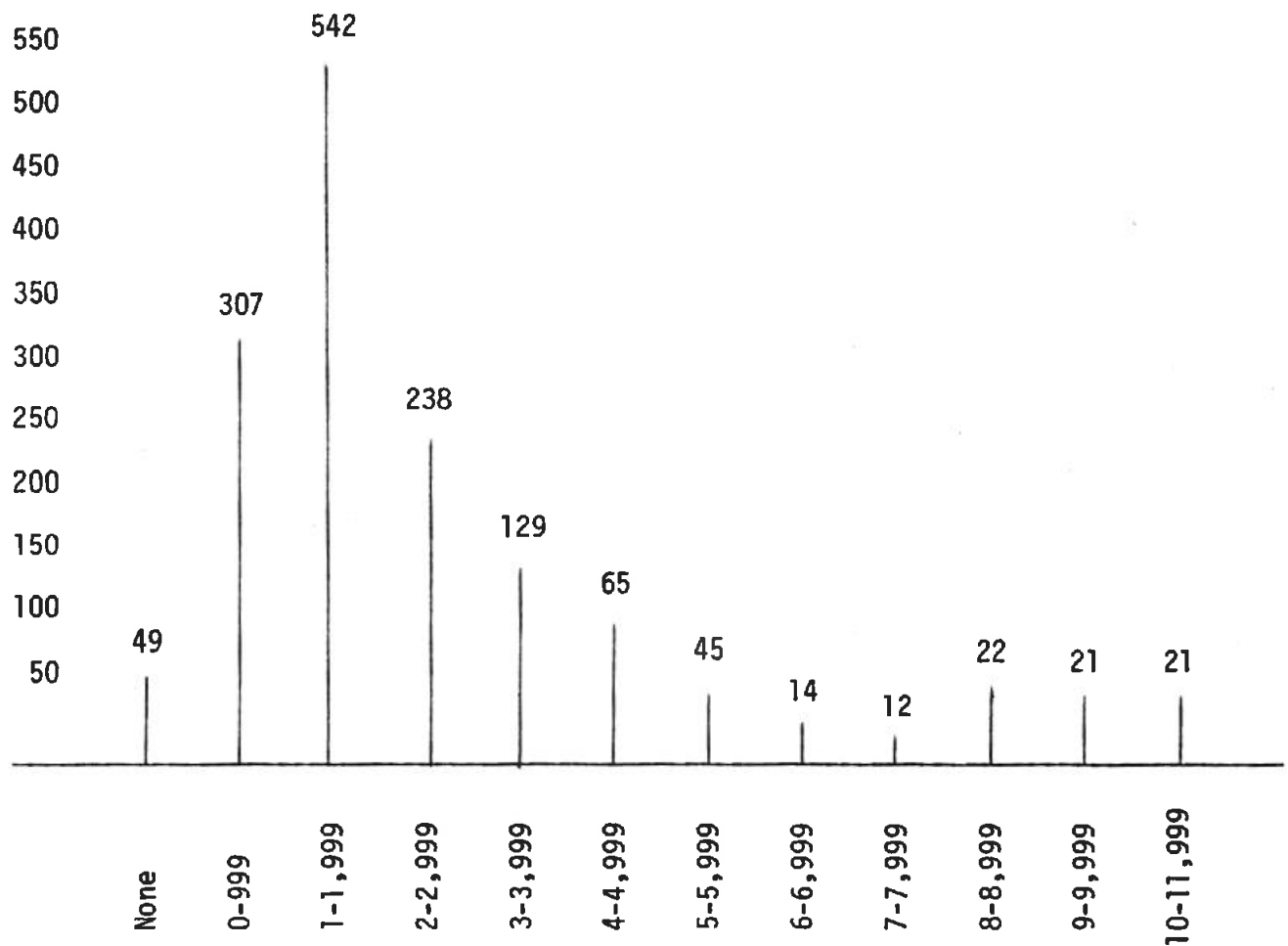
*B = Burnside Community
L = Lowsdale Community

5. Labor Force Status/Employment Status/Census Tract

	<u>51</u>		<u>54</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
In labor force, employed	654	45 (79% of l.f.)	264	27 (78% of l.f.)
In labor force, unemployed	176	12 (21% of l.f.)	75	8 (22% of l.f.)
Not in labor force/-65 yr.	335	23	398	40
Not in labor force/65+ yrs.	303	21	254	26

Source: 1970 U. S. Census

6. Income - Burnside Area

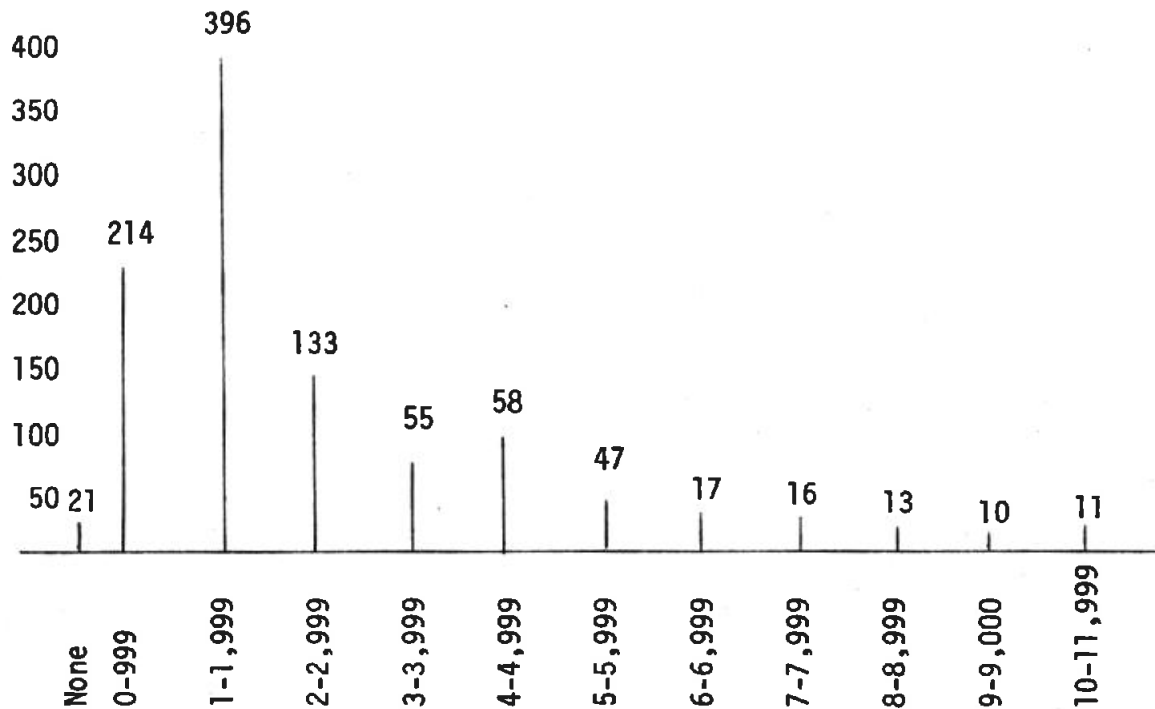


Mean Income - \$2,328

72.

Median Income - \$1,712

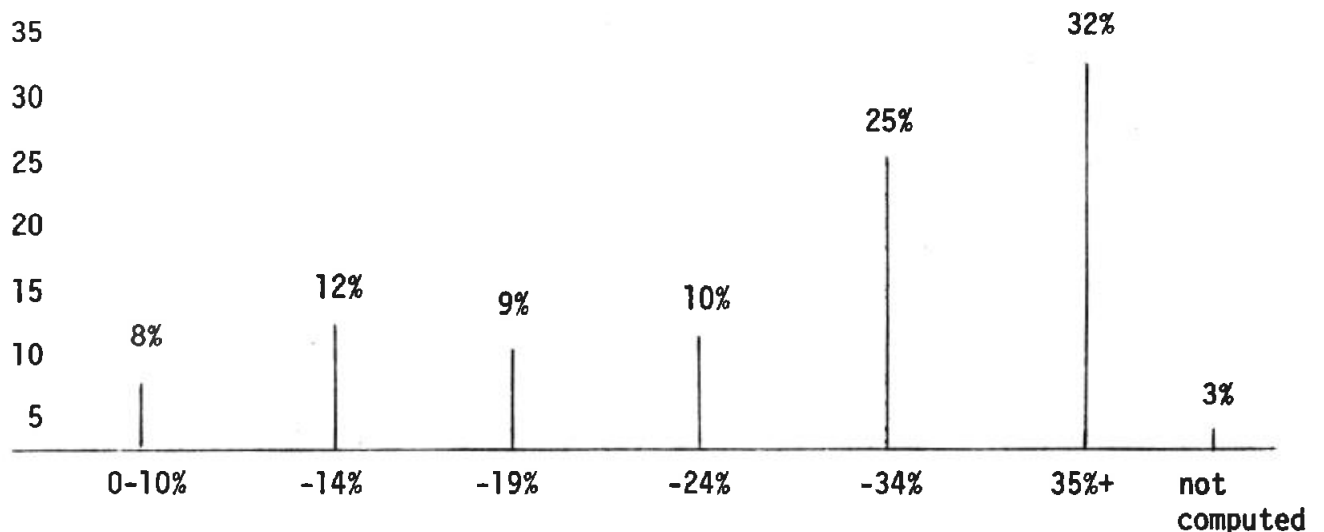
7. Income - Lownsdale Area



Mean Income - \$2,162
Source: 1970 U. S. Census

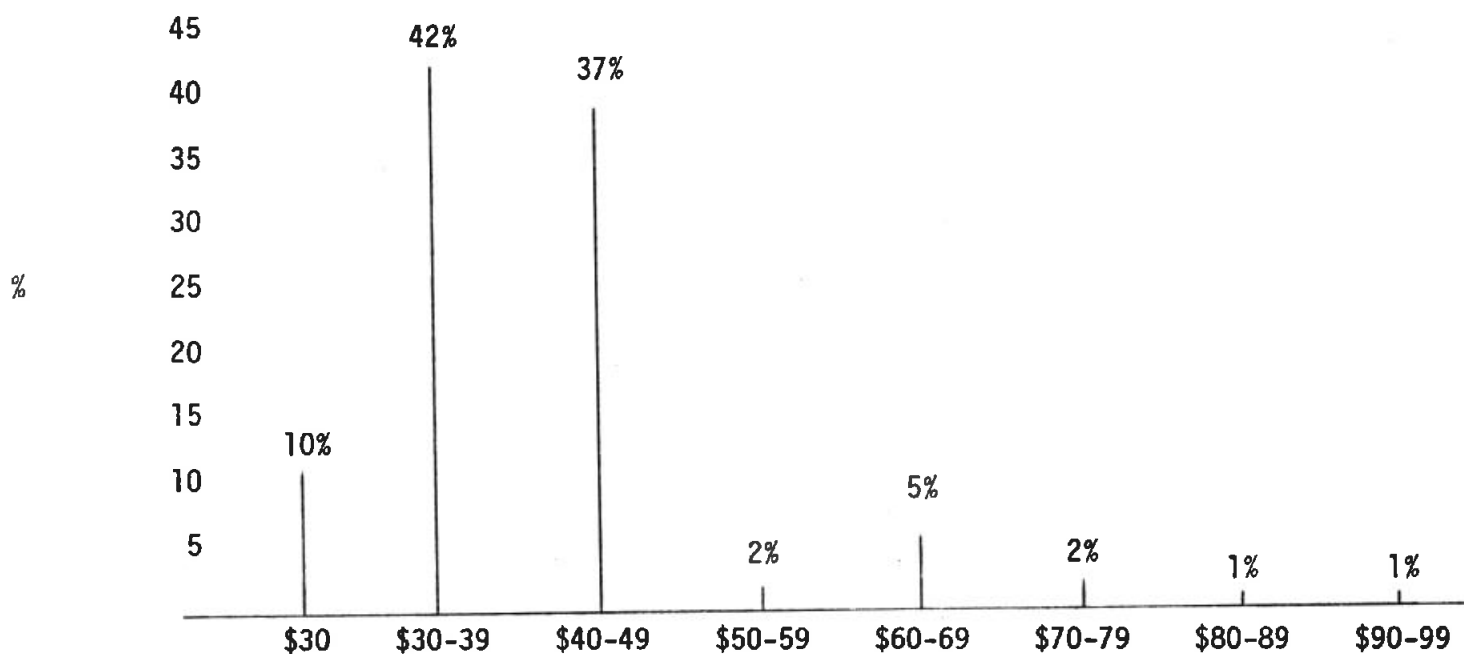
Median Income - \$1,641

8. Renter Occupied Units/Gross Rent as a Percentage of Income/CT 51 and 54



Source: 1970 U. S. Census

9. Renter Occupied Units/Gross Rents/CT 51 and 54



Source: 1970 U. S. Census

10. Living Arrangements

	<u>BEDS</u>	<u>OCCUPANTS</u>
Hotels	2,309+	2,063+
Group Quarters	226+	177+
Open Space		60*
	<hr/>	<hr/>
	2,535	2,300

+ Source: 1973 Portland Planning Bureau Survey

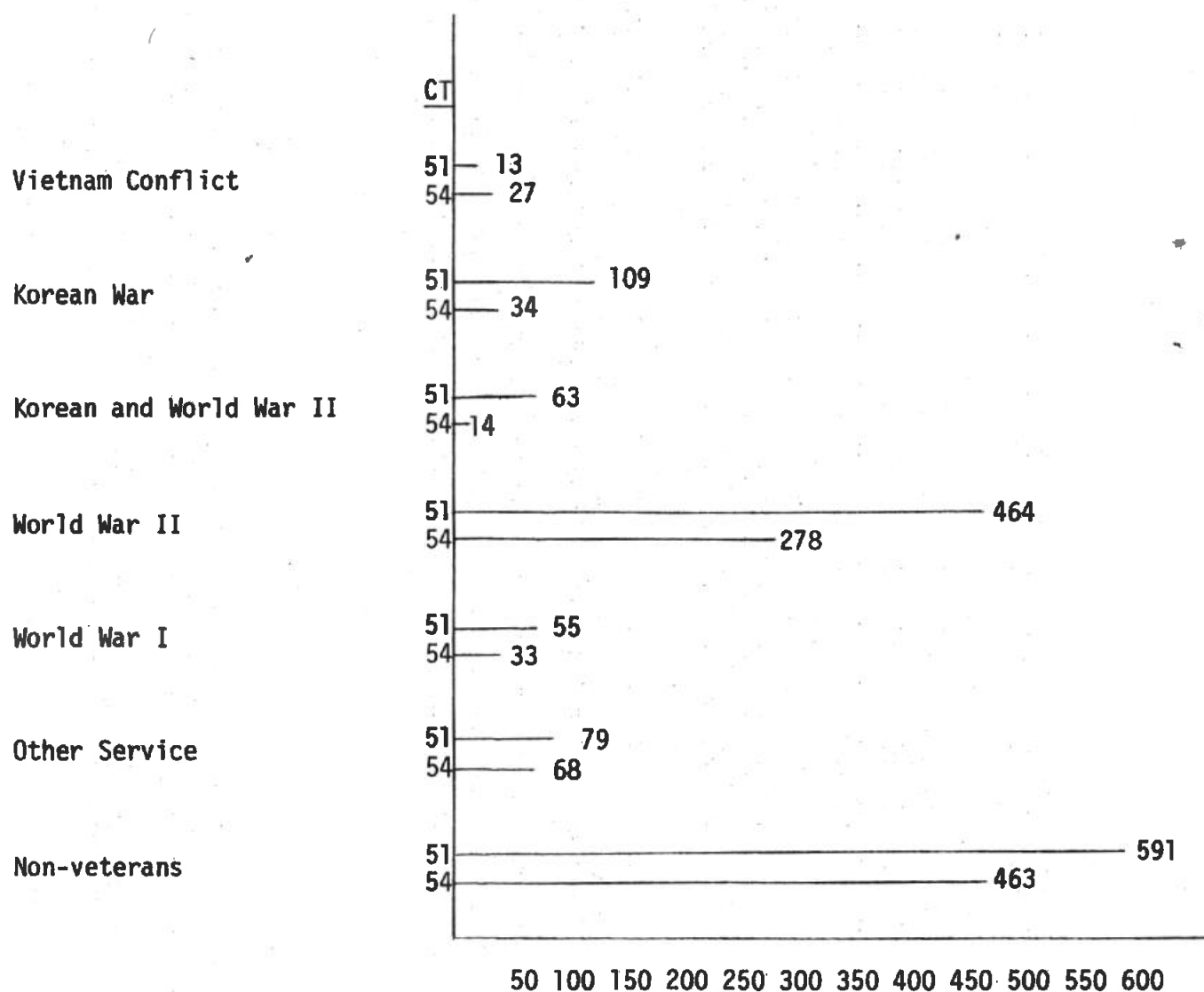
* Source: Human Resources Bureau Estimate

11. Racial - Ethnic Groupings

	<u>% of Total Population</u>	<u>Number</u>
Caucasian	77.3%	1,776
Black	6.4%	147
Indian	6%	138
Chicano	3%	69
Chinese	4.3%	100
Japanese	3%	70

Source: 1970 U. S. Census

12. Veteran Status/Census Tract 51 and 54



Total numbers tabulated:
 CT 51 - 1,374
 CT 54 - 917

Source: 1970 U. S. Census

PROJECTIONS FOR VOLUNTARY DISPERSAL FROM THE WATERFRONT AREA

In preparing a Social Policy Recommendation for the waterfront area in downtown Portland, the Human Resources Bureau has found it necessary to make projections for voluntary dispersal of the area residents. Information for these projections has been gleaned from the U. S. Census for 1950, 1960 and 1970, the City Business License Division, Bureau of Buildings, Human Resources Bureau and the Oregon State Employment Division.

Area Trend

Using the 1950, 1960 and 1970 Census data and extending these through a straight line projection, the population within census tracts 51 and 54 (the Waterfront area) will be reduced to 1,633 by 1980, 1,089 by 1990 and to 726 by the year 2,000. Table 2 following graphs the statistics for this 50 year period.

Indicators for Projections

From the data resources listed above was gathered information that would affect the dispersal trend. The circumstances listed are those that will have the most significant impact on the area residents and will most likely contribute to the accelerated dispersal of residents from the Waterfront area:

1. Normal attrition. From January, 1972 to April, 1974, 14 hotels in the Waterfront area containing 699 rooms went out of business. (Source: Business Licenses Division). This phenomenon alone is estimated to be an adequate base from which to project a continuation of the dispersal trend of the last two decades.

2. Code enforcement. The impact of Chapter 13 is still undetermined.

Only one hotel owner in the area has indicated a refusal to conform to Chapter 13 requirements. If he so continues, the hotel can be expected to close. It is reasonable to expect that some other hotels will be partially closed or converted to other uses to escape the conforming requirement.

The Uniform Building Code is reviewed every three years. Code restrictions can be expected to become more strict rather than more lenient, thus bringing about further construction of the Waterfront area housing supply.

3. Response to development. Renovation and new developments within the waterfront area have taken place at a rapid rate since midyear, 1972. As part of the Downtown Plan process, an urban renewal plan is being developed for the area. These developments have led to the departure of some people from the area. Social pressures opposed to the life-style of certain more visible residents within the area will tend to continue this trend.

4. Migrant loss. The summertime influx of agricultural workers has markedly decreased during 1973 and 1974. This has been a source of new recruits to the area in years past. The factors that have led to this decrease - increased costs of farm labor, increased use of mechanized harvesting methods and chemical weed control, general loss of migrant housing - can be expected to continue to constrict the flow of migrant workers.

5. Public Inebriate Program. The Public Inebriate Program, with its emphasis on alternate housing choices, will tend to disperse the area population into housing structures in various parts of the City.

For the purpose of these projections, these factors were weighted so as to determine their impact upon dispersal. Table 1 portrays the individual and collective impact of these factors.

Table 1 - Dispersal Factors & Estimated Impact

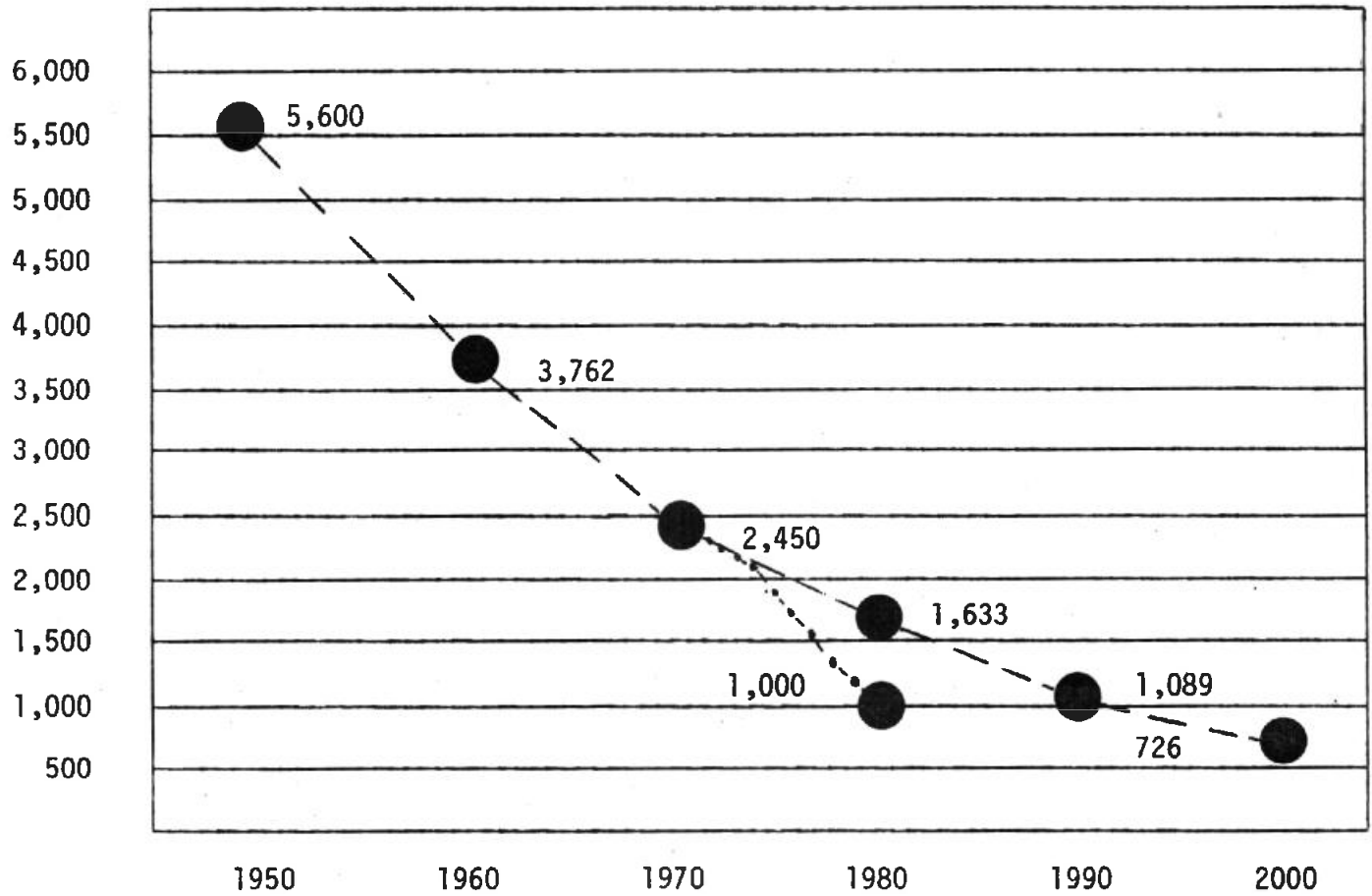
Figures indicate a decrease in the current area population

	1971	1973	1973	1974	1975	1976	1977	1978	1979	1980	Total
1. Normal Attrition	87	86	84	83	82	81	80	79	78	77	817
2. Code Enforcement			5	10	26	12	10	9	8	8	88
3. Response to Development			4	5	8	10	8	6	6	6	53
4. Migrant Loss			2	7	20	20	20	20	20	20	129
5. Public Inebriate Project					15	43	59	70	82	94	363
TOTAL	87	86	94	105	151	166	177	184	194	205	1450

Given the impact of these factors upon the current dispersal trend, it is safe to estimate that dispersal from the area will continue to accelerate so that by 1980 the current population within the area will be reduced to 1,000.

Extensions of the U.S. Census data project that this level of dispersal would not be reached until 1991.

Table 2 - Dispersal Projections for the Waterfront Area



KEY:

----- Projections from Census Data

..... Projections for Accelerated Dispersal

PORTLAND OREGON SKID ROAD PROJECT:

SOCIAL POLICY RECOMMENDATIONS

Prepared by:

Irving W. Shandler
Diagnostic & Rehabilitation
Center/Philadelphia

August 9, 1974

SUMMARY

My basic recommendation to the City of Portland is that they proceed with a three year plan that will result in the renewal of the Burnside area; the development and implementation of a comprehensive health, social and vocational service program for its residents; and concurrently a plan for special rehousing to be developed outside the Burnside area.

This recognizes the commitment on the part of the City administration with strong civic support. It also calls for a close working relationship with the County and State.

It equates skid road with a magnet that attracts and holds marginal men in a dehumanizing and emasculating way.

The suggestion is made that in addition to the service-housing system, the City needs to evaluate those businesses-institutions that tend to reinforce the skid road.

Finally, there is the recognition that a well defined and operated comprehensive program with special housing has proven to be successful in other areas.

MEMORANDUM

August 12, 1974

TO : Richard Brainard
FROM: Irving W. Shandler

Several months ago I was employed by the firm of Livingston and Blaney to assist them in preparing recommendations for a "social policy" as an integral part of their urban renewal plan for the Burnside area.

I have visited Portland on three separate occasions. During those visits I had the opportunity to meet with the Mayor, members of the City Council, key personnel from the State, County and City public agencies and representatives of a number of private agencies. There were also several meetings with various community groups.

Time was also taken for a tour of Portland's skid road and a chance to observe the men and to visit a number of the agencies serving that area.

Considerable material was sent to me by the most cooperative staff of the Bureau of Human Resources in order to provide some detailed data not available during my visits.

Finally I received and reviewed two major documents:

- 1) The Social Policy Report prepared by the Human Resource Bureau
- 2) Portland Public Inebriate Demonstration Program.

I was impressed by the similarities of the Portland skid road to other skid rows I have visited around the Country. Their problems are all fairly consistent. How those problems are approached is the uniqueness of each city.

While the experiences indicated above have given me a fairly

good picture of Portland's skid road, I recognize the inherent dangers of any outside expert who glibly makes recommendations that others might have to follow.

My report will cover a number of areas:

1. Statement of the problem and principle alternatives.
2. Observations of the Portland scene.
3. Reactions to HRB recommendations.
4. Data still required.
5. Recommended actions.
6. Appendices - Summary of reports previously submitted and same survey forms.

While a number of people and organizations have obviously had some input into this report the comments are my responsibility.

1. Statement of the Problem and principle alternatives --

The City of Portland has moved in the direction of reclaiming the Burnside area for urban renewal. It is properly concerned with the issue of the skid road men currently living there. While a number of alternatives have been presented, their number is really four.

a) the plans for urban renewal are stopped and the skid road is allowed to exist as it is.

b) the plans for urban renewal continue with an effort to maintain a clean skid row.

c) the plans for urban renewal continue, with no formal plan for the skid road residents.

d) the plans for urban renewal continue with a systematic timed plan for the destruction of the road and a comprehensive effort to relocate/rehabilitate as many of the residents as possible.

c) If for some reason the plans for renewing the area were

stopped, the road area would probably reclaim those men who have abandoned it. Equally important, attracting new services to work with the skid road population as part of a special project would probably not be successful. There would no longer be a rallying point and this population would once again become the low man on the totem pole -- the "throwaway adults." The City would lose the use of valuable land and the men lose perhaps their last opportunity for help.

b) The term "clean skid road" is an oxymoron -- they cannot exist. The blend of men and institution/business create a situation that discourages normal family living and commerce. In order to develop a "clean skid road", one needs a policy of comprehensive services to the residents and the elimination of the business/institutions that use the skid road men as their customers. If the services are provided and the skid road institutions eliminated, then you no longer have a skid road!

c) Perhaps the most disasterous alternative for the City is to let the natural economic forces do the job of urban renewal with the men being forced to scatter on their own to other parts of the City. Invariably that means a number of large incipient skid roads, influx of skid road institutions and continued deterioration of more neighborhoods. Most disasterously the welfare of the men would suffer.

d) For the benefit of both the City and the men, a plan or urban renewal with a timed plan for services and rehousing appears to make the most sense. The City should have the advantage of valuable downtown land. And, only if urban renewal takes place will the residents have the opportunity for some alternative life style.

2. Observations of the Portland Scene --

My earliest impressions and one of the major reasons I eagerly accepted the invitation to Portland, was that this City would be different in its approach to the urban renewal. There appeared to be a legitimate concern for the residents - unlike many cities that simply cleared the area with relatively little planning for the men. My original impression has not been changed, but some of my thinking has been modified by a number of forces at play:

- a) priority of action
- b) the democratic effort
- c) acceptance of limited goals
- d) governmental district
- e) restrictive welfare regulations
- f) question of firm, powerful leadership

a) While the Burnside project is important it is not necessarily a top priority. City government has the responsibility for the total community and priorities do have to be weighed. Only the Mayor and Council can decide the importance of reclaiming the Burnside area in a way that presents other skid roads from developing. Even with the full use of available resources some commitment of City funds will be required. This has to be a political decision in its purest sense.

b) Whether by design or accident the plans for Burnside have been made subject to review by a large number of individuals, agencies with vested interests and civic groups. Certainly citizens' participation is a critical ingredient but not necessarily citizen control. Irrespective of the final decision regarding Burnside, not everyone will be satisfied. The responsibility of the public offi-

cials concerned with the project is to recommend what is best for the majority. Agencies that have a historic interest in preserving their role need to be acknowledged but with proper perspective. There is also the danger of the well meaning, but ill informed self styled advocate who attacks change because "the men like it where they are." They challenge those who might offer some alternative and deny to the men on the road anything other than the continuation of an unhealthy, degrading life style. Their efforts to "protect" the men is really a "keep'em in their place - they are not worthy of anything better" concept. Urban renewal represents perhaps the last chance for many of these men to turn their lives around.

c) The early report to the City related concern about the physical condition, operating philosophy and cooperation of existing agencies on skid road. I recognize the role many of these programs have played in keeping men alive, but that is not enough! When programs do no more than reenforce weakness rather than improve strengths there can be no hope of substantial change in the direction of sobriety or rehabilitation. I recognize the political realities of dealing with many of these agencies. If they are not willing to work within an integrated system of services directed toward rehabilitation, they should not be supported as an integral part of the system. Too much political compromise can reduce the caliber of the program to a level where it is not very successful.

d) It is basic that no one agency can solve the problem of the men from Burnside. It is equally true that no one level of government can support or operate a single program to resolve the problems of Burnside. Clearly it requires the interest and cooperation of the City, County, State and Federal levels. With the Public Inebriate grant as a focus there appears to be enough interest on the part of

the County and State to add some of their resources to the service system. I am aware of the budget cut backs, but I am equally aware that there are enough mandated services operating so the diversion of some resources is not inappropriate. Certainly if discussions are held now for July 1, 1975 there should be ample time for planning. Once there is agreement on the part of the City, County and State that the Burnside program has to be a success, I am confident that the resources can be there.

e) Perhaps the most critical of the potential source of assistance to the Burnside program is that of public welfare. Unlike many states Oregon does not have a fully developed program of third party payments through Title XIX of the Social Security Act. These funds (medicare) are an integral part of paying for both inpatient and outpatient services. Of equal potential are the funds available under the Social Rehabilitative Services program. These are primarily federal dollars and the Burnside client is most appropriate as a service recipient.

f) Ultimately the project will fail or succeed based, not only on funding, but on leadership. The original concept of the "lead agency" was dropped due to a federal cut back in the public inebriate grant. The last plan called for the program to be run by the HRB and headed by a \$15,000/yr. director. If the program is tied into the bureaucracy with minimal flexibility and exposure the success of the project is in jeopardy. The Burnside project is unique in that it calls on a multitude of service resources, could involve relocation and certainly will be fair game for the media. Lots of critical public and private doors will need to be opened. This requires the project director of unusual political sensitivity as well as an awareness of the program objective.

3. Reactions to HRB Social Policy Recommendations.

In reviewing the recommendations for social policy prepared by the staff of the HRB, I have reorganized them into three areas: a) Cultural facilities; b) Services and c) housing.

a) The recommendation that an Asian-American cultural center be established in the area is inappropriate with respect to my comments. I would only assume that such a center would be inconsistent with a viable skid road.

b) The presentation of the various services by special category rather than as part of a comprehensive system appears inappropriate. Services for the alcoholics, the elderly, for employment and for recreation all need to be integrated within a broad equation of:

comprehensive services needed = services available + services to be developed. It is unclear what demands will be placed on "existing services" to improve not only their physical plants, but their level of performance.

When programs are developed with a broad base focussing on the services required by the neediest they can, by definition, provide service to those with more selective needs.

c) The critical issue in the recommendations is that of housing. There is vagueness about the development of "comparable units... elsewhere. It avoids the basic issue of both when and where. The retention of 2,300 units in the renewal area appears impractical. If the units are retained they should be brought up to code. Who pays for the improvements? If public dollars are used -- what funds are available for replacement housing? If the landlord has to raise the rent because of the use of private monies, will the men be able to afford the retained housing? I also dislike the term

"comparable units" because it suggests allowing the men to relocate in housing that is just as bad as those currently occupied.

If the housing is "retained" it means the perpetuation of the magnet of skid road. Certainly the supporting institution/businesses will not leave if their customers are still there.

I recognize that it takes time to develop replacement housing outside of the road, but the critical thing is to work toward some specific goal within a specific time frame.

4. Data still required -

Up to this point a great deal of gross data has been collected - but little directly from the men. Irrespective of the decision finally arrived at by the City, it needs to know the population about whom it has expressed concern.

Surveys can be completed with relatively simple questionnaires designed to produce as much data as required. The closer to a one hundred percent sample obtained, the more valuable is the data. The recruitment and training of people who know the area should not be difficult - particularly if the questionnaire is simply designed for check list responses. This also allows for easier coding, tabulation and analysis.

In addition to the basic demographic data there should be inquiry into the areas such as, but not limited to the following:

- length of time on skid road in Portland and in Oregon

- amount and source of funds received

- state of health - major problems

- current use of social-health-welfare agencies

- ability to work - type

- plans for relocation if Burnside "isn't available"

- family resources

- etc.

One of the important by-products of the personal interview is the opportunity to inform the man of his rights, urge him not to panic and prepare him for whatever program is offered.

A set of forms prepared by the DRC/P is attached and can be adapted to Portland.

5. Recommended Action:

1) The City of Portland develop a comprehensive system of medical-social-vocational and housing services that includes relocation services from the Burnside area; and 2) The City of Portland use its full influence to eliminate or redirect the activities of the business/institutions that reenforce the existence of any skid road.

After the collection and analysis of the data the City should have some understanding of its target population by age, race, health, income, relocation preference, etc. The information should allow for program modification to respond to the special needs of the men. It should not basically alter the general direction of my recommended action.

The following points are suggested as the program is being prepared.

1. Identify the leadership of the project - The project director should be hired as quickly as possible. He or she needs to have a real political sense as well as a appreciation of the program to be developed. If the salary of \$15,000. cannot attract the right person the figure should be raised.

2. Appoint an influential advisory committee that will give the project prestige and a base of power. Although the private lead agency concept appears impossible, it is critical to draw upon the leadership of the City to work with the program. Portland is noted for its citizen involvement and the use of a "mover and shaker" ad-

visory board to the Human Resources Bureau should be manageable.

3. As the staff is recruited they should be given two major responsibilities with the assistance of the City administration and the advisory committee.

a) orchestrative of the service system.

b) development of replacement housing.

Considerable time and effort has gone into the preparing of an inventory of the deliveries of service in Portland. Now their role as part of a coordinated effort has to be spelled out. The "public inebriate" monies can be used as a catalytic agent.

The housing is difficult to package and will require the special skills of the "movers and shakers."

4. The mass media should be involved as quickly as possible with a special effort to have them as allies. They can reenforce the uniqueness of the project. They can exert legitimate pressure on the various levels of government to insure their support of the program. They can educate the general community that rehousing of former Burnside men in a given area need not destroy that area. They can humanize the problem and have the total City share in its progress. They will "watchdog" the effort to keep the operation honest.

5. The program should have an "official" start with all components operating. The early days will reveal problems never thought of, but they do get resolved.

6. While the program will begin to show good results, it will not be a panacea. It will take time to work and many men will not be "cured" on the first effort. The funding agencies, City Administration and general community should understand this.

7. The control and prevention of the development of incipient skid roads must be the responsibility of the City, County and State

through their various departments of licensing, health, safety, planning, etc.

The basic recommendation appears to me as the only rational alternative if the City wants to redevelop the Burnside area and concurrently prevent other skid roads from forming. It is the most humane alternative and clearly the one that benefits both the men and the City. To do the job right however, will require strong political and civic leadership, good cooperation between the City, County and State and a position that minimizes compromise for what is less than desirable. With the three year public inebriate grant serving an impetus, the entire project could be completed within that time frame.

The critical issue relates to the development of special housing outside of Burnside. I do not pretend to understand the nuances of the housing problem in Portland, but I do know that if the "powers that be" view the rehousing and relocation of the Burnside men as a priority, the space and funding can be found. I am not suggesting a "hand out." The men should be able to contribute to the costs of rehousing through their employment, social security, veterans benefits or public assistance. Some subsidy may be required via Sections 23 units; the improved tax base in Burnside, etc. Most important the housing needs to be viewed as an integral part of the comprehensive service program.

As described in previous Reports the housing should range from independent living, sheltered boarding homes - small hotels through a domicilliary setting.

Without housing as part of the services system the value of the services is minimal. Without housing outside of the Burnside area there is no way to destroy the magnet of skid road.

Just as without housing the services are incomplete, without services the housing cannot be appropriately utilized. The network or system of services required are essentially available through existing mandated public services. The problem is to have them orchestrated in a way that gives special attention to the Burnside population. It will take some gentle persuasion to get the County and State to divert some of their resources to the project. I was generally impressed by the good will of those officials with whom I talked and I do believe they would respond to a well organized and operated three year effort.

The catalyst is, the alcoholism program - also described in previous Reports. The well defined services to alcoholics will also be able to provide medical, social, vocational and rehousing services to the non-alcoholic.

The numbers involved are not overwhelming. Not every one of the Burnside residents will take advantage of the programs. Some will do so only after some period of "testing" and still others will have to repeat some phases. The majority will try it and if the program is legitimate the grapevine will give it a solid endorsement and the program will be used.

The major philosophical obstacle to success would be a willingness to support programs that are not in agreement with the concept that the Burnside men are capable of a better style of life. But as the leadership of the City needs to examine the relationship between skid roads and the businesses/institutions located there, it is also critical that they look at programs that exist to perpetuate their congregation or customers. Programs do not succeed if they are operated by people who thrive on weakness and failure rather than the search for strength and independence.

These are not naive assumptions. In a limited way we have been able to demonstrate in Philadelphia what can be done. With a comprehensive program and special housing we are showing strong success rates. And as more housing is made available, more former skid row men are stabilized. With the exception of two buildings the Philadelphia row has been demolished and many new exciting buildings are now beginning to appear. It has been a long process and one that is not yet completed. Philadelphia did not adequately prepare sufficient special rehousing for the displaced men. Rooms were not enough. There were plenty of those on a scattered basis, but invariably the isolated men could not "make it". What we lacked was a network of special housing and domicilliary programs. As the housing became available, the ability of men to "make it" increased dramatically.

It would be my hope that Portland would not make the same mistake and plan for special housing early and as an integral part of the service system.

No man is born on skid road. He arrives there usually as a last resort. He tends to have a multiplicity of medical-social problems but he can be helped. Portland has a unique opportunity to not only beautify its city, but to help those in great need. A city is only as great as its sensitivity to those in need.

APPENDICES

- APPENDIX I - This paper deals with some historical perspective of skid roads and recommended program for skid road control and prevention.
- APPENDIX II - Detailed statement on proposed service program for Burnside residents.
- APPENDIX III - Examples of questionnaires for
(a) street survey and (b) basic intake form

APPENDIX I - Historical perspective of skid roads and general statement regarding skid road control and prevention.

Historically, skid roads have been an integral part of every major city. They developed as an inexpensive place to live and an area that offered anonymity. They tended to be tolerated because they were a ready source of cheap, readily available labor. Their existence was rationalized by a patronizing philosophy that suggested that the men really wanted to be there and that society needed a place - a geographic area - for these "throw away adults."

Skid roads are unpleasant and unhealthy. The buildings emanate the odor of despair and the flavor of death. There is no charm and little humor. It is a dirty, diseased, foul smelling place that becomes a living purgatory for those trapped by its system.

In essence, skid roads became a place where the aged, isolated, and ill came and became entrapped by the networks of institutions and businesses that interacted with the men to hold them in the area. These skid road businesses-institutions were the flop hotels, rooming houses, bars, missions, labor offices, blood banks, cheap restaurants, etc. (In this report the words business and institution are used interchangeably). This mix of men and institutions then interact to form a skid road. Both are required for an area to be so designated. Without the institutions the men cannot survive; and without sufficient numbers of men the businesses cannot continue to operate.

The recognition of this phenomenon is critical for any city that is viewing the social-physical problem of skid road - both as a geographic area and in terms of the people who live there.

The city then has to make a basic decision. Does it want to approach the question of skid road with a program of maintenance and reinforcement - a kind of clean skid road (which I view as an oxymoron) or does the city favor a policy of control and prevention? The "clean" skid road approach suggests the inevitability of skid roads; that government's responsibility is limited to keeping the men reasonably safe and alive - but out of the way of areas to be developed for housing or business. The ghettoization of skid road reinforces the negatives of a life style. When a man is labeled as undesirable and viewed as incapable of leading a healthier, more productive life, the tendency is for him to respond by playing out the roles assigned. It is a self fulfilling prophecy: I am on skid road; skid road is for bums; therefore, I must be a bum. This tends to produce the unwritten contracts between city officials, the institutions and the men, that sanctions an arrangement of quiet exploitation in return for minimal, contained standards of living. It is as though the city says, "don't let him die - but don't try to help him solve his "problems."

Obviously the men pay a price for this condition. Their problems are reinforced and tolerated as a kind of moral illness. But the city pays its price too.

Skid roads are uneconomical, unesthetic and inhuman. The city that tolerates these conditions does itself a disservice. My recommendation is a plan that calls for the control and prevention of skid roads. This policy has the advantage of offering rehabilitation assistance to the men while aiding the City in reclaiming potentially valuable real estate. It has the disadvantage of requiring time, plus the involvement of many public and private agencies and individuals. It is not attempting to hide or shift the

problem, but rather to develop a long term resolution of the problem. It is the only alternative that makes sense.

The approach is basically a three phase operation with programs and policies focusing on: the residents, the institution/business, and housing.

A. The program for the residents is basic to the effort. First, the target population needs to be more carefully defined. They cannot be viewed as the "pensioners" versus the "drunks." It is not the "good guys" vs. the "bad guys." The area should be viewed as a single entity. A significant number of the pensioners will have severe medical problems and many of the residents with alcohol problems will be bonifide citizens of Portland. It makes little sense to develop a service program that does not prepare itself to work with all the individuals from that area.

I am not familiar enough with the flow of transients or migrant workers into the Burnside area to know whether that constitutes a special problem. I do know that there is no experience to suggest that skid road men will flock from one city to another because a special service program exists.

The services need to be located on or near the Burnside area with a program and staff oriented to working with that population. But, it cannot be viewed as a limited, storefront operation. It must be operated with proper space, equipment and staff. (During my tour of the Burnside area I was tremendously impressed by the caliber of people working with the skid road man but I was equally depressed by the condition of the facilities.

The core of the program is the development of a responsible

"lead agency" to focus on the social-medical problems of the people of the area. My own experience and recommendation strongly suggests the development of a private, non-profit organization to serve as this lead agency. It is now my understanding that the lead agency will be the Human Resources Bureau.

A new agency would have been free of old ties and competing objectives. It could relate to the City, County, State and Federal levels of government without being controlled by any one agency. It could draw to its Board the critical leadership of the civic and business community to join those from the public agencies. The model of a private agency using public monies to meet a public responsibility has proven successful.

Even if the "lead agency" is part of City government, I would urge the development of a strong advisory board to assist the project.

The concept of "lead agency" is based on the theory that by designating a specific agency with specific charges and responsibilities its focus is undiluted. As the lead agency, it may perform certain operations and encourage other programs to perform related tasks. It is the responsibility of the lead agency to see that the job is done - by that agency or cooperating programs. The lead agency would in turn have fiscal and program accountability to the governmental agencies that fund the program.

Once some decision is made regarding the structure of the agency, the type of services to be provided need to be identified. It is important to determine if the needed services exist; have to be augmented; or need to be developed.

While not every person in the Burnside area will require all

the services listed below, the plan should be able to respond to those with the most complex problems.

Services should include, but not be limited to:

1. General Medical examination, referral and treatment - this includes screening for tuberculosis and other contagious diseases, malnutrition, diseases of the aging, etc. There is probably no more effective way to involve people in programs than to make a broad base medical program available. Almost everyone from that area will be "hurting" at some time and the relief from pain is a very real motivating force. The purpose of the program is to actively recruit clients from that area. The screening for contagious diseases is not only good public health, it is good political-public relations.

2. Special Alcoholism Services - Because a significant number of persons from the Burnside area appear to have a major problem with alcohol abuse, special attention needs to be given to that situation. A good alcoholism service network should include:

- a. emergency screening and referral
- b. inpatient detoxification (hospital)
- c. non-hospital detoxification (sub-acute)
- d. medical, psychological, social evaluation and referral
- e. inpatient treatment - short and long term
- f. outpatient counseling and follow-up
- g. vocational evaluation and training
- h. job placement
- i. legal advice
- j. housing - short term and permanent

Several of the above services already exist to some degree. They need to be expanded and coordinated. Many of the social,

psychological and vocational services are equally important for the non-alcoholic population.

3. Leisure time - recreational activities - For the old and the isolated the fear of loneliness is very real. Many "environmental alcoholics" no longer seek the bar or bottle gang if they can find safe, social activities as an alternative. Again, the implications for non-alcoholics are obvious. A program of re-socialization goes a long way in rebuilding personal dignity.

4. Food and nutritional supplements - While related to the medical problems of malnutrition, special attention needs to be given to making certain that healthy food and food supplements are available to the target population. It not only provides nourishment to people who need it, but serves as an effective "grabber" to get people involved in program.

The basic purpose of the service network is to get people involved in those programs that can help them make the most appropriate choice regarding relocation and rehousing. The efforts to reach out through medical care, day centers, etc. is not to coddle people. It is a vital series of first steps that are necessary to determine just how many people from that area can be assisted in "making it" on their own and how many will require additional, ongoing types of support.

For many people it will be their last chance to alter or reverse a style of life that is so degrading and dehumanizing.

Programs that deal with the rehabilitation of people do cost money. A network of services will need the fiscal support of all levels of government plus whatever help it can get from the private sector. However, considerable funding already exists under current operating budgets, e.g. County Health, State Vocational Rehabili-

tation. Some new monies are now coming to the State of Oregon as part of a federal block grant program in alcoholism. The approval via NIAAA, of a three year public inebriate project should serve as an exciting rallying point.

I am not familiar enough with Oregon's public assistance programs, but certainly Title XIX monies have been most helpful in other States by providing "third party payments" for medical care.

Some new, local monies will probably be needed, but the major program costs should be available from existing programs or readily attainable from federal programs.

The major problem is how the funds are packaged into an efficient program.

The target population is probably between 1500-2000 persons. An intensive three year project that focuses on the Burnside area should dramatically ease the personal problems of the residents and facilitate the implementation of whatever plan of rehousing the City chooses to follow.

B. As stated earlier, it is the interaction of the residents with the institutions and businesses that unite to form skid roads. The previous section began to explore a mechanism for involving the residents in a program that would improve their life style as an integral part of redeveloping the area in which they lived. The second half of the equation deals with the institutions and business community, i.e. flop hotels, cheap restaurants, missions, bars, blood banks, day labor organizations, etc. It is equally important for the City of Portland to have a policy position regarding these operations. If the approach is one of control and prevention of skid roads, then the City must make certain

that these operations which have historically drawn and held men to the skid road not be permitted to function as in the past. (While I have not spent enough time on the Portland Skid Road to determine the kind and degree of exploitation that takes place there, the experience of other cities strongly suggests that the residents of the area are relatively defenseless and "used" by the institutional/business group).

If the City has a plan that prevents the institution/business group from opening or operating in a specific geographic area, the City reduces the magnet that draws potential skid road men to the area.

With a concurrent policy that prevents large numbers of skid road men from living in a particular area, we have essentially destroyed the market for the institution/business. If it is not profitable for an institution to operate, it moves or goes out of business - be it flop hotel, bar or mission.

Thus, the plan calls for an attack on both of the interacting elements.

The policies of control are the specific mandate of the public agencies, i.e. Licenses and Inspections, City Planning, Health, etc. and cannot be delegated to any non-public agency.

Any position by the City needs to be carefully defined so as not to give the impression that it is anti-small business or even worse - anti-God.

There is ample experience from cities that allowed these institution/businesses to relocate without any control. In a most predictable fashion they became the nucleus of new skid roads.

It must be stressed that eliminating or refocusing the institution/businesses without an alternative is even more irre-

sponsible than allowing them to continue to function.

C. Unfortunately the image of skid roads tends either to glorify the existence as "the last vestige of American independence" or magnifies its physical dangers. Neither is true - the dangers that exist are primarily to the men themselves because of the high rate of diseases and illnesses plus the incredible psychic emasculation. Skid roads tend not to be physically dangerous, but the image is there. Violence does take place when non-skid road men come to the area to roll the men on check day. A new perspective of the skid road man is needed particularly as it relates to rehousing.

We live in a time of mass hysteria about deviants from the social norms. The recovering alcoholic, ex-drug addict, former prisoner, retarded child - all face uncertainty and usually hostility on the part of neighborhoods in which organized housing is sought. We should not expect the reaction to be too different in regard to the former Burnside residents. It does take some time and effort to help a community understand that their neighborhood is not "going to hell" because elderly, single men are living in their area. (I would suggest that the residents be referred to as men from the Burnside area and not skid road - the semantics are very important).

The type of housing and where it might be located is of course a local decision. It is not inappropriate, however, to suggest several types of housing modalities that might be investigated. These recommendations relate closely to the "housing needs" as identified in the suggested program of comprehensive services. They are: Temporary Housing, Transitional Housing, Special Board-

ing Homes or Small Hotel and Domicilliary.

Temporary Housing

The skid road alcoholic has the problems of other alcoholics and then some. This is particularly true when one looks at the area of housing. Nothing more graphically depicts the sordidness of skid road than the flop hotels, dirty rooming houses, and emasculating missions. While periodically a man may "carry the banner" or walk the streets all night, at most times his need for some type of housing almost matches his need for some type of alcohol. Therefore, any program that plans to work with the public inebriate needs to help him face and resolve the problem of housing. If the housing is on the road, the social contagion forces him back to drinking. If he is relocated away from the road and on his own, the loneliness and anxiety without daily support will drive him back to either alcohol and/or the road. Special housing then is needed at all levels of the program.

Temporary Housing is the type of facility that the "Y's" handle for some transients or those in need of a few days shelter before further plans can be implemented. It should not be used for those coming off the binge, but rather as a place where a man can remain for a few days after detoxification or while his medical-social-psychological work-up is being completed. It should be supervised to protect the residents. Low-key recreation and counseling should be included. The alternatives are commercial hotels that are too expensive and unsupervised or the skid road housing that can quickly destroy the man's rehabilitation efforts. Temporary housing also represents an alternative to the alleged role

that skid roads have to play. The roads should be destroyed, but some of these services must be replaced and improved.

Transitional Housing

The halfway house is similar in function to the temporary facility except that it should work for a fixed period of time with those coming from institutions back to the community. The population of the house should not be contaminated by those on the way from the community to institutions. The halfway house represents the pause after institutionalization just prior to the return to reality. The program should reflect this, with counseling around specific problems plus the support needed to help people re-enter a situation that was in part responsible for their problem.

Special Boarding Homes or Small Hotel

It is to be expected that a large number of alcoholics will "make it" only if they live in a minimally supervised situation. Special boarding "homes" would house 12 to 15 men, with a resident manager-cook. They should be scattered around the city in neighborhoods similar to the background of the men. They would be boarding homes and not identified as housing skid road men. Some of these men will work, and others will receive social security, VA benefits, or public assistance. The homes could be self-supporting except for the availability of counseling services and medical attention as needed. They should be coordinated through the agency responsible for the community comprehensive alcoholism program. These are not temporary, but permanent housing arrangements --- still respecting each man's right to choose his own place to live.

Domicilliary

All of the previously described were in the city and near "the action." Now we plan for those men who require special medical, social, and recreational services, for the man for whom all programs have failed. He can't "make it" with minimal supervision and needs to be away from the action for his own protection.

The domicilliary is a bottom through which no man would have to fall. Although the facility is primarily a one-way street, some men might in time leave it.

The program should have ample space and make minimal demands, at first, on the residents. Some experience suggests that after many months of minimally structured programs men thought of as hopeless do begin to function at a higher level and might be able to move to other facilities.

While some men can be helped to return to their family or live independently with friends or a live-in job, the majority of these men will need housing guidance. This flow of housing resources is another dimension of the treatment program. As that program needs flexibility and coordination, so does the housing component.

While I have used the term housing throughout the paper it might be better to coin the word "homing" to illustrate the intent of these facilities. A place to eat, sleep, and perhaps lounge around watching television is not enough - even with the assumption that the quality of bed and board are safe and good. The essence of the "housing - homing" program is the personal relationships that evolve. It is the importance of having someone worry

about you, or enjoying the luxury of worrying about someone else. It really means being alive!

The stress on the emotional overtone to the program also carries with it a strong pragmatic factor. The objective of the process is to assist the man's handling of his alcohol problem and to alter his life style so that it supports sobriety. Formal treatment can only go on for a limited amount of time. At some point, if successful, he must make it by utilizing his daily resources. Housing is the most critical of the resources and if he gains support - physically and emotionally - from his living arrangement, he is well on his way. Housing is then the longest-acting component of this rehabilitation plan.

Designing a system that delivers services to the Burnside man is relatively easy. Translating it into action is far more difficult. It requires the active support of the political and civic leadership.

rpd/

TO : Richard Brainard, John Blayne, Ira Blaylock
FROM: Irving W. Shandler
RE : Recommendation for Service Program - Burnside Area

The following section presents a more detailed statement regarding the recommended program for the residents of the Burnside area. The emphasis is on the major problem of alcoholism but should also be able to respond to the social-medical needs of the non-alcoholic. The key operational agency has been called the Portland Diagnostic and Rehabilitation Center - the P-DRC. The service elements discussed are:

1. Outpatient Care - P-DRG

Ideally, the clinic should be open 24 hours a day, 7 days a week. Referrals to this program can be drawn from the criminal justice system, community agencies and institutions, physicians, families, friends, etc. Most will be self referred.

The following services need to be offered;

a) Initial Medical and Social Screening. Client is seen by a physician and a counselor to determine immediate needs. (It should be noted that during those hours when no physician is on premises, clients can be transported to one of the Emergency Wards of cooperating hospitals.

(1) If client is in need of inpatient detoxification services, transportation is provided to one of the cooperating hospitals. Staff contact is maintained during client's hospital stay so that reinvolvement with program can be made post-discharge.

(2) If client is not in need of hospital care, but simply needs a temporary supervised environment he is transported to the Non-Medical Detoxification Unit of the Intermediate Care Residence. (If both programs are in same physical plant as recommended).

(3) If client is sober, intake is completed and direct assignment to a counselor is made.

b) Diagnostic Evaluation. It is the counselor's responsibility to arrange for a complete diagnostic evaluation (social, medical, psychiatric and psychological). It should be noted that if no appropriate housing is available to the client in the community, the counselor has the option of transferring the client to the Intermediate Care Residence. This allows for a more protective setting during the diagnostic phase.

Based on the results of the evaluation a treatment plan is recommended to and discussed with the client. This plan might involve referral to inpatient treatment and rehabilitation programs, to continued outpatient care at DRC, to a Sheltered Boarding Home or to some combination thereof.

c) Individual Counseling. These services are available throughout the diagnostic phase as well as being a part of continued outpatient care.

The role of the counselor is that of case manager. It is his responsibility to see that a complete evaluation is made and that recommendations for treatment are understood and acted upon by the client. In

addition he makes sure that progress notes are maintained on all aspects of service and that all records are transferred to the agency's Evaluation Services.

He also works with family or friends, when appropriate, and involves and relates to whatever other community agencies are required. In addition to direct counseling services, he also participates in group activities.

d) Group activities. These involve, educational, therapeutic, recreational and AA modalities.

- (1) Education Groups - (5 sessions weekly) These groups are not essentially therapy. There is very little interaction among the clients, the construct is more a didactic lecture with a questions and answer period at the end.

Education I. Deals with alcoholism, the illness from a recovered alcoholic's point of view. The concept of a total, progressive, terminal illness with practical aspects of identification are discussed here.

Education II. This is a discussion of the chemical ethalcohol, considering it as a mild tranquilizer on up to a heavy narcotic, depending on dosage and tolerance.

Education III. Here, recovery is considered along with obvious alternatives; again from a recovered alcoholic's point of view. They discuss exactly what a recovery is, and what kind of treatment is available to achieve

this on an individual basis.

Education IV. The dynamics and psychology of the alcohol addictive process and recovery is the main theme. Why therapy? Why group Therapy? Why A.A.? What is treatment? What is recovery? All these questions are dealt with here.

Education V. All the medical aspects of alcoholism and recovery that are appropriate for client understanding are discussed by a lay audience. A physician develops the concept that alcoholism is a progressive but treatable illness.

NOTE: Education I, II, III, IV and V are prerequisites for entrance into Therapy I, and the counselor who leads Therapy I assigns the clients to that group.

(2) Therapy Groups.

Therapy I (15 sessions weekly). This is the beginning of real therapy, although it is fairly light and not intensive. The counselor-therapist has already seen the clients in this group on an individual basis and as a result some rapport has been established. As effort is made to tie in the educational information to some kind of personal consideration and identification for the client. There is a small amount of interaction encouraged by the therapist. The goal of Therapy I is to establish some group and indivi-

dual identification with alcoholism the illness. A secondary gain is an understanding that, on an individual basis, alcoholics have severe emotional problems that can be dealt with if some continuing treatment is followed and if total abstinence is maintained.

Therapy II. (9 sessions weekly) The depth of intensity and insight is greater than in Therapy I. There is the beginning of some group identity, and the attempt to explore solutions for specific emotional problems.

Therapy III. (8 sessions weekly) These groups are as intense and as deep as we can therapeutically pursue here on an outpatient basis. There are semi-demands made on individuals to commit themselves to behavioral changes deemed necessary by the group, and the client's entire life-style comes under review here. Emphasis is still placed on the fact that the use of alcohol will destroy the healthy new learning experience of therapy, and there is a maximum of interaction with some secondary identification resulting. Gentle but firm confrontation is employed although all "attack" techniques are avoided.

Reality Plus Groups. (8 sessions weekly) This is a group designated for alcoholics who have limited capabilities for recovery, and for whom insight and personality growth treatment is not appropriate. These limits might be either physical, emotional, or some combination thereof. The goal of therapy here is to deal directly with reality problems in order to achieve some better

life style while not drinking.

- (3) Recreation. One evening per week films are shown and a variety of games (Bingo, etc.) can be planned and supervised.
- (4) A.A. Groups. There should be two scheduled meetings every week.

There are the services that should be provided at the clinic yet it must be noted that part of their effectiveness is due to the conditions under which they exist. There can be no waiting lists; access to entry and re-entry into the program is immediate. The atmosphere is warm, the staff sensitive and skilled.

The more tangible ancillaries include provision of transportation, food, clothing and other related client needs.

2. Outreach.

Although Outreach services should be administratively based at the Clinic, it is a unique function and perhaps most reflective of the recommended program's basic philosophy. That is to say it operationalizes what has been paraphrased as "the continuity of our caring."

Field counselors provide services on the streets, at police districts, prisons, at hospital detox units and at sheltered boarding homes. Some of these are permanent staff assignments, some are rotating. All staff however have one purpose, and that is to involve, reinvolve or maintain the client in an on-going program of recovery.

Outreach staff also play a critical role in maintaining contact with the police district, courts, Legal Aid, probation and parole,

prisons and a variety of health and welfare agencies and institutions serving the Burnside community.

3. Intermediate Care.

The Intermediate Care Residence has proven to be one of the most vitally needed components of a total program. This residence serves both males and females and has two distinct functions.

- a) non-medical detoxification services for clients who do not need hospital care but need a protected and supervised setting in which to "sleep it off." This unit should house from 10 to 12 beds.
- b) extended evaluation services for clients who need a protected setting during the period they are undergoing a complete diagnostic evaluation at the Out-patient Clinic. This setting allows for 24 hour observation and evaluation at the residence and also serves to motivate and prepare clients for a more intensive treatment experience in another setting, whether on an inpatient or outpatient basis. This service should have a 40 bed to a 48 bed capacity.

Food, clothing and other client needs are provided. Individual counseling services and recreational activities are available on a daily basis.

In addition, there are groups that meet weekly. These include daily Education and Orientation groups, AA meetings three times per week and "Reality Plus" therapy groups. All such activities are geared towards newly sober clients who are in motion toward

some other more intensive treatment after evaluation has been completed, or to some other more permanent housing..

4. Inpatient Rehabilitation.

Referrals to inpatient care are made only after thorough evaluation at the Outpatient Clinic, and involve only those clients who evidence some degree of motivation and capacity for intensive treatment. Such persons may have stayed for some time at Intermediate Care, however, the point of referral is always the Outpatient Clinic.

The backbone of the recommended treatment program is group therapy, supported heavily by individual counseling, lectures, films, recreation, vocational counseling and AA meetings.

The sixteen week program is divided into three phases. The first six weeks is defined as the "basic" program. During this phase there is a staff administered antabuse program. Clients do not work at all for these first six weeks. They attend three group sessions a day, six days a week with an AA meeting only on the seventh day. A schedule following the 12 Steps of AA by way of lecture-discussion sessions deal with two steps every week. At least one session each day is a group therapy session. Other sessions offer appropriate films, tapes, and the therapeutic use of our own video equipment.

Counselors carry caseloads and see each client twice a week on an individual basis. Clients retain the same counselor for the entire sixteen week stay in an effort to individualize the program for each client. Household and maintenance chores are assigned to each client daily for this six week period, and are supervised by the residence manager.

There are two in-house AA meetings. Evening group therapy held on other days, sessions conclude at such a time that clients can leave the house and attend local AA meetings.

The second six weeks is the intermediate portion of the program when client can start work on a part-time basis up to four days a week. On those days when a client does not work it is mandatory that he attends the scheduled therapy sessions at the house and even on days when he does work one session per day will be required as directed by his individual counselor. It is at this time that a client assisted by his counselor, and the residence manager can start a very gentle exit procedure. The client must establish four things before discharge.

1. A reasonable place to live.
2. Contact with an AA group in the same area in which he will live.
3. Local AA sponsor.
4. A full time job.

The final four weeks are seen as an exit procedure when a more concentrated effort is made to become established apart from the House and work increased to full time.

During this final phase, work is increased to full time, more and more time is spent at his newly established residence, and full involvement with outside AA group is required.

Termination of Antabuse is arranged on an individual basis some time after the first six weeks of the basic program. This is done with the combined judgement of the client, the physician, and his counselor. This is not a minor decision, it is made with the survival of client in mind, but is considered for almost every client sometime before discharge date.

All graduating clients are asked to return to a follow-up group on a once a week basis either at the treatment center or the DRC. All clients, graduates or not, are invited when they are sober to attend the in-house AA meetings.

5. Hospital Detoxification.

These services should be provided through affiliate agreements with hospitals. The hospitals should have special detoxification units and offer a combined total of approximately 40 beds. Average length of stay on these units is 5-7 days.

P-DRC's Field counselors would be assigned to each of these units in an effort to motivate clients for continuing treatment and to provide all non-medical services, (individual and group counseling, post-discharge planning and transportation, etc.). In addition they would consult with hospital staff regarding any continuing medical care which may be recommended and see that these recommendations are conveyed to the client's counselor at P-DRC's Outpatient Clinic.

6. Sheltered Board Homes (SBH)

These services are provided through an affiliate agreement with the appropriate housing corporation.

The Sheltered Boarding Home's primary source of referral is the DRC. The units would house numbers consistent with the licensing of each facility.

All referrals for these units are screened through the Outpatient Clinic, even though clients may have been involved with other elements of the program for varying lengths of time. The outpatient clinic also serves as an important back-up resource for these persons.

P-DRC's Field staff provide services to all these units with a view towards maintaining clients in a program of recovery.

AA meetings should be held weekly at these units and therapy groups run three times per week. Drinking episodes should be handled by temporary transfer to the Intermediate Care Residence. This is consistent with the view of ensuring continuity of care and of enabling clients to have immediate access to another part of the treatment system.

Referrals to these units involve only clients who have been economically stabilized (employment, pension, welfare, etc.). Clients should pay to the Housing Corporation a reasonable sum for room and board - again based on size of facility, cost of operation, subsidy, etc.

In summary, these units provide a graduated move towards independent living. They provide a comfortable and supportive environment for those men who are not fully prepared to return to independence in the general community.

7. Domiciliary.

For those men who cannot "make it" in the community on their own or with the sheltered boarding home. It is critical that a domiciliary program be established. This quasi nursing home - intermediate care facility must be a base below which no client can be permitted to fall.

Continuity of Care.

All service elements of the program, as well as those provided by other community agencies and institutions, must be carefully coordinated through administrative and case-oriented liaison activities.

The Outreach Services previously described provide the primary mechanism for ensuring that clients do not get "lost" in the system. However, it should be noted that the DRC administration must assume

a great deal of responsibility in maintaining working ties with such key agencies as the County, Human Resources, Vocational Rehabilitation.

Staff Training.

In-service training should be provided on an on-going basis. All client-related staff need to be involved in this program, although counselors are provided more intensive training around diagnostic and therapeutic skills. Key members of the agency's medical, psychology and social service staff should provide this training. In addition, the agency needs to maintain an excellent staff library in the field of the alcoholism, skid row, problems of the aging, etc.

Program Evaluation.

Information needs to be collected daily on all client services and an accounting of these services is made to the designated, responsible agency(s) on a routine basis. A mechanism should be developed to measure achievement against stated goals.

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