

**MAKING A MATCH:
FINDING THE RIGHT NEIGHBORHOOD FOR A FAMILY DRUG
CRISIS CENTER**

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INTRODUCTION

This report describes how the Vera Institute of Justice selected a site for its Neighborhood Family Drug Crisis Center, and what we learned along the way.

The objectives of Vera's demonstration project are to respond to indigent families with drug-addicted relatives, to increase the effectiveness of existing non-residential and post-residential treatment programs for neighborhood residents who are involved with the criminal justice system, and to make better use of the extensive resources now devoted to impoverished substance abusers by the criminal justice and health care systems. We expect to improve the effectiveness of treatment by working with addicts' families, and thus help redirect some criminal justice and health care resources.

Our objectives dictated the criteria that our site had to meet. The site had to be a major consumer of criminal justice resources. It had to be permeated by substance abuse, and the substance abuse had to be by residents, not outsiders. The neighborhood had to show tangible evidence of the harmful effects of drug use on families: Crime such as theft and domestic violence, and drug-related health problems related to substance abuse, should be pervasive.

To give a fair test to our demonstration, we sought a community with strengths as well as needs. We looked for a neighborhood which had institutions and programs in place to address the myriad problems that arise for families and friends of addicts, particularly addicts in trouble with the law. The Center cannot solve these problems alone; it has to rely on local partners for help.

We know that community and political support will enhance our prospects for success. Specifically, this support will help us find the families and addicts who need us. It will facilitate our partnerships with other service providers. And it will help allay the fears that inevitably arise when residents hear of a new service involving drug users.

We sought a community that is not unique. If the Center is successful, we want its success to be relevant to other troubled communities in New York City and around the

country. The Center will seem relevant, and in fact be relevant, only if our demonstration site resembles those other communities.

Finally, because we envisioned this Center as a neighborhood Center, we looked for a community that defined itself as a neighborhood--a community whose inhabitants were residents and not transients, a community with a shared sense of its own geographic borders.

To find a neighborhood that met these criteria, we conducted numerous quantitative and qualitative analyses. It will probably come as no surprise to the reader that the breadth of our data, combined with the rich content of conversations and meetings, was invaluable in painting a detailed picture of our chosen site, the Loisaia. We have included much of those data in our report in order to transmit the picture of this four-by-six-block, densely populated community in lower Manhattan. Where appropriate, we have added charts and maps to assist in the distillation of information.

The very process of selecting a site became a critical component in planning the demonstration. Among other things, we were able to test our contention that there is a paucity of supports for families of indigent addicts. We identified significant voids in the delivery of family intervention services for our target population, voids that may undermine the effectiveness of post-residential or outpatient drug programs.

SUMMARY OF SITE SELECTION CRITERIA, PROCESS, AND OUTCOME

We reduced the considerations described above to five criteria for the selection of a demonstration site, with each criterion directly relating to the core mission of the Center. The community had to

- be a major consumer of criminal justice resources,
- exhibit a high incidence of drug use by neighborhood residents,
- boast access to a wide array of community-based health and substance abuse treatment services,
- show evidence of local community and political support, and
- have characteristics that may inspire replicability elsewhere.

Both hard and soft data were collected and analyzed, and we tried to assess neighborhood problems and strengths from a variety of vantage points. Data supplied by the Vera Institute's *Atlas of Crime and Justice in New York City* provided our initial foundation. We also obtained hard data from the 1990 Census, the New York City Police and

Probation Departments, the New York State Division of Parole, the State and City Department of Health, the Human Resources Administration, and the Immigration and Naturalization Service. Documentation from community boards, Agenda for Children Tomorrow (ACT), Hunter College, and the United Way of New York City further enlarged our pool of information.

Once this baseline was established, we began the less quantifiable task of eliciting information from a broad range of "experts." These ran the gamut from law enforcement officials to political representatives, from community-based health and substance abuse service providers to probation and parole officials. Anecdotal and observational notes were also assessed and folded into our analysis.

A funnel effect best describes our progress from one phase to the next. Each set of new criteria was layered upon the existing set, thus narrowing our choice of neighborhood, step by step. Numerous communities met the first criterion, and almost all of those met the second. However, as information was collated and subsequent criteria applied, site options quickly dwindled. The siting process culminated in our selection of a corner of the Lower East Side (LES), popularly referred to as Loisaida and pejoratively known as Alphabet City. The boundaries of our chosen neighborhood extend from the north side of Houston Street to the north side of Sixth Street and from the west side of the FDR Drive to the east side of Avenue A.¹

Our quest to amass quantitative data by neighborhood met some obstacles. As you will note, different government entities use different geographic demarcations. In New York City, some data are tallied by community board, others by police precinct. Even the 9th police precinct covers more city blocks than our targeted site. Wherever possible, we used the smallest denominator we could to glean specific information about the Loisaida. When we used LES data rather than Loisaida data, we felt confident that the data for the larger area (LES) applies to our subset (Loisaida). Our confidence came from the soft data generated by discussions.

Our qualitative data collection effort was at least as difficult and equally important. Understanding the nuances of a neighborhood required patience and probing, not the familiar counting and sorting of widgets. It took time, involving numerous trips around the communities we were exploring, more than fifty meetings, and many times that number of phone calls. But the soft information invaluablely informed the siting of the Center as well as the program design.

As described below, we quickly narrowed our search to four areas: the Lower East Side and Harlem, both in Manhattan, and Bedford-Stuyvesant and Williamsburg, both in Brooklyn. The four potential sites were generally comparable on a variety of socio-

¹The north border of the Loisaida officially extends to 14th Street. However, 6th Street is a common divider and dissects a 14-block New York City Housing Authority (NYCHA) housing complex; it is considered a "natural divide" by politicians, community board members, and local residents.

economic scales. Unemployment rates are similar.² The LES, like the two Brooklyn communities, is multicultural and houses a high proportion of indigent minorities. Housing stock and stability indicators were similar: There is a combination of public and private housing stock and a combination of long- and short-term residents. Median income is also similar; between the ranking of 1 for the highest and 75 for the lowest median household income by precinct in 1990, the Lower East Side ranked 50, Bed-Stuy 60, Williamsburg 68, and East Harlem 70.³

Applying our criteria to these four areas, a picture emerges of a site where a Center like the one we envision could, in fact, strengthen alliances among the courts, police, schools, emergency and community-based health and treatment services.

THE FUNNEL EFFECT: APPLYING THE FIVE CRITERIA

Heavy consumption of criminal justice resources

We sought a neighborhood that was a major feeder of the city's jails and probation and parole systems. As a first step we used information extracted from Vera's *Atlas of Criminal Justice* and conversations with District Attorneys and staff of large alternative-to-incarceration programs (ATIs). The Atlas and the conversations narrowed our search to four communities, two in Manhattan and two in Brooklyn: the Lower East Side (7th and 9th precincts), East Harlem (23rd and 25th precincts), Bedford-Stuyvesant (79th precinct), and Williamsburg (90th precinct).

At this juncture, we sought specific information to confirm criminal justice system consumption. We used arrest data from the New York City Police Department, data on the number of residents on probation and parole in each community, the number of admissions to the New York City Department of Corrections, the number of patrol-car runs triggered by calls to 911, and census information.

All four areas had moderate to high arrest rates and all had high drug arrest rates.⁴ (See Appendix A) It is worth noting, however, that the 9th precinct has the highest misdemeanor arrest record. According to the police department, this often reflects drug-related criminal activity associated with residents of the community. The 7th precinct statistics reflect more selling activity, which is more often associated with non-residents. Surprisingly, the number of arrests in the 90th precinct, the Williamsburg section of Brooklyn is lower, even though that area has a higher population and density. As

²*The Vera Institute Atlas of Crime and Justice in New York City*, pp.10, 26.

³*Ibid.*, p.10.

⁴"Statistical Report, Complaints and Arrests," Office of Management, Analysis and Planning, Crime Analysis Unit, City of New York Police Department, 1994.

anticipated, all of these neighborhoods have high numbers of persons under probation and parole supervision.

Police have indicated that 911 calls very often reflect intrafamilial problems such as theft and domestic violence. When coupled with drug-related admissions to hospital emergency rooms, 911 emergency radio runs suggest drug-related harm. The most recent data available (1994 for 911 and 1993 for drug-related hospital emergency-room admissions) place the 9th precinct in the moderate-high category for 911⁵ and the high category for emergency hospital admissions.⁶ (See Appendix B)

In sum, these data suggest that although all four areas are significant consumers of criminal justice resources, the Lower East Side's crimes are more suitable for our Center. They are crimes of usage rather than sales, and crimes that cause familial harm. Nevertheless, all four neighborhoods had compelling enough criminal justice profiles to consider them further.

High incidence of drug use by neighborhood residents

Our second criterion--high incidence of drug use by neighborhood residents--is hard to get at directly. There is no survey of drug users.

There are, however, indicators of drug use. In poor neighborhoods--the only ones we were looking at--HIV infection and AIDS are indicators of intravenous drug use; tuberculosis, which disproportionately affects people with compromised immune systems, is further indication of HIV infection and AIDS. Emergency-room admissions from drug-related causes, infant mortality, low-level theft, and domestic violence are also indicators. And when *all* of these are found in a neighborhood, one has good reason to believe that drug use is high among local residents.

AIDS powerfully affects all the communities. AIDS data are reported not by neighborhoods associated with community boards or police precincts but rather by large, federally defined geographic areas. Nevertheless, the data give some insight into how AIDS is affecting the four neighborhoods we considered. In the last two years, all four have had to grapple with large numbers of new AIDS cases.⁷ But since 1981, when AIDS emerged, the disease's impact has been greatest in the two Manhattan neighborhoods.⁸

⁵1994 Annual Statistical Report, New York City Police Department.

⁶New York City Department of Health, accessed through Infoshare Computer Network, 1994.

⁷From 1992 to 1994, East Harlem saw 1200 new cases; Lower East Side/Union Square, 1100; Williamsburg/Greenpoint, 1000; and Bedford-Stuyvesant/Crown Heights, 2300.

⁸Calculated from Department of Health data accessed through Infoshare.

The Lower East Side has other compelling drug/AIDS statistics:

- Death rates from AIDS have been higher in the LES than in Manhattan and New York City as a whole, and have been increasing rapidly, from 91 per 100,000 persons in 1987 to 121 in 1990.
- The Union Square/LES area ranked fourth in the city in total adult/adolescent AIDS cases as of December 1991, and sixth in pediatric AIDS cases. Among Hispanics, Union Square/LES ranked first in total adolescent/adult cases.
- In 1990, the LES/Union Square area had the third highest TB rate (116.8 cases per 100,000 persons) among Health Services Administration neighborhoods in New York City.
- Infant mortality attributed to drug use during pregnancy is high in the Loisaída: 69 per thousand live births in Loisaída compared to 24 in the East Village (west of First Ave).⁹

Still, we did not begin to rule out neighborhoods until the next set of criteria was applied.

Access to a wide array of community-based health and substance abuse treatment services

Treating drug addiction and stemming many of the harms caused by addiction depend on good inpatient and outpatient services. Perhaps nowhere else do the criminal justice, health care, and social service systems collide so dramatically. In order for the proposed Center to be successful, health and support services should be available to neighborhood residents; at least some should be situated within the neighborhood borders .

Applying this criterion considerably narrowed our site options. We looked at the availability of neighborhood in- and outpatient drug treatment programs; local primary health care, hospital, and detoxification facilities; and family and legal services. In Brooklyn, where there are fewer hospitals and in- and outpatient services for substance abusers, many families and addicted relatives are asked to use resources in other boroughs, Westchester, and Nassau counties. Parole and Probation officials, as well as ATI providers, substantiated our mapped resource guide. For the implementation and demonstration of a neighborhood drug crisis center, Bedford-Stuyvesant's and Williamsburg's paucity of health resources and substance abuse treatment proved less than ideal.

⁹Zimmerman, Emily, Hongsook Eu, and Daykin, David, "Neighborhood Profile No. 2: The Lower East Side, Community District 3, Manhattan," Research Division, United Way of New York City, December 1993, pp. 30-35. Hereafter referred to as United Way document.

Both Manhattan sites have good access to neighborhood services; the Lower East Side, however, offers a panoply of services provided by a wide array of organizations: multi-service settlement houses, grassroots health agencies, hospitals and ambulatory care facilities, government and private agencies focused on housing, and houses of worship.

Many services of the Lower East Side are annexed to the settlement houses. In fact, the Lower East Side (LES) boasts 6 of the 35 settlement houses in New York City. (East Harlem has one.) The settlement houses have responded to a variety of community needs for diverse populations. Services range from in- and outpatient drug treatment, to in- and outpatient services for the developmentally disabled, from daycare and Head Start to teen and senior citizen programs. The settlement houses in the LES also operate four mental health clinics, a key complementary service for our proposed Center. Each settlement house contributes a unique cluster of services available to residents of the LES and is appropriate for collaboration with our proposed Center.

Substance abuse treatment is available locally. Beth Israel operates two methadone clinics in the neighborhood, and there are at least 12 outpatient drug treatment programs. The Loisaída itself has an extensive network of treatment services. (See Appendix C)

Grassroots health agencies and small community-based organizations play a very important role in the Loisaída.¹⁰ An active needle exchange not only aims to reduce sexually transmitted disease among IV drug users, but also strives to provide concrete services for addicts such as acupuncture, TB testing, and group meetings. Fourteen ambulatory care facilities provide primary care services; three of them zero in on HIV/AIDS services, comprehensive family medical care, and related substance abuse services (Ryan/NENA, situated within our target area, Betances, and Community Family Planning Center). Many of the medical providers also operate various specialty services and provide on-site services as requested (e.g. mobile medical van, TB testing).

Two new health facilities of particular interest are scheduled to open shortly. Cabrini Hospital is opening a primary care facility on 4th Street, and the Educational Alliance is opening an 88-bed inpatient drug treatment facility on Avenue D.

Community-based organizations address other local needs. MFY Legal Services has been active since 1963, availing indigents of much-needed legal advice. The 22 houses of worship also provide community enrichment, as do the assortment of storefronts, which offer a medley of services ranging from soup kitchens to counseling.

Services that specifically target women and children are abundant. Both the Women's Prison Association and Beth Israel Medical Center have women and children programs. The Women's Prison Association runs an ATI program as well as supported housing for women getting out of jail or prison and their children. Beth Israel has an ambulatory

¹⁰City of New York, Office of Management and Budget. *Community District Needs: Manhattan-Fiscal Year 1994*.

program that targets women with AIDS and their children living in the LES. The Lillian Wald Housing Project (NYCHA) contains a Sponsored Center. Through this organizational design, numerous programs are operated including Head Start, day care, day camps during the summer months and during school holidays, after school programs, adult education and services for seniors. It is worth noting that many seniors are guardians for small children and teenagers and require remedial and support services.

Housing issues for Loisaída residents remain a top community priority.¹¹ Housing Preservation and Development (HPD), New York City Housing Authority (NYCHA), and numerous nonprofit housing coalitions are striving to meet demand, stave off homelessness, and reduce density by dwelling. Recently, the New York Foundation for Seniors designed and built a community residence in the Loisaída for persons over 45. The LES Catholic Area Conference focuses its attention on housing development and homesteading while Community Access, a neighborhood organization, helps people find homes and reduce homelessness. Tenant associations are also active, seeking to ensure that their special needs and concerns are addressed by public officials.

In addition, a Local Enforcement Unit was created by city government to provide community residents and organizations with technical assistance to prevent future displacement and homelessness. This service is complemented by an Intensive Case Management (ICM) initiative supported through private foundations.¹² It is worth noting here that many persons leaving jail and prison bounce between homelessness, shelters, and incarceration.

A collaborative spirit among community-based service providers clearly exists in the Loisaída. The Loisaída has a dedicated, comprehensive HIV network. All community board organizations and primary health care providers meet monthly to develop complementary HIV strategies and to support one another in funding quests. Already, agencies have expressed interest in formulating interagency agreements with Vera--and that's without any solicitation. In fact, the Educational Alliance has suggested that they provide a staff person, part-time at the Center, to screen for both of our targeted populations.

Community and Political Support

Gaining broad community and political support is crucial for almost any new neighborhood initiative; for a Center such as we are proposing, it is imperative. The Center is designed to address local concerns and to incorporate the nuances of the

¹¹According to Community Board 3's Statement of Need, "serious health problems are fostered by overcrowded conditions. While it is laudable that the City's government is moving towards permanent housing for the homeless, the needs of the hidden homeless should not be forsaken."

¹²For the past five years, the Edna McConnell Clark Foundation has supported community-based programs that provide ICM services to families living in shelters who are considered at risk of repeat homelessness.

neighborhood. Without the support of the community, a new initiative is subject to sabotage and doomed to failure. Yet, assessing these indicators can be tricky, and the desire to avoid triggering unnecessary alarms, overwhelming.

Alliances that run along political, ethnic, or economic lines may create a contentious environment for innovation. Thus, it is essential during the site selection process to be cognizant of the assortment of operative political agendas and subtleties that shape a given community. Existing social service providers and business coalitions, as well as school and health care facilities, are most likely aligned with one political faction or another, be it progressive, conservative, or moderate. This can create a fault line that runs through a neighborhood, a line that is potentially divisive. In order for a new project to leap over this divide, it is critical that the proffered service fill an obvious void in the neighborhood's array of social services and that it enhance the overall status of the neighborhood.

Initially, we based our assessment of political supports on meetings and conversations with District Attorneys in both Brooklyn and Manhattan and with a variety of service providers in both boroughs. (See Appendix D for a complete list of contacts) The support of Special Narcotics Prosecutor Rhonda Ferdinand gave great sway to Manhattan as a potential borough site. This, combined with the acknowledged paucity of outpatient drug treatment and health services in Brooklyn, confirmed our Manhattan siting decision.

Meetings with the captains of the relevant police precincts were encouraging and instructive. In both East Harlem and the LES, the police officers indicated interest in the proposed Neighborhood Drug Crisis Center, citing frustration at the community's inability to deal effectively with chronic substance dependence and intrafamilial harms. The police captains made a sharp distinction between the crime associated with the drug market and the crime associated with resident drug use. The latter crime generates a variety of family and health-related concerns. The police unanimously expressed compassion for families of addicts and local residents, and disdain for the nonresidents who invade the community to avail themselves of illegal drugs and methadone. Of special note was the sensitivity shown by the police for the needle exchanges in their precincts. While they did not condone drug use, they did show an appreciation for health-related precautions. The same cannot be said of their attitude toward methadone, as the methadone clinics are seen to attract "outsiders" and to encourage loitering on the streets.

One great advantage of working in the 9th precinct is the commitment to community policing, and its approach in handling local complaints and disputes. The 9th precinct has ten beats, which is above average compared to other larger precincts in Manhattan. As a result the officers of the 9th precinct have more interaction with the residents of the area and have established an intimate and interactive relationship. This relationship is a critical asset to the Center. Both the 9th precinct and Center staff will serve as resources to each other. The officers may utilize the Center's accessibility to refer potential clients to the Center, while the Center's staff may seek assistance in familiarizing themselves with the neighborhood and its various resources.

Perhaps the most critical support required is that of the local community board. While this support must be earned, it fits squarely into a political, not substantive, box.

During this planning and siting process we learned several lessons about obtaining political support. The first lesson is that politicians prefer to serve only their own constituents. However, they face obstacles: Because of widespread demand for services, constitutional protections, and state and city regulations, hospitals and programs for detoxification, methadone maintenance, and drug treatment must serve residents of a larger catchment area.

Serving outsiders may cause two undesirable consequences: loitering and congestion by those who do not have a stake in the neighborhood, and a market for buying and selling methadone, needles, and sex. These negative consequences are less a reflection of residents' behavior than of the paucity of services in other, equally needy neighborhoods. Nevertheless, they are detrimental to the creation of services. They complicate negotiations with local politicians and active community members who are quick to deny local resident drug use and point the finger at external, or nonresidential usage. Parenthetically, serving a larger area complicates site selection in another way: It makes it difficult to tease out the need for and use of substance abuse services by neighborhood residents.

A second lesson is that politicians at the local level, such as city council and community board members, will express support conceptually and privately for a new social service, but may be reticent publicly. Economic development is favored over enhanced community-based service initiatives, particularly when a neighborhood is considered drug-infested. The addition of a new social service acts as a reminder that the neighborhood continues to be impoverished, whereas new businesses, which generate both employment and tax dollars, are signs of neighborhood revitalization. Imagine a totem pole. The most prestigious and valued artifact is at the top, in this case, for-profit business. Next down the pole are hospitals, primary care, and housing ventures, be they for-profit or not-for-profit. Small nonprofit and criminal justice ventures are at the bottom of the totem pole. Nonprofit and substance abuse service providers bear the stigma of soft-hearted do-gooders. They are reminders of the pedestrian needs of the neighborhood.

Replicability

An integral part of the site selection process is the identification of a site with familiar characteristics. Such characteristics include demonstrated high levels of substance abuse and corresponding criminal justice activity by neighborhood residents, availability of health and substance abuse treatment services, and evidence of community organizing at a neighborhood level. These are the very ingredients that we sought and documented.

Across the United States, and even elsewhere in New York, are neighborhoods with characteristics similar to the Loisaída. They have populations that hover around 20,000.¹³ Crime associated with drug use is rampant and taxes both the criminal justice and health care systems. The communities contain both public and private housing, but are dominated by at least one large public housing complex. They are multicultural; they have a high proportion of indigent minorities with low median household income and high family density. Academic achievement within the neighborhood schools is poor and may reflect racial and ethnic segregation.

Even the economy of Manhattan and the LES draw national parallels. Since the 1960s, the number of industrial-sector jobs, which would have provided work to unskilled workers without much education, has been halved. In the Loisaída, as elsewhere, the shrinking of the industrial sector has had a significant impact on local employment opportunities.¹⁴ The Loisaída, like other neighborhoods that dot the American landscape, is struggling to match job training and employment programs with fair market wages and secure jobs.

Other common denominators found in American neighborhoods cluster around the harmful by-products of addiction. To an outsider peering in, the evidence is both visible and insidious, individual and familial. Visible indicators include such things as an apparent, designated drug supermarket street, an active above- or underground needle-exchange program, and drug paraphernalia litter. Insidious indicators include high rates of drug-related hospital admissions, detoxification facilities, and, in a city like New York, a high incidence of HIV/AIDS. Individual indicators are reflected in homelessness, poor health and nutrition, and low academic achievement. Intrafamilial indicators include a high rate of crime, particularly domestic violence and theft, frequent 911 and emergency medical runs, poor academic performance, and health complications. Standing alone, these facts do not necessarily indicate substance abuse. In tandem, however, they often do.

Although many neighborhoods are ravaged by drugs, most--like the Loisaída--also show evidence of beginning gentrification. The telltale signs of pervasive unemployment are interrupted by evidence of poor but hard-working residents trying to eke out a living. Creeping yet steady growth of small neighborhood business is often in evidence. Frequently, such neighborhoods are targets for economic development grants. Labels such as impoverished, drug-infested, and minority have inspired politicians and entrepreneurs to tap into federal and state granting mechanisms designed to "revitalize" such neighborhoods.

¹² This is a rough estimate of Loisaída's population according to 1990 Census tract information. The actual population is probably higher, since the methods used to calculate the census are poorly suited to neighborhoods such as this (few telephones, and many tenants who are not supposed to be living where they are).

¹³ United Way, p. 19.

It is not uncommon for these communities to be saturated with social services, proof that the neighborhood is wrestling with serious problems related to poverty, unemployment, poor health, drug use, and crime. This is perhaps the most difficult obstacle to overcome when siting a new service. While neighborhoods and their elected representatives might acknowledge drug and alcohol related problems privately, publicly residents and politicians are reluctant to admit the severity of the problems, much less embrace overt community-based approaches. Ironically, this very contradiction may actually lead to an increase of criminal activity and sexually transmitted disease rather than reduce the harms of addiction in a community. Strong denial of existing problems inhibits efficient delivery and availability of critical services. It also deters the spawning of new initiatives.

In sum, we look at Loisaída and ask, Are there other neighborhoods that look like this one? And we can answer, Yes.

PORTRAIT OF THE LOWER EAST SIDE

Through the funneling process just described, we settled on the Loisaída as the best site for our demonstration project. As mentioned earlier, the process had a useful by-product: It left us with a detailed portrait of the neighborhood.

- The Lower East Side is 33% Hispanic (largely Puerto Rican), 30% Asian, 29% White non-Hispanic, and 8% African-American.
- In 1990, there were 17,918 children per square mile in the LES, compared to the citywide average of 5,900 children per square mile.
- LES schools have a high concentration of economically disadvantaged students.
- Almost 20% of these students have limited English proficiency, compared to less than 14% citywide.
- Over one-fourth of the people age 25 and over had less than nine years of education in 1990.
- Six hospitals serve the Loisaída: Bellvue, Beth Israel, Cabrini, Gouvèneurs, St. Vincent's, and New York Eye and Ear.
- The median income in 1990 was \$21, 345; 44 percent of the children live in poverty.¹⁵

¹⁵United Way, p.16.

This portrait will help shape the Center. It will also help other jurisdictions that are considering whether to replicate the Center; they will be able to determine how closely their potential site resembles our site.

CONCLUSION

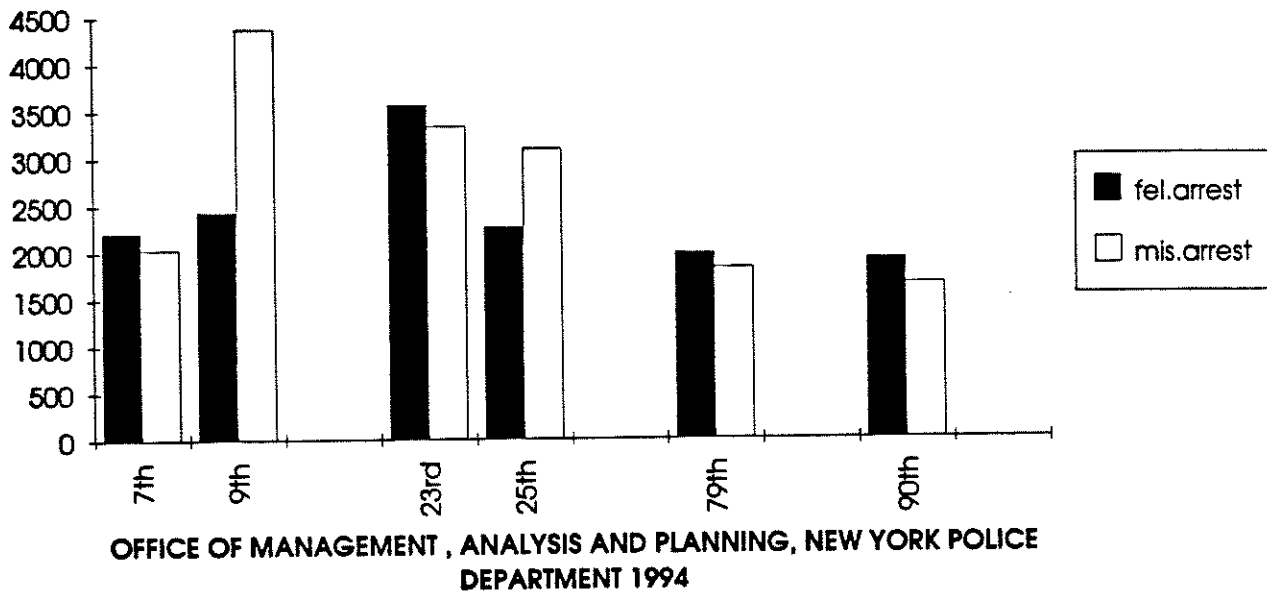
A collage of demonstrated need and requisite community-based services highlights the suitability of the Loisaída as a demonstration site for the Neighborhood Family Drug Crisis Center. As each set of criteria was applied, the strengths of the Loisaída stood out. Indicators of resource consumption by the criminal justice system, coupled with indicators of drug use by residents, underscore the harms inflicted by drug use. They also create a baseline for meeting project objectives. Overlaid on these data is the panoply of local substance abuse, health and social services, so integral to the Center's work. When the intangibles of community and political support and the characteristics sought for replicability are factored in, once again the Loisaída shines through as a stellar potential site.

Critics might say that the rich configuration of services housed in the Loisaída makes it a unique neighborhood. In fact, it is the very combination of resources and need that one seeks in a demonstration project. Kinks can be worked out of the model in a setting that provides the backdrop for likely success; the refined model can later be sited in a neighborhood with similar needs, but perhaps fewer resources.

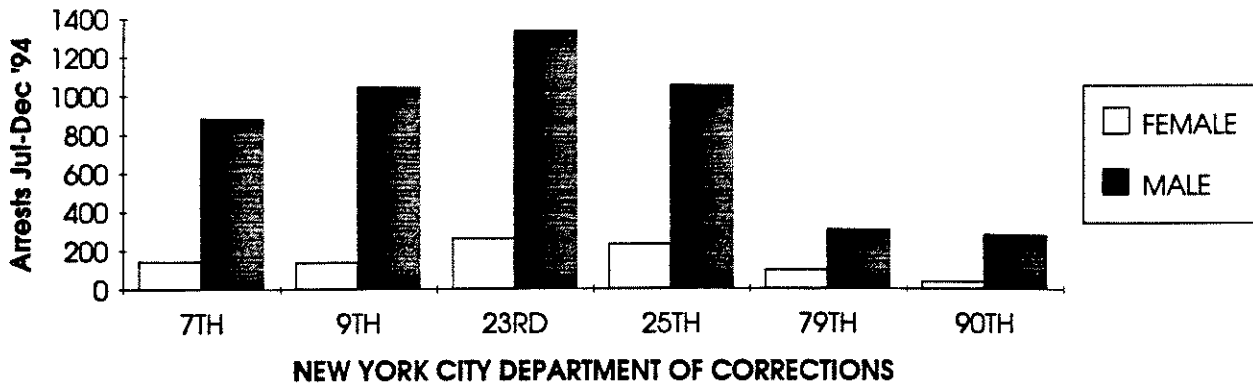
Overall, the composition, concerns, problems, and solutions found in the Loisaída are also found in numerous enclaves around New York City and throughout the country. Illegal drug activity and crime are juxtaposed with families struggling to improve daily life. Most important, the Loisaída, inspired by diverse cultural and public/private enterprises, refuses to be passive in addressing the harms associated with pervasive drug use. Tenant organizations, schools, and houses of worship are fierce in their attempts to save souls and succor community spirit. As such, it is an ideal partner for the creation of a new multifaceted approach to address intrafamilial and community harms caused by drug addiction.

APPENDIX A: ARREST DATA

1994 ARRESTS



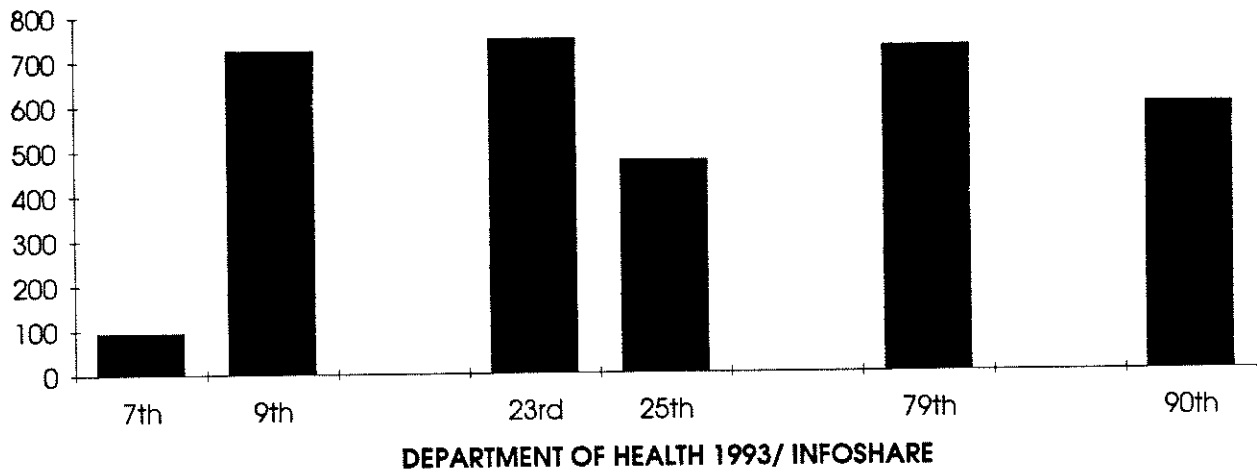
Drug-Related Arrests



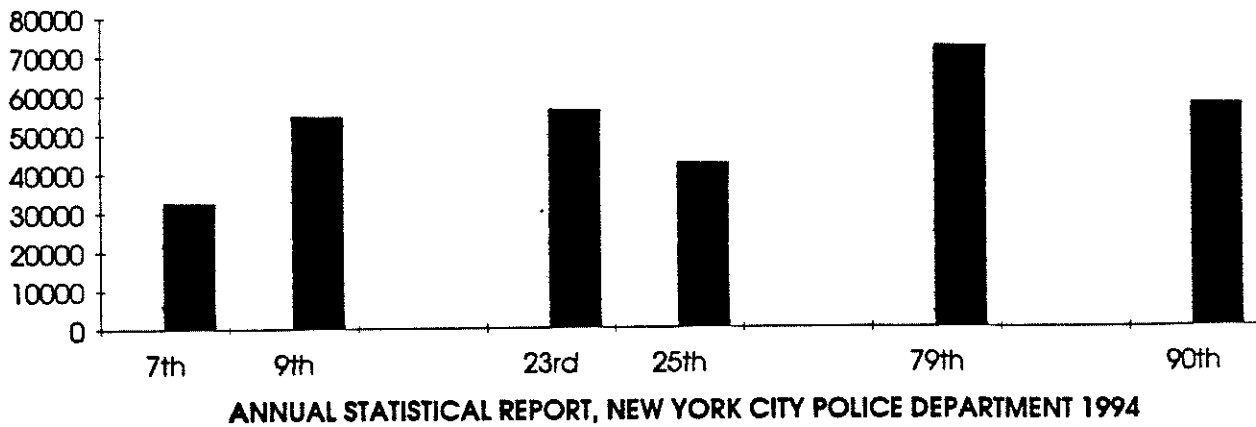
Note: There are significant variations of square mileage and population per precinct. For example the population of the 90th precinct is 181,937; the 9th precinct's is 68,032. The raw numbers, therefore, do not reflect the incidence of arrests (arrests per 100,000 population) within the 9th precinct.

APPENDIX B: HOSPITAL AND 911 DATA

DRUG-RELATED HOSPITAL EMERGENCY ROOM ADMISSIONS



911 RADIO RUNS



Note: There are significant variations of square mileage and population per precinct. For example the population of the 90th precinct is 181,937; the 9th precinct's is 68,032. The raw numbers, therefore, do not reflect the intensity of emergency police responses within the 9th precinct.

**APPENDIX C: HOSPITALS, TREATMENT CENTERS/ HEALTH CLINICS,
AND SETTLEMENT HOUSES IN THE LOWER EAST SIDE**

Hospitals

Bellevue Hospital Center
Beth Israel Medical Center
Cabrini Medical Center
Delancey Medical Center
Gouverneur Hospital
Hospital for Joint Diseases Orthopedic Institute
New York Downtown Hospital
St. Vincent's General Medical Clinic
United Wire Metal and Machine Medical Center

Treatment Centers/ Health Clinics

Alopc clinic
Asian Cine-vision
Avenue A Clinic
Barrier Free Living --Avenue A Clinic
Barrier Free Living Clinic and Residence
Betances Health Unit Family Medical Practice
Beth Israel Medical Center Cooper Square Methadone Maintenance
Beth Israel Medical Center Gouverneur Clinic
Beth Israel Health Service Center
Beth Israel Medical Center Day Treatment Program
Boys Club of New York Dental Clinic
Boys Brotherhood Republic
BRC Human Services
Cabrini Medical Center Eye Care
Children's Dental Clinic (P.S. 124, 140, 188, 63)
Chinatown Health Clinic
Chinatown Medical Care Health Service
Community Access
Community Family Planning Center
Cooperative Village Health Drive
Diagnostic Health Services
Educational Alliance Day Treatment
Educational Alliance Pride Site
Educational Alliance Project Contact Outpatient Clinic

Gouverneur Diagnostic and Treatment Center
Gouverneur Asian Bicultural Clinic
Gouverneur Clinic
Gouverneur -Roberto Clemente Family Guidance Center
Greenwich House MMTP Greenwich House East
Hamilton Madison House Asian Mental Health
Hamilton Madison House Center for Alcoholism
Hebrew Association
Institute for Urban Family Health
Jewish Board of Family and Children Services
LES Catholic Area Conference
LES Service Center Mental Health Methadone Prog1
LES Service Center Methadone 3
LES Su Casa Methadone-To-Abstinence
LES Family Union
LES Women's Project
Medical Health and Research Association
Mobilization for Youth Service
National League for Nursing
New York Center for the Disabled
New York Coalition for Asian American Mental Health
New York Eye and Ear Infirmary Glaucoma foundation
New York Eye and Ear Infirmary American Assn. of Certified Othopists
New York Society for the Deaf
NYC Department of Health Baruch Houses Child Health Station
Odyssey House
Ryan/NENA Health Council-NENA Health Center
St. Mark's Women's Health Collective
St. Vincent's Hospital Chinatown Clinic
St. Vincent's Baxter Clinic
Stella and Charles Guttman Breast Diagnostic Center
United Cerebral Palsy of New York City
United Jewish Council Levy Health Center
Womens Prison Association

SETTLEMENT HOUSES

Educational Alliance
Grand Street Settlement
Hamilton-Madison House
Henry Street Settlement
Third Street Music School Settlement
University Settlement Society

APPENDIX D: CONTACT LIST (in-person and telephone meetings)

Government Agencies

Borough President's Office, Manhattan
Bureau of Justice Assistance (BJA)
District Attorney's Office, Kings County
Members of Community Board District 3
Members of Community Board District 11
Members of the New York State Assembly
Members of the New York State Senate
National Institute of Corrections (NIC)
National Institute of Justice (NIJ)
New York City Department of Correction
New York City Department of Health
New York City Department of Probation
New York City Housing Authority (LES office, Family Life Programs)
New York City Police Department (Local Precincts: 7th, 9th, 23rd, 25th)
New York State Division of Criminal Justice Services
New York State Office of Alcohol and Substance Abuse Services
United States Department of Health and Human Services, Center for Substance Abuse Treatment

Criminal Justice/Human Services

Agenda for Children Tomorrow, New York City Criminal Justice Coordinator's Office
AIDS Strategy Session (LES)
Center for Alternative Sentencing and Employment Services (CASES)
Coalition for Women Prisoners
Coalition Housing
Cooper Square Community Development
Cooper Square Mutual Housing Association
Correctional Association
Covenant House
Drug Policy Foundation (Washington, D.C., New York City)
Drug Strategies (Washington, D.C.)
East Harlem Partnership for Change
Edna McConnell Clark Foundation
Educational Alliance
Fortune Society

Fresh Start
Good Old Loisaída
Grand Street Settlement
Henry Street Settlement
LES Catholic Area Conference
Lillian Wald Housing Project, Social Services
Loisaída, Inc.
Midtown Community Court
National Center on Institutions and Alternatives (NCIA)
National Development and Research Institutes (NDRI)
Osborne Association
People's Mutual Housing Association
Project Renewal (Formerly the Manhattan Bowery Project)
Statewide Youth Advocacy
The Sentencing Project (Washington, D.C.)
United Neighborhood Houses of New York
University Settlement House
Victim Services Agency
Women's Prison Association

Mental Health, Counseling and Drug Treatment Services

ADAPT
Andrew Glover
Betances Family Health Clinic
Beth Israel Medical Center (Detox., Social Services, Methadone, the Women's Project)
Boriken Health Center
Center on Addiction and Substance Abuse (CASA)
Community Family Planning Center
El Rio
Gouverneur Hospital
Hazelton
Health Links
Housing Works
La Casita Community Coordinating Council
Lincoln Hospital
Lower East Side AIDS Strategy Group
Lower East Side Harm Reduction Center
Montefiore Medical Center
Mount Sinai Medical Center (AIDS and nursing programs)
Odyssey House
Open Door Family Health Center
Phoenix House
Project Care (The Family Center)

Project Home (University Settlement)
Project Pride (Educational Alliance)
Ryan/NENA Health Center
Samaritan Village
Standup Harlem
Street Outreach Services (Seattle, Washington)
Treatment Alternatives to Street Crime (TASC) (local and national)
Womencare

Legal Services

Association of the Bar of the City of New York
Legal Action Center
Legal Aid Society
Neighborhood Defender Service
New York County Lawyers Association

Institutions of Higher Learning

Bryn Mawr College (School of Social Services and Social Research)
City College of New York (Department of Political Science)
Columbia University (School of Public Health, School of Social Work, Center for
Violence Research and Prevention)
Hunter College (Center on AIDS, Drugs, and Community Health)
John Jay College of Criminal Justice
Lehman College
New York University (School of Law and Wagner School)
Rutgers University (Center of Alcohol Studies and Alcohol Research, Graduate School of
Criminal Justice)

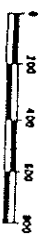
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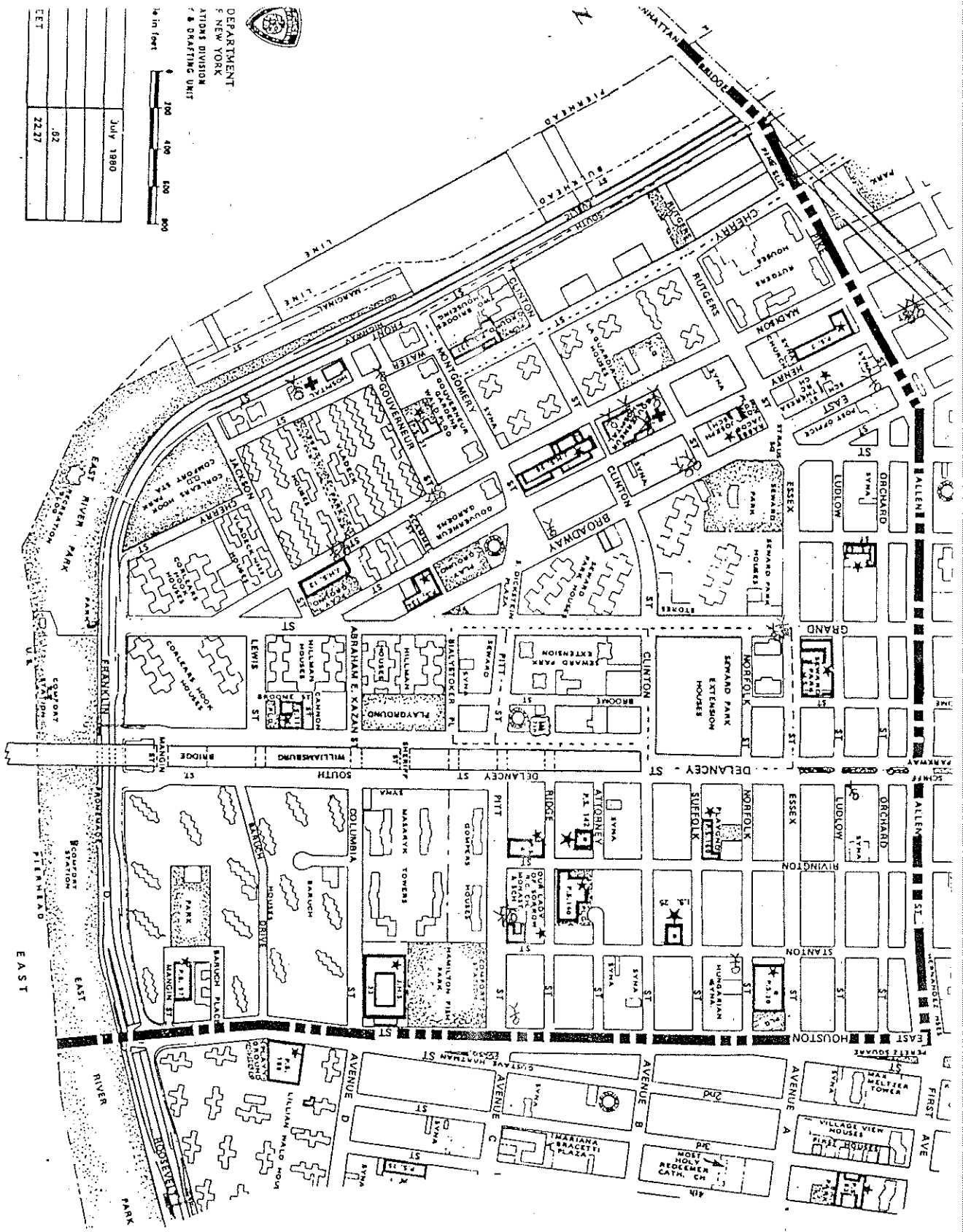
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OF SOCIAL SERVICES
5 NEW YORK
COUNTY DIVISION
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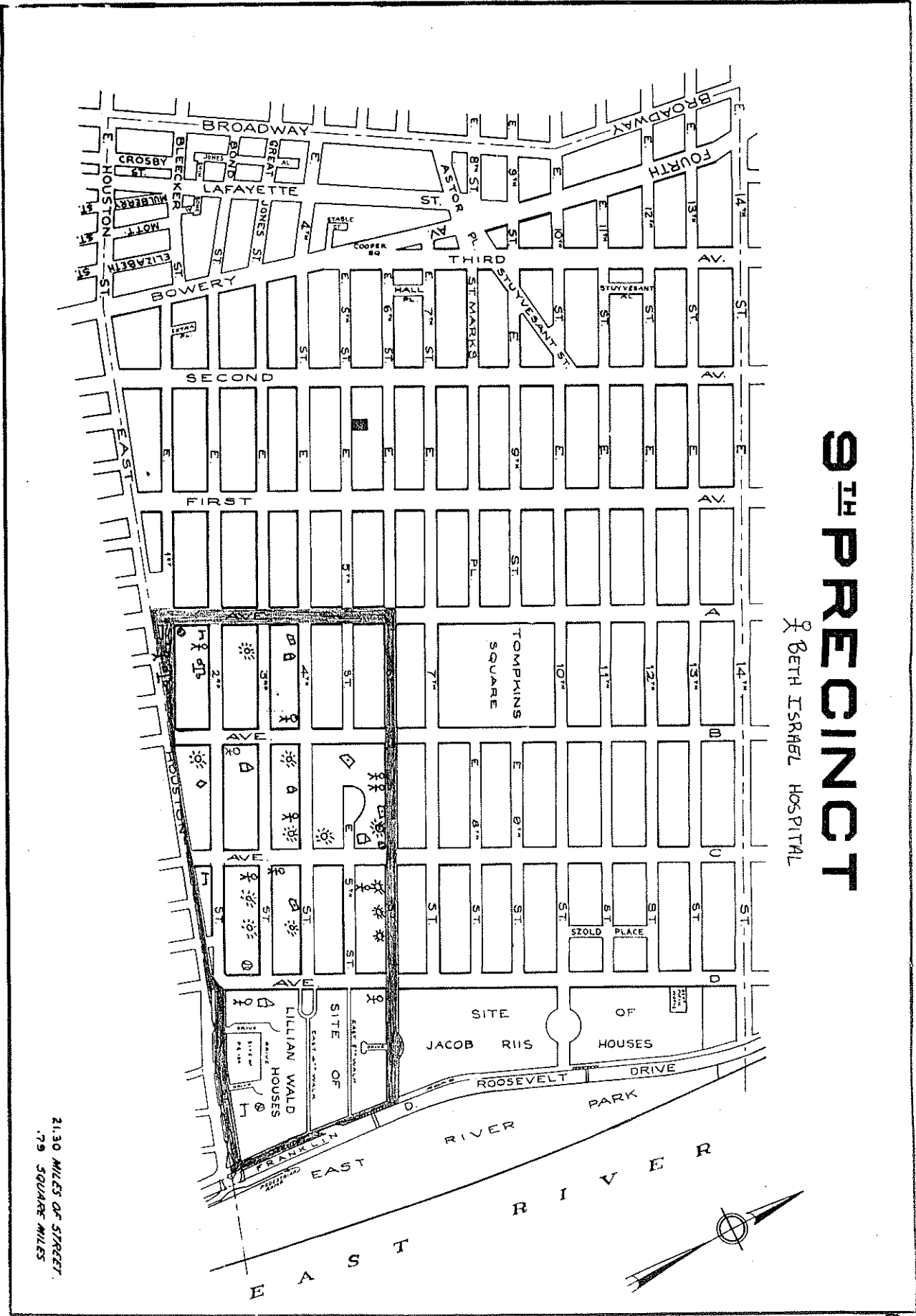


7TH PRECINCT

LEGEND
R - TREATMENT AND SUPPORT SERVICES (DRUG, HEP AND FAMILY CARE)

9TH PRECINCT

♀ BETH ISRAEL HOSPITAL



21.30 MILES OF STREET.
179 SQUARE MILES

- ♀ Public Housing
- ⊙ School
- ⊙ Recreational Services
- ☼ Houses of Worship
- ⊙ Legal Services
- ◇ Pre-Departure
- ⊙ Resident Drug Treatment
- ♀ Treatment Support Services (Drug, Health, and Family Care)