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# YOUTH CRISIS SERVICES, 1972

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## HEARING

BEFORE THE

COMMITTEE ON CHILDREN AND YOUTH

OF THE

### COMMITTEE ON

### LABOR AND PUBLIC WELFARE

### UNITED STATES SENATE

NINETY-SECOND CONGRESS

SECOND SESSION

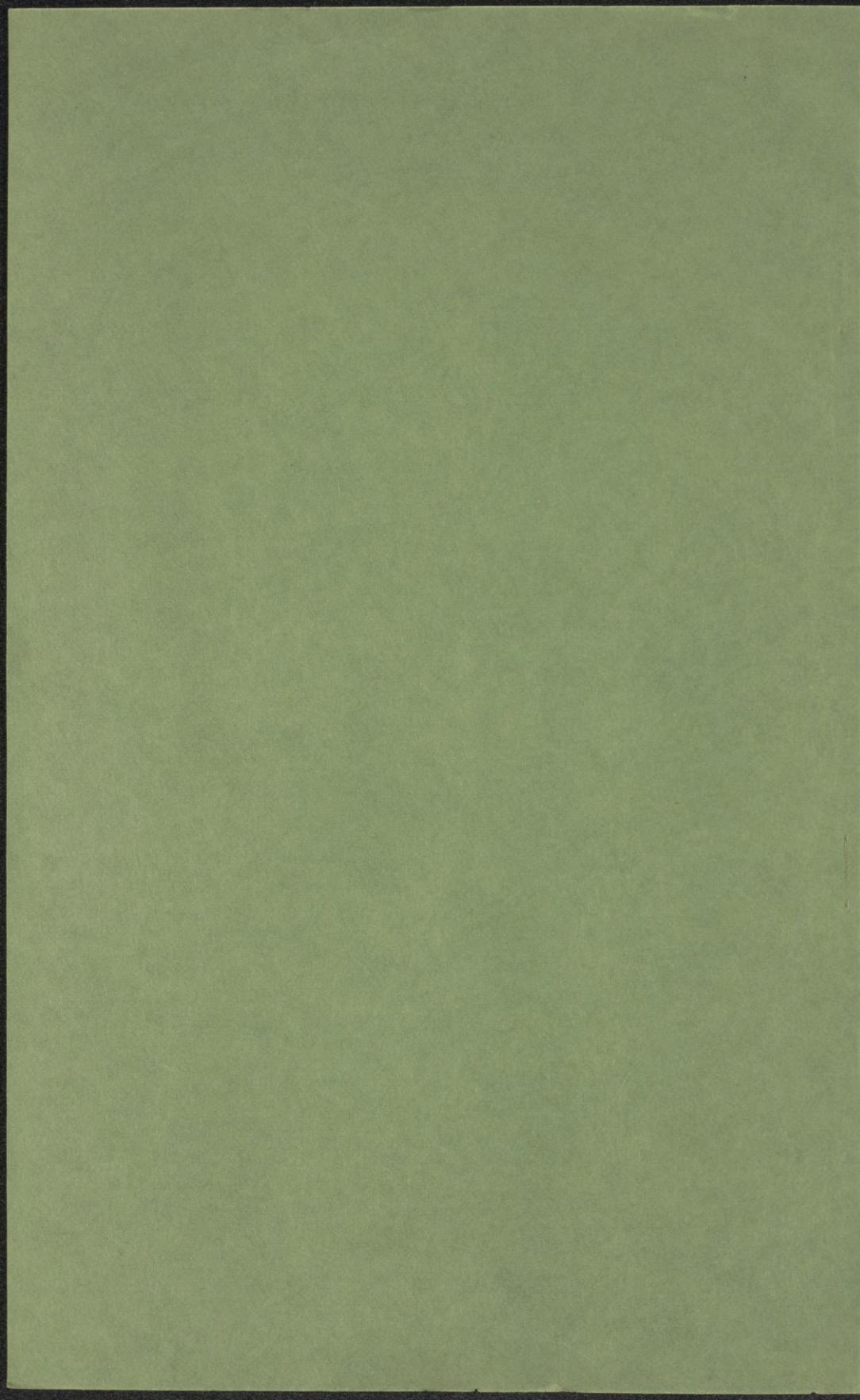
ON

### YOUTH CRISIS SERVICES

JUNE 17, 1972

MINNEAPOLIS, MINN.





# YOUTH CRISIS SERVICES, 1972

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SUBCOMMITTEE ON CHILDREN AND YOUTH  
OF THE  
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ON  
YOUTH CRISIS SERVICES

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JUNE 17, 1972  
MINNEAPOLIS, MINN.



Printed for the use of the Committee on Labor and Public Welfare

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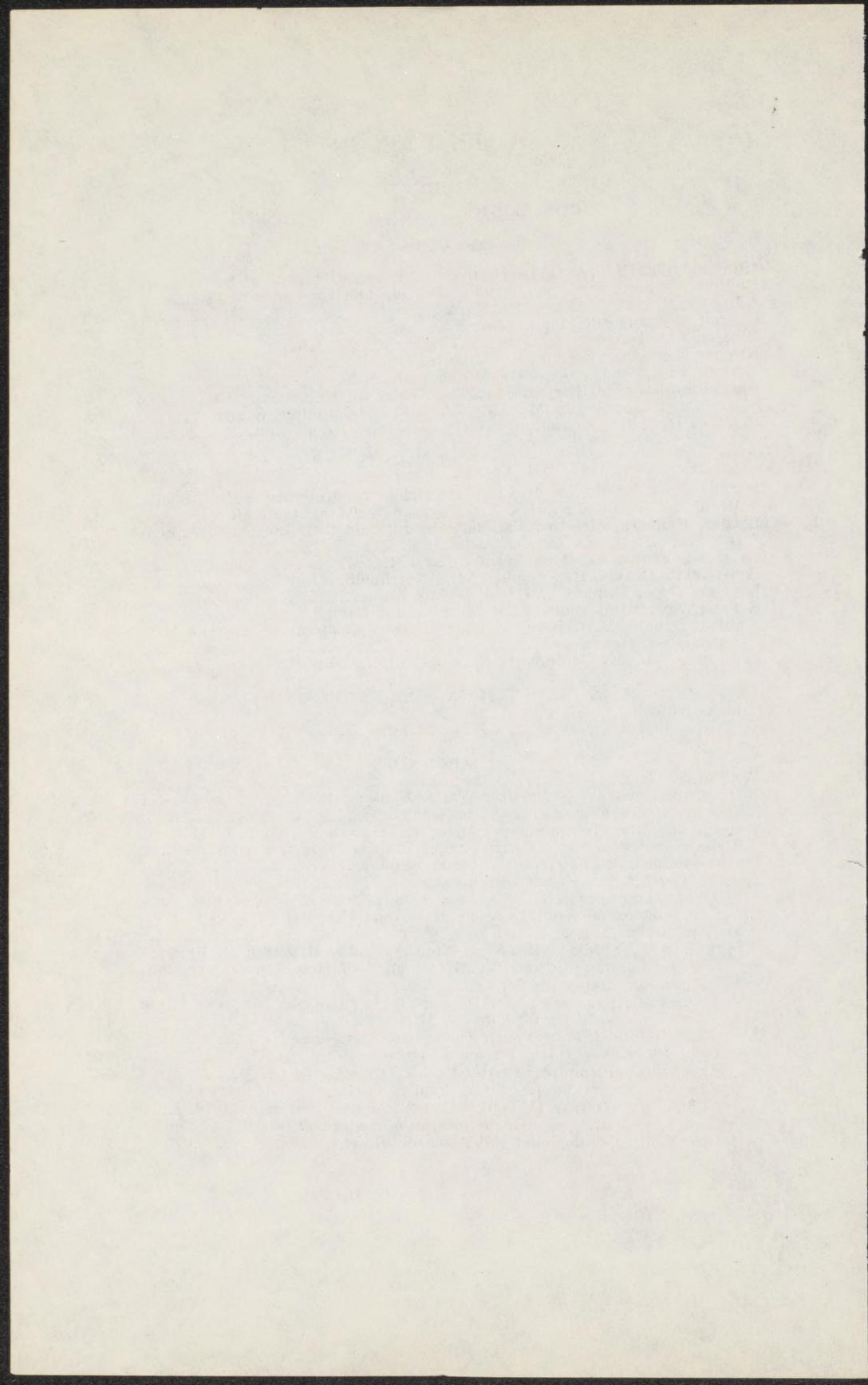
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# YOUTH CRISIS SERVICES, 1972

SATURDAY, JUNE 17, 1972

U.S. SENATE,  
 SUBCOMMITTEE ON CHILDREN AND YOUTH  
 OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,  
*Minneapolis, Minn.*

The subcommittee met at 10 a.m. in the Metropolitan State Junior College, Minneapolis, Minn., Senator Walter F. Mondale (chairman of the Subcommittee on Children and Youth) presiding.

Present: Senator Mondale.

Committee staff member present: Sidney Johnson, professional staff member.

Senator MONDALE. The meeting will come to order. First of all, may I thank the Metropolitan State Junior College and Mr. Bergstrom, its president, for being kind enough to make these facilities available to us this morning. At this time I would also like to thank Ellen Hoffman of the subcommittee staff for her role in setting up this hearing.

I'm pleased to welcome you to a hearing of the Senate Subcommittee on Children and Youth. This morning we will hear testimony from some of the country's most knowledgeable experts on what is troubling young people and what the young people are doing to help each other solve their problems.

All of us do know a few things about young people.

Americans aged 14 to 24 constitute 20 percent of our population. We know that they are very mobile. Last year 25 percent of them changed their address. As many as 1 million of these young Americans run away from home each year, often only to become the victims of an unhealthy and even criminal street environment.

According to a recent study 6 percent of the youth of high school age have tragically experimented with hard drugs. Unlike their parents they were raised on television. By the age of 16 the average American youngster has spent twice as much time in front of a television set as he spent in a classroom. Also, I heard the other day, he has seen 18,000 people killed on television during this same period.

These statistics only serve to demonstrate that young people today are different and more complex than we were. And to help explain why, since the first hotline was established in 1968, more than 600 telephone services have come into existence in every State of the Union.

And, I might add, all of it without Federal funding. Normally one expects programs to flower following the money. In this case the young people, themselves, have moved to establish what was needed:

- During its first year of existence, the Los Angeles Children's Hospital Hotline, a telephone crisis service, received

10,000 calls from young people who desperately needed someone to talk to.

- In a period of 7 months last year, 255 young people from the Twin Cities area went to The Bridge, a runaway shelter, seeking help.

- An 18-year-old girl, frightened by the effects of LSD, called the Sunrise Hotline run by Rochester Area Drug Abuse Response program at 2 o'clock one morning. The sympathetic listener who picked up the telephone talked her down from the drug trip after 2 hours and convinced her to join a counseling program and to give up hard drugs completely.

There is no question that services like the YES Hotline, and RADAR in Rochester, which impressed me a great deal, and like The Bridge and many others in Minnesota, are meeting a need of many young people.

And it is clear that Minnesotans are among the national leaders in developing the new forms of crisis services. In listening to the testimony of the witnesses today, the subcommittee will keep in mind the possibility that the programs developed here might serve as models for programs in other parts of the country or for a national network of crisis services.

I might say to the witnesses and those here today that the record we build today will help us shape what we hope will be national legislation to help fund, support and encourage these kinds of programs where they are needed throughout the country.

Although the Federal Government does support a few youth crisis programs, its interest has been sporadic and its financial commitment minimal. Programs that serve youth are scattered throughout various Government agencies and lack coordination.

We are here today to listen to the people who know the most about these new types of crisis services, to find out how they operate, exactly who they serve, what they do, and the problems they face.

Although we have made hotlines the focal point of the hearing, I think we will find that none of the witnesses sees a hotline alone as the answer to the complex and varied problems of which we are all aware.

Because they are so widespread, as we see in Minnesota, and because they can refer young people to all the other kinds of services they require, hotlines can also provide us with insights into the whole concept of youth crisis services.

We are going to hear from several witnesses today but we are going to begin with Dr. Donald Muhich, a former Minnesotan and a psychiatrist, who was instrumental in starting what is perhaps the best known telephone service in the country, the Los Angeles Childrens Hospital Hotline. He will be the leadoff speaker at the conference—the Third International Conference on Hotlines—which is taking place at Carleton College next week. And he's an example—in fact, I've noticed if you've ever found anything that's really working well with genius and commitment—that there is usually a Minnesotan in charge of the thing. Even when they leave.

Dr. MUHICH. It's nice to be back.

Senator MONDALE. Dr. Muhich, proceed as you wish.

**STATEMENT OF DONALD MUHICH, M.D., PSYCHIATRIST,  
CHILDREN'S HOSPITAL OF LOS ANGELES**

Dr. MUHICH. OK. I would like to speak this morning to the following topics, and perhaps provide some background information, in general, about hotlines.

The topics I would like to speak to are the history of the hotline movement, the theoretical background of the hotline approach, the directions that hotlines seem to be currently taking, the relationship of hotlines to other service delivery systems and the current and future needs of hotlines as seen by this observer.

By hotlines I mean crisis counseling by telephone. Hotlines, as I know them, had their origin with the opening of the first crisis counseling by telephone at Childrens Hospital of Los Angeles on April 1, 1968. One would have to go back a year prior to that, though, to really look at its inception. Because it was 1 year of planning that went into that service before it opened its telephone lines.

The service actually began with the formation of a multidisciplinary advisory group at the hospital, with the precise intent of developing a crisis counseling service available to youth under 25 years of age using the telephone as the exclusive contact instrument. This service was conceived as a crisis intervention resource wherein an understanding, sympathetic, yet objective listener would be as immediately available as the nearest telephone.

The idea of such a service grew out of an awareness by the staff of the adolescent unit at Childrens Hospital of Los Angeles that an increasing number of youth seemed alienated from society and that they seemed to lack adequate avenues of communication to helping resources during times of stress. Dr. Dale Garell specifically was instrumental to this recognition and to the assembling of the first advisory group which developed the first hotline.

The causative elements which lead to the large number of alienated youth will not be commented upon here extensively.

The major forces, however, are thought to be: 1. Increasing social and cultural change rate. So that the adult population experiences a very different world than the youth are experiencing.

2. Increasing geographic and social mobility.

3. Prolongation of adolescence with attendant absence of a valued social role.

4. Further deterioration of the nuclear family.

5. Increasing urban complexity.

In response to this perceived alienation, the advisory group formed at Childrens Hospital designed a program and called it hotline. Perhaps the most unique and crucial features of the resource are its immediate availability and respect for the anonymity of the caller. The approach utilized is not one which presumes traditional professional training in psychotherapy or counseling on the part of those who answer the calls. Rather, it is based on the concept of "creative listening" and underpinned by a warm and human regard for others and a special awareness of and sensitivity to the world of young people. The service at Childrens Hospital has been averaging over 15,000 calls a year and while the precise impact of the program remains

unclear, the continually increasing use of the service would seem of some significance. I say the precise impact is unclear because if one preserves anonymity one complicates the evaluation process in determining what your impact is on the community.

And if one of the hallmarks is anonymity, evaluation becomes very difficult.

In review, then, the major provisions of the hotline concept are as follows: Immediate availability so that assistance is timed to when a person reaches out; an open door policy meant to serve people with problems rather than problems with people attached; the recognition of the need for help rests with the adolescent himself rather than being the inspiration of others or the definition of others which often fuels resistance; respect for the anonymity of the caller as I mentioned before; an approach that also reinforces notions of strength in the individual rather than weakness or dependency, by mobilizing the caller's resources toward effective problem solving.

The hotline at Children's Hospital, after its inception, had a rapid growth spurt and as it became known it spawned an unknown number of other telephone services.

You ask different people how many hotlines there are in the country today and you get estimates all the way from 300 to a thousand. And the number is really somewhere over 500, but what that exact number is remains somewhat unclear.

But there are hotlines that cover this country and they are very different from hotline to hotline. They are a varied spectrum of specialty hotlines that deal with just specific problems, generalized hotlines that deal with everything, there are some that are directed toward youth, some that are directed toward adults.

The services vary from program to program, some being just referral services and others being definitive crisis intervention services in an attempt to do counseling over the phone.

Senator MONDALE. Would you just explain in more detail what you mean by referral service? They will take a call with a problem and try to refer the person to, say, a hospital or—

Dr. MUHICH. That's right. In an attempt to hook up a resource with the problem.

Senator MONDALE. The crisis intervention model will actually try to counsel over the phone and solve a problem?

Dr. MUHICH. Over the phone. Through the counseling services.

Senator MONDALE. Without referral.

Dr. MUHICH. Right. Most hotlines do some of both, but some do just one and others do just the other.

Senator MONDALE. Are there some that have health services right in the shop?

Dr. MUHICH. Yes, there are many that have health services and have direct face-to-face services that are available through the same general institution or agency that sponsors them. Others are purely phone counseling.

So there is a broad variety.

The problems which appear at the hotline interface are equally broad as the services offered. A majority, however, are from youth in crisis.

Most frequently the crises are concerning peers, parents, and drugs. Those three categories comprise about half the hotline calls.

The remainder are problems with various subsystems; work, housing, isolation, loss of psychological control, suicide tendencies, et cetera.

Senator MONDALE. Do these different categories of problems perceived and dealt with by youth crisis centers, tend to be pretty constant in all parts of the country?

Dr. MUHICH. They have tended to be in Los Angeles and other places they have been examined. Peers, parents and drugs seem to be the major problems that are brought to most hotlines except where they are specialty hotlines.

There are hotlines, for example, that deal with drugs alone or suicide alone or alcoholism alone.

May I mention, in this regard, I brought up the word suicide. May I remind the audience and the Senator, that suicide is a serious problem in this country and we are having a phenomenon of a rapidly rising suicide rate.

Within the last 10 years the suicide rate in males between the age of 10 and 19 has tripled. It's gone from 3.3 per hundred thousand per year to 10 per hundred thousand per year. In females between the ages of 10 to 19, the suicide rate has gone up 200 times in the last 10 years. There was not a significant female suicide rate between the ages of 10 and 19, 5 years ago. A suicide rate of 0.04 per hundred thousand per year based on 1965 data has risen in 1970 to 8 per hundred thousand per year.

Senator MONDALE. What's the source of that data?

Dr. MUHICH. The source of this data is the Suicide Prevention Center collection of data in Los Angeles. It's their current data.

Senator MONDALE. Where do they get their information?

Dr. MUHICH. They get their information by collating a variety of suicide prevention center data sets around the country and arriving at a nationwide rate.

Senator MONDALE. Is this an extrapolation from data or is it an actual census—

Dr. MUHICH. It's an actual census. From autopsy data or rather what they call psychological autopsies on people who are found dead for unexplained reasons.

Senator MONDALE. How do you conduct a "psychological autopsy"?

Dr. MUHICH. Well, you look at a variety of factors around the death event, looking at notes, those kinds of things.

Senator MONDALE. Yes.

Dr. MUHICH. But it's hard data and it's the same group of people using the same kinds of statistics over time.

Senator MONDALE. That's interesting because on the Subcommittee on Indian Education that is now defunct, Bobby Kennedy's old committee, we found fantastic suicide rates among Indian children.

Dr. MUHICH. The teenage male American Indian has had the highest suicide rate, of any human species on the face of the earth. It's been approaching around a hundred per hundred thousand per year. The teenage male Indian suicide rate.

It's also interesting there was a zero suicide rate among Indians prior to the invasion of white man from Europe.

Senator MONDALE. Before we started helping them.

Dr. MUHICH. Correct.

There have been similar multiplications of suicide rates in the 20 to 29 years age group. In the order of magnitude about tripling, going from 19 in males up to 46 per hundred thousand per year and from 20 to around 50 for females in that age group.

I bring up the suicide rate because it is a spinoff of the kinds of crises that youth experience currently in today's society and the end result of not being able to solve these crises in an adaptive fashion.

The theoretical background and rationale for hotlines I have included for information, and I did not intend to cover verbally and I'm going to leave the text. The section explains that hotlines rest on crisis theory and crisis intervention as the basic theoretical position from which to offer services; that man is a product of the kind of crises he solves and how he solves them. All of us in this world have crises to solve and we can solve them in either adaptive or maladaptive fashion. And out of crises we get strength and out of severe crises, if we can solve them, we get lots of strength. On the other hand we can get maladaptation out of them.

Therefore how we solve crises and who's around at the time of crisis is very important to the development of man.

Hotlines is one crisis intervention agency that is available to help the current adolescent youth solve the crisis they experience.

Senator MONDALE. The full statement in this section will appear in the record as though read.

PREPARED STATEMENT OF DONALD F. MUHICH, M.D., CONSULTANT,  
HOTLINE, CHILDREN'S HOSPITAL OF LOS ANGELES

Dr. MUHICH. This testimony will speak to the following topics:

1. the history of the hotline development;
2. the theoretical background of the hotline approach;
3. the directions hotlines are taking;
4. the relationship to other service delivery systems; and
5. current and future needs of hotlines.

Hotlines—by which I mean crisis counseling by telephone—had their origin with the opening of a telephone service at Children's Hospital of Los Angeles on April 1, 1968. However, for the beginning one must go back 1 year prior to that date. The service actually began with the formation of a multidisciplinary advisory group with the precise intent of developing a crisis counseling service available to youths under 25 years of age using the telephone as the exclusive contact instrument. This service was conceived as a crisis intervention resource wherein an understanding, sympathetic, yet objective listener would be as immediately available as the nearest telephone.

The idea of such a service grew out of an awareness by the staff of the adolescent unit at Children's Hospital of Los Angeles that an increasing number of youths seemed alienated from the society and that they seemed to lack adequate avenues of communication to helping resources during stress. Dr. Dale Garell specifically was instrumental to this recognition and to the assembling of the advisory group which developed the first hotline.

The causative elements which lead to the large number of alienated youth will not be commented upon extensively here. The major forces, however, are thought to be:

1. increasing social and cultural change rate;
2. increasing geographic and social mobility;
3. prolongation of adolescence with attendant absence of a valued social role;
4. further deterioration of the nuclear family; and
5. increasing urban complexity.

In response to the perceived alienation, the advisory group designed a program and called it "hotline." Perhaps the most unique and crucial features of the resource are its immediate availability and respect for the anonymity of the caller. The approach utilized is not one which presumes traditional professional training in psychotherapy or counseling on the part of those who answer the calls. Rather, it is based on the concept of "creative listening" and underpinned by a warm and human regard for others and a special awareness of and sensitivity to the world of young people.

The service at Children's Hospital has been averaging over 15,000 calls a year and while the precise impact of the program remains unclear, the continually increasing use of the service would seem of some significance.

#### DEFINITION OF HOTLINE

In review then, the major provisions of the hotline concept are as follows:

1. immediate availability so that assistance is timed to the "reaching out";
2. an open door policy meant to serve people with problems rather than problems with people attached;
3. the recognition of the need for help rests with the adolescent himself rather than being the inspiration of others, the latter often fuel for resistance;
4. respect for the anonymity of the caller so that he's free to test out doubts about himself with immunity as well as the trustworthiness of the listener; and
5. an approach reinforcing notions of strength in the individual rather than weakness or dependency, by mobilizing the caller's resources toward effective problem solving.

The hotline at Children's Hospital after its inception had a rapid growth spurt and as it became known spawned an unknown number of other telephone services. It is thought that there are more than 500 hotlines currently operating in the United States. These services cover a broad and varied spectrum of specialty, generalized, youth and adult programs. Services vary from program to program, some just referral services but most following the crisis intervention model which I will describe later.

The problems which appear at the hotline interface are equally broad and varied. A majority, however, are from youths in crisis. Most frequent are crises concerning peers, parents, and drugs. These three categories comprise about half of all calls. The remainder are problems with various subsystems; work, housing, isolation, loss of

psychological control, suicide, and so forth. In this regard may I remind you that serious increases in suicide rates are a current American phenomenon. The suicide rate in males age 10 to 19 has tripled between 1960 and 1970. In females 10 to 19, an even more pronounced increase has occurred during this period (from 0.04 to 8 per 100,000). Similar multiplication of suicide rates has occurred in the 20- to 29-year age group. Our society clearly has a problem in this area—a problem which is by no means currently solved.

The approach of hotlines to the problems presented rests soundly on crisis intervention theory, which is dealt with next.

#### THEORETICAL BACKGROUND AND RATIONALE

A focal aspect of the hotline service is the approach followed in assisting the young people who call. This approach rests on a number of key assumptions related to the nature of crisis, to their resolution, and to adolescence in general. There is nothing new here—simply the choice of one particular set of biases over others that might be followed in trying to assist young people as they grapple with difficult problems.

The crisis model adopted follows closely the precepts of general systems theory in a fashion similar to that of Caplan in his considerations of preventive psychiatry. Within this framework, a crisis is viewed as an upset or disequilibrium in an individual's efforts to organize experience such that it's reasonably predictable and need-filling. A crisis is experienced when one is faced with a problematic situation which, for the moment at least, appears both insolvable and inescapable. Insolvable in the light of perceived limitations in coping resources; inescapable insofar as important needs are at stake. The usual situation is one in which needs conflict—the satisfaction of one precluding the satisfaction of the other.

Inevitably, crisis will be resolved in one way or another if only to eliminate the unpleasant accompaniments of being "off-balance": tension, anxiety, cognitive disorientation increase the longer a resolution is delayed. The manner in which a crisis is resolved is considered crucial for ongoing adjustment. It can represent a significant gain in adaptability—in mental health—by virtue of an enhancement of the individual's problem-solving resources. In this case, the person emerges from the crisis a more effective human being than he was beforehand. He is prepared to face adaptively a wider range of experience and thereby allow himself the opportunity for further growth and enrichment.

On the other hand, the outcome of a crisis resolution could mean the addition of maladaptive coping styles, that is, patterns of response which, in effect, represent a lessened capacity to deal with novel experiences and thus an increased vulnerability to breakdown in the future. This would be the case, for example, if one has chosen to avoid the problem or to manipulate reality in fantasy or to escape reality pressures through alienation or through the use of drugs.

Thus, the crisis represents a rather important fork in the road—moments of truth—as it were. On the one hand, an opportunity to move further along toward self-mastery and fulfillment; on the other, the

chance of a significant setback that, at the very least, will require the retracing of steps. The issue, then, is twofold: how to capitalize on the crisis experience recognizing its potential for growth; and secondly, how to avoid panicking into a deadend. These two components are clearly not independent. However, it would seem we most often overlook the opportunity implicit in the crisis while attending primarily to the preventive aspect. This is, perhaps, no more conspicuously evident than in the manner in which we customarily approach the problem of drug abuse. Hotline is intended on exploring ways that enable at least as much as underlining ways that do not.

The forces brought to bear on the decisionmaking processes determining the choice of strategy for crisis resolution include a variety of predispositions which the individual brings to the event. These include his background of coping experiences, his current ego strength, special meanings associated with the present problematic situation as derived from previous experience, and so on. An additional source of significant influence can be that which is forthcoming from the interaction of the individual with significant others in his psychosocial environment. In fact, it is assumed that as the crisis intensifies (that is, continues without resolution) the crisis-bearer will be increasingly prone to turn to others for assistance. This is regarded as no less true of the adolescent than of an adult or young child. It is further assumed that to the extent the intervention (outside assistance) is well-timed—that is, geared to the individual's reaching out—optimal benefit is approached and effort minimized.

In setting up the hotline service one of the primary considerations was that of providing the means whereby the need for the immediate availability of an outside assistant could be met. Such provision is considered particularly important for the adolescent because of the characteristic instability of forces—the rather delicate balance that prevails generally, let alone during crisis periods, that tends to force impulsive action. Underlying the notion that a hotline was needed was, in part, the observation that the condition of immediate availability was not being met for many young people by the significant others within their own world, not to mention the traditional care-giving agencies with waiting lists, eligibility mazes, and limited hours.

In addition to timing there are other conditions assumed prerequisite to the opportunity for intervention, particularly with the adolescent. There is the question of whether or not the individual will avail himself of the outside help even if the latter is available when needed. There seem to be any number of factors that could stop the process short. For example, certain preconceived notions as to how the outsider will interact once disclosures are made. Fears of rejection, of ridicule, of prejudgment are mixed in with the images that a youngster may have of the significant others in his world and these kinds of expectations obviously interfere with his seeking their assistance.

One is reminded here of how important a role the business of imagery plays in the adolescent faced with the prospect of seeing a psychiatrist or psychologist. It is rare that adolescents greet this news with enthusiasm and it seems to have to do with the connotations that come to mind. To be sure, one doesn't have to be crazy to see a psychiatrist but this kind of objectivity may not come easily to the adoles-

cent fighting his fears of insanity, a fairly typical preoccupation it would seem. This argument can be extended beyond the psychiatrist to the traditionally conceived caregiving agencies that most communities provide. The question again is how available, in effect, are these resources when their services are defined in terms of a specific problem as opposed to simply seeing people who are troubled by this or that. One suspects that many adolescents at least are turned off by the connotations of the label, even assuming they are somehow able to so pinpoint the problem that they are clear on what line to stand in. The most troublesome connotation of being labeled a problem, particularly for the adolescent who is struggling to prove to himself, let alone to others, that he shows promise of becoming an adult, is probably that which to him at least implies weakness, inadequacy, inferiority, and the like. All of this amounts, in effect, to saying that the individual is incapable of being responsible for his own life and, thus, that it must be taken out of his hands. Hopefully this is not necessarily what happens once the helping process gets started. However, it appears to be a frequent expectation on the part of adolescents and as such to promote considerable resistance to reaching out at all.

Added, then, to the list of conditions essential of effective intervention can be possible is a kind of "no strings" message. Assistance is standing by when the need is felt to reach out and there are no strings attached to the assistant's participation in one's struggles and concerns. The assistant is here to listen, to hear one out and to collaborate in problem solving. Anonymity is respected so that doubts may be tested with immunity.

A final key assumption underlying hotline's approach relates to what constitutes help once a person has reached out and made contact. If the conditions of timing and unconditional regard have been met, the major thrust of the helping relationship is that of mobilizing the individual's resources toward effective problem solving rather than rendering advice or in other ways taking over. If the crisis experience is to yield dividends in terms of growth, the individual must be afforded the opportunity of continued involvement in working through the problem. The task of the outside assistant then is not prescriptive but rather one of provoking inquiry; of setting up an atmosphere in which the individual is prompted to examine what he's experiencing, to reconsider his opinions about himself and his relationships and to become aware of alternative pathways in meeting the challenge he faces. The outcome of this kind of experience is two-fold: (1) the individual's ego strength is enhanced because he discovers a capacity to be responsibly involved in matters of personal significance; and (2) emergent strategies or solutions are most likely to be implemented because they have meaningful anchorage in the individual's own perceptual world. In short, the goal is to counter the tendency to rely on external agents of change and through the very process of interaction itself allow for an experience in self-direction. It is assumed that this kind of opportunity will have significance beyond the resolution of the immediate crisis.

The tasks of the outside assistant, as conceived above requires considerable discipline, skill, and effort. To collaborate in the sense in-

tended here implies understanding as fully as possible how the crisis-bearer views his situation. To gain this kind of understanding requires listening in the true sense: Being completely engrossed in what is being said without imposing value judgments, without comparing, without translating what is being said into the terms of one's own experience. Hotline's monthly training sessions are devoted in large part to listening workshops; a continual effort is necessary to overcome old patterns of not listening.

It is assumed that through the very act of clarifying the crisis (on the part of both the assistant and crisis-bearer) much of the working-through is achieved. Coping strategies become apparent as one approaches a total understanding of the situation one has viewed as problematic. Such understanding obviously requires an atmosphere of honest self-disclosure and a mutuality of intent on the part of the parties involved that carries no vestige of prejudgment.

#### FUTURE DIRECTIONS

Telephone counseling services in addition to expanding in number have also participated in the development experienced by any new service system. In recent years hotlines have begun to develop quality control standards and a system of ethics necessary for such a system. This process has not been an easy one because the anonymity of the listener and caller has made the evaluation of phone services difficult. In spite of this lack of clear evaluative feedback, hotlines like similarly nonfeedback systems, have tried to separate highly effective systems from others. This standardization of program has produced some internal conflicts as all quality control programs in the humanitarian service systems seem to do. The conscientious management of most hotlines has persevered in this endeavor. Therefore, this evaluation must be anecdotal or testimonial in character. The evaluation effort has met considerable resistance and needs to be pursued.

Along with the search for quality control, hotlines have expanded the services that they render to include walk-in, referral, outreach, residential, and advocate services in some areas. All of these services seem to be needs of the hotline constituency. The development of individual hotlines has varied with the institutional base, the clearness of mission, and the organizational integrity of the program.

In the expansion to other program services, it became apparent that hotline had a coordination role which was not currently being fulfilled among not only established agencies but also among alternate culture delivery systems such as free clinics, runaway houses, and switchboards. These other programs which grew up concomitantly in relationship to the same alienated youth groups have gradually become integrated with telephone services with the latter being the coordinating agent.

The estimated 1 million yearly teenage runaways, the millions of alternative culture youth, and a variety of other youth subcultures all look to this service delivery system as the major force in solving the human crises that their members experience. The future will see expansion of all these programs with hotlines as the leading and coordinating agency.

Most hotline programs as other alternate culture service systems have and will continue to have severe operational problems. These problems are characterized by lacks in the area of institutional connectedness, organizational longevity, adequate funding, technical ability, and managerial competence.

One sees a variegated vista if one examines programs around the country. If there is a single most crucial need in the programs being discussed, it is the need to get adequate human and capital resources to provide stability in the areas already mentioned. The instability of purely volunteer programs, the lack of technical assistance, and the absence of competent full-time management have conspired to destroy basically sound initial programs repeatedly.

We at Children's Hospital of Los Angeles have had the blessing and support of a sound institution with a multiplicity of technical, managerial, and capital resources. We would urge the development of such resources at the Federal level to give adequate and continuing support to less advantageously positioned efforts. The need for only expansion but for continuing staff and program support is crucial to maintain and further develop this nonduplicated service resource. The problems of youth in our society are legion and will not be dealt with by less than our best effort.

Let me move on to what I see as future directions and leave the theoretical area of hotlines.

Telephone counseling services, in addition to expanding in number, have also participated in the development experienced by any new service system. In recent years hotlines have begun to develop quality control standards and a system of ethics necessary for such a system to operate.

This process has not been an easy one because the anonymity of the listener and caller has made the evaluation of phone services difficult. And the ability to generate an effort has not been simple.

In spite of this lack of clear, evaluative feedback, hotlines like similar nonfeedback systems, have tried to separate highly effective systems from others. That is, try to determine where chance-skill lines lie and try to get the ethics over on the skill side of that line and not on the chance side of that line.

Senator MONDALE. Is that what you mean by ethics? Ethical problems of being licensed to practice?

Dr. MUHICH. Yes. The whole business in the human service delivery of having some set of values that are shared. And I'm talking about a professional, or semi-professional ethic.

This standardization of program has caused some internal conflicts as all quality control programs in the humanitarian service systems seem to do. The conscientious management of hotlines has persevered in this endeavor.

However, the evaluation of services must remain, for the moment, anecdotal or testimonial in character, rather than requiring scientific data from which to move.

Along with the search for quality control, hotlines have expanded the services that they render to include walk-in, referral, outreach,

residential and advocate services in some areas. All of these services seem to be needs of the hotline constituency.

The development of individual hotlines is varied with the institutional base, the clearness of mission and the organizational integrity of the program.

Hotlines have been spawned from a variety of institutional bases and sometimes they've been spawned without an institutional base. Each of these has brought up a different kind of development epigenesis.

In the expansion to other program services, it has become apparent that hotlines had a coordination role which is not currently being fulfilled among not only established agencies but also among alternate culture delivery systems such as free clinics, runaway houses and switchboards. The other programs which grew up concomitantly in relationship to the same alienated youth groups have gradually become integrated with telephone services with the later frequently being the coordinating agent.

The estimated 1 million yearly teenage runaways, the millions of alternative culture youth, and a variety of other youth subcultures all look to this service delivery system as the major force in solving the human crises that their members experience.

The future will see an expansion of all of these programs with hotlines frequently the leading and coordinating agency.

Let me speak to the needs of the hotlines. Most hotline programs, as other alternative culture service delivery systems, have and will continue to have severe operational problems. These problems are characterized by lacks in the areas of institutional connectedness, organizational longevity, adequate funding, technical ability, and managerial competence.

One sees a variegated vista if one examines programs around the country. If there is a single most crucial need in the programs being discussed, it is the need to get adequate human and capital resources to provide the stability in the areas previously mentioned.

So many of the hotlines have such inadequate funding that a significant portion of their energy is utilized in generation of just on-going program funds. And as you pointed out there has been very little Federal support, there's been very little State support. There's been occasional city and county support of a Hotline here and there, but it's been a touch and go kind of operation, sort of fly-by-night and trying to generate enough capital to keep it going for another month and see who's going to pay the phone bill.

The instability of these kind of programs and the instability of purely volunteer type of programs with a lack of technical assistance and the absence of competent, full-time management, have conspired to destroy basically sound initial programs repeatedly.

We at Children's Hospital of Los Angeles have had the blessing and support of a sound institution with a multiplicity of technical, managerial, and capital resources. We would urge the development of such resources at the Federal level and we would urge the Federal Government to take some guiding role in this to give support to these basically unduplicated services that are filling a crucial need in the development of our young people. The need is not only for expansion, but for continuing staff and program support.

The Federal Government has frequently been in the position of starting programs and not supporting them after that. And we would really make a plea or I would make a plea that we get some on-going support for these programs.

There is not much needed in the way of money for given program, but on-going, sound support over time is required.

Senator MONDALE. How much do you think a typical, adequately conducted hotline should require? What kind of money are we talking about?

Dr. MURICH. Well, I think they are so different from place to place that it's very hard to comment on.

If you are trying to adjust to 7½ million people in Los Angeles you would require a different kind of budgetary figure. Some stability to hire one person, even, full time. If you could just have one fulltime. A person who could spend the time organizing, getting some organizational stability and look around the community to mobilize other resources, even that, you know, would really be an asset to many of the hotlines around.

Many of them do not have the funds to support one person full time. And volunteers are very good, but there are certain kinds of things that are hard to do with just volunteer help.

You'd have to figure that formula on some kind of a population basis. I can't really answer your question, I can tell you our budget in Los Angeles currently is right around \$60,000 a year.

Senator MONDALE. Of course, you are one of the largest—

Dr. MURICH. We are one of the largest and we have county support. We have a contract with Los Angeles County. And they are our major financial support.

The problems of youth in our society are legion and they will not be dealt with effectively unless we really give it our best effort, and I think the hotline, free clinic, runaway switchboard, health service delivery system, is an alternate health service delivery system or caring system separate from the mainstream established system. It really requires and deserves some support from our Federal Government.

Senator MONDALE. Thank you for a very useful statement.

Let me ask one question which really deals with your last point. We have several programs in the Federal Government designed to theoretically help people in trouble. And one is the legal services program which is supposed to help poor and disadvantaged people have full access to courts on issues that affect them. Other programs are not quite the same in design, things like VISTA, designed to make it possible for middle class young people to go out and help and assist and organize poor people.

And those programs always seem to be in trouble because as soon as they start getting effective, somebody who is paying taxes gets hurt and doesn't like it.

And we've had a running battle now for some years to try to keep a legal services program of integrity. That issue is coming up next week again. It's been my bill, they want to turn it into one that can't begin lawsuits that need to be brought.

And then, of course, you know they are trying to make VISTA into a very cautious, straight kind of organization, unlike the original

program which was designed to have the young people really work with people and learn about them and organize them.

And I think one of the strengths, my impression is—of the youth crisis services—one of the great strengths is that they have been free of any kind of contamination by Federal guidelines and because of that, in part, they have a high degree of respect and trust by young people who desperately need the service.

Do you fear that if the Federal Government does begin supporting these programs that some of that trust will be lost? That guidelines might interfere, might interrupt the basic integrity of the program?

Dr. MUHICH. Well, I suppose that is something to be examined carefully, depending on the kinds of relationships that the granting agency and the grantee develop and what the requirements of that granting relationship are. This will to some degree determine the influence that the Government would have on some programs.

I don't think—let me say, I do think that the health, the viability, the strength of the basic hotline movement, and related services, is able to withstand some pressure from that single customer, the Federal Government.

I suspect there are some that would be warped by it. I think the majority of them would not be.

To a large extent this has not been an advocacy movement and in that sense I think it has been a service delivery movement rather than an advocacy one. So, I don't think that interface would be as complicated as it would be in the legal services.

Senator MONDALE. Although I noticed at some point you mentioned advocacy as one element—

Dr. MUHICH. Yes, many of the centers have tried to deal with institutional change in the community. If they felt a given portion of the subsystem or if the law enforcement part of it or the health department or whatever, was not giving a fair break to some of their constituency or was not dealing with some of the problems in a humane and workable fashion, they have attempted to be an advocate on those problems. That will always be a part of the human condition of people who are caring.

So that will always be part of it, but I don't think the advocacy portion of their program is the major portion. I don't think the Federal Government putting in money is going to hurt the overall system. An occasional program perhaps.

Senator MONDALE. At the beginning of your testimony you talked about some causative elements, as you call it, which lead to the large number of alienated youth. Would you just spell some of this out? Because I think this is very hard for adult America to quite understand.

Your first point is, "increasing social and cultural change rate." Can you just spell that out for a minute?

Dr. MUHICH. Yes. Our society has a cultural change rate in terms of changing the values, ethics and ways people deal with each other, which is ever increasing.

We have, since World War II, become a highly technological society. And that change rate is increasing and it doesn't appear to be stabilizing in any way.

For example, one is teaching children what you think will be useful for them to use at some future time besides now.

Well, the ability to know what is going to be useful gets smaller and smaller so we continually teach more and more irrelevant things. Because the world is changing so quickly that what we are teaching, by the time it's taught, is no longer useful.

Also some of our social institutions have a slower change rate than society at large and they can never catch up.

Schools are typical examples of a system that can never catch up and be relevant again. Unless it changes the kind of system it is. These kinds of cultural change rates cause an enormous amount of confusion and also puts the adults in the world in the position of not really being able to help youth very much. You have to look for what youth are experiencing because what the adults experienced when they were that age is no longer relevant.

Those kinds of change rates that Toffler has spoken of in *Future Shock*, and a variety of other people have spoken to, is a current and increasing part of our cultural malady, if you will.

We have irrelevant laws that judges work with. They know they are irrelevant, but they still have to operate with them. The institutional change rate is not keeping up with the change rate in the culture.

That's one of the reasons for having large numbers of alienated youth.

Senator MONDALE. And your second point is, "increasing geographic and social mobility." How does that aggravate this problem of alienation?

Dr. MUHICH. Well, it aggravates it because, you know, when you have a problem with your neighbor and you've lived there a long time you have a way to solve it. And now you don't know who your neighbor is because you've just been there a short period of time. And you have to look to institutions, rather than community, to try to solve a variety of social problems.

If Johnny broke a window in a small town that could be dealt with because the people knew each other. It becomes a matter for juvenile court in the urban center.

So just increased urbanization of our society has brought about—and increased geographic and social mobility, have brought about a whole series of social fractures that we have only institutions to try to deal with because we don't know the people we live with any more.

Senator MONDALE. And then your next point is, "prolongation of adolescence with attendant absence of a valued social role."

Can you dwell on that for a minute?

Dr. MUHICH. Our society is such that we have kept people adolescent longer and longer. It used to be clearly identified as someone under 21.

Now youth is usually talked about being anywhere from 16 to 25 and under 25 is still youth in most contexts. We have not permitted youth to have a meaningful or prized relationship to the decision-making process, the planning process, or the service delivery process in major portions of our society.

So we have prolonged adolescence and kept people in sort of a state of estivation or hibernation for long periods of time where they are

physically, intellectually equipped to be coparticipants in society, full participants. But society has not allowed them to be full participants.

Now, the move to the 18-year-old vote is a move in the opposition direction, but voting is just, you know, one privilege.

But to have a day-by-day, on-going prized, valued social role in society besides being just a youth is something we need to look at. To get youth to participate, particularly in the design of, the planning of, and the management of those systems which basically deal with them, with youth. Like the schools, juvenile justice system, et cetera. Youth involved in participation at all of those levels is important if we are not going to produce further alienation.

Senator MONDALE. I recall reading a year or so ago that—while this is happening, while we are delaying the day of full adulthood from a standpoint of social acceptance and roles and the rest, there's been a trend of earlier physical maturation. So that a person is becoming a woman or a man much earlier than, say, 200 years ago.

And the day in which it's recognized is much delayed.

Dr. MUHICH. There's a 2-year drop on the physical side, they're maturing about 2 years earlier and we're going to be in trouble as people. And there is currently about almost an 8-year delay on the other end before we let people participate.

Senator MONDALE. "Deterioration of the nuclear family."

Dr. MUHICH. We had for many years in this country and throughout the western culture we had the extended family where we had all kinds of kin relationships around, uncles, aunts, grandmothers, grandfathers. That was called the extended family.

This began to break down with the industrial revolution and the kiss-of-death was put on it by World War II. The major acculturating force today is called the nuclear family. One man, one woman living together, sometimes husband and wife, and rearing children, without extended kinfolk around for support.

The nuclear family has come up because of needs for rapid change, to move, mobility, urbanization, all of those have brought about the nuclear family and the destruction of the extended family.

The nuclear family, as we see, has not been awfully resilient and it has a high-breakdown rate. And the breakdown rate in the nuclear family is further increasing.

It doesn't seem, as an acculturating force, to be able to do the jobs that are currently assigned it. So as the major acculturating force in our society, for passing our culture to the next generation, it's not doing a terribly good job.

We have to support it with all kinds of things, family counseling and all other kind of sorts of things to bring some more support to the nuclear family.

But it continues to fail at an ever higher rate. And it may well be that it's an obsolete social system that may have no more than about 50 more years as a major acculturating force in our society.

We may have to find something that's more stable, that does the acculturation job better than that one seems to do. But the deterioration of it, without supplanting it with some other kind of social force is where we're at today. We have supplanted it with nothing and all we're seeing is the fruits of deterioration of the unit.

Senator MONDALE. Now, your last point was urban complexity. How did that contribute to this problem?

Dr. MUHICH. Well, if one needs to get services today in the current urban setting, even if one has all of one's wit about them and one is even organizationally and institutionally knowledgeable, it's an enormously difficult job.

Let's take the urban setting of Los Angeles County which is as complex as you can get with 79 cities with it.

There are 147 different districting systems. Public health breaks up the area one way, welfare breaks it up another, law enforcement still a third. Welfare has three different districting systems of its own. So you're always at someone's table looking for some service and someone is saying, "That's not my table, you've got to go some other place."

This kind of complexity of not knowing how to work with this enormously burgeoning urban setting with a variety of kinds of services, many of them requiring that you trade your dignity for help, et cetera, all tend to put off youth and youth in trouble.

So the hotline, with its more casual approach, clearly identified, call one number and they'll take care of you, it's going to be their table, they're not going to say, "That's not my job," plays a very important role in such a function.

Senator MONDALE. This is probably touched on by several of your points here, but it seems to me that the basic strategy of most Americans, most families, is to protect their children from all problems if they can afford to do so. They get away from poor people as much as they can. They put the mentally ill and retarded away if they can. They put their criminals in a prison if they can. And some communities don't want blacks around.

So, increasingly, young people grow up with, an excellent education and magnificent housing, the best health care. But they get rid of the grandparents when they are starting to age and have problems. And if their parents' strategy is successful, the children are never exposed to the tough, complex, controversial human problems which others might have.

And it's kind of a—an unchallenged environment in which they live.

Now, maybe that's the point you're making here, but I think people have to have, young people, everybody has to feel that they mean something, that they are important, that the roles that they play are essential not just to themselves but to others, and are thought to be such.

Is there some basis of validity to that observation or not?

Dr. MUHICH. Well, I think we have some homogeneous, middle class, white ghettos where people grow up in kind of a hothouse environment. I don't think that that is really appreciated as the real world by many people, however.

That wire or wave that comes into the house over which television is transmitted brings in the outside world wherever you are. And if you are living in a very homogeneous kind of world you recognize there is a more heterogeneous world somewhere out there.

So there's no way to really produce that kind of homogeneity which would be a very sterile environment to my way of thinking.

Some of the kinds of people that we see in the hotlines, runaway houses, are people that are leaving those sorts of homogeneous, I call them white ghettos, middle-class ghettos where you never learn about, never see anything really happening, sort of plastic lives.

But many of the runaways are leaving that kind of environment for something that is meaningful and getting into environment that they are unequipped to handle.

The majority of the runaway problem is a white, middle-class problem.

Senator MONDALE. That's one of the questions I wanted to ask. This is not basically a poverty program, is it?

Dr. MUHICH. Basically not a poverty program. There are poor kids who are running in the street, but the majority of the runaways are not out of the ghettos.

Senator MONDALE. You're right.

Dr. MUHICH. That's nice.

(Additional information subsequently supplied by Dr. Muhich follows:)

The complete table of suicide rates in youth is as follows:

Suicide rates expressed as number per year per 1000,000 population.

YEAR	MALES		FEMALES	
	AGES	AGES	AGES	AGES
	10 - 19	20-29	10-19	20-29
1960	3.3	18.3	0.04	6.3
1965	2.8	31.0	0.60	14.9
1970	10.0	41.3	8.0	26.2

In addition to needed funds for the support of program, there is also a recognized need for training centers to train volunteers in counseling and other hotline techniques. Such funding ought to be sufficient to support three to five training centers across the country. These funds, unlike program funds, would have trouble functioning if a local match were required. I therefore would recommend a 100% federal support for a minimum of three years after which various hotline programs utilizing the training center perhaps could purchase training from the centers.

Senator MONDALE. Thank you very much, Dr. Muhich, for a very fine statement.

Our next witness is Kenneth Beitler, director of the National Hotline and Switchboard Exchange, Inc.

**STATEMENT OF KENNETH BEITLER, DIRECTOR, NATIONAL HOTLINE AND SWITCHBOARD EXCHANGE, INC.**

Mr. BEITLER. I thought the first thing I should do is to describe briefly what the exchange is as the basis for the rest of my remarks.

As former director of Youth Emergency Service (YES) in Minneapolis, I began to see the need for one central clearinghouse of information on training manuals and other types of technical assistance to all the hotlines around the country. As YES grew in other people's eyes, we were called upon to provide that kind of technical assistance.

The exchange publishes a monthly newsletter that now goes out to 2,000 hotlines, free clinics, and any interested individuals.

Also, twice a year, we publish a national directory of hotlines, switchboards, and related services, and it's in putting together the directory of these programs that we've seen some of the growth.

I don't think people have a real grasp of the growth of these programs. By August of 1970 there were at least 73 hotlines, switchboards, and other kinds of telephone crisis centers that we were aware of.

By April of 1971 this number had multiplied so that there were at least 378 hotlines with at least one hotline by that point, in every State.

By June of this year this number has grown to 656 hotlines that we are presently aware of, despite the fact that in checking with each of the services before including them in the directory, we found that over 85 had closed.

In checking further, we have tried to find out from people in the local community why that occurred. Why did these programs go under?

People have mentioned lack of funds, lack of ongoing volunteer support to man the service, lack of community support, mistrust from mental health professionals, and other factors.

Sometimes the hotline was just poorly conceived, poorly organized, and couldn't sustain itself.

Also, in many communities, there's been a growth of what Don was referring to as a whole network of health care delivery for young people. Many communities have other types of crisis centers that include crisis lines as a small part of their operation.

Drop-in centers, drug centers, free clinics, and other youth-oriented programs may offer a crisis line to the community.

In addition, nationally there are over 62 runaway programs which include crisis-intervention counseling to the young people and their family.

In many communities the United Fund sponsors an information-referral service which, although serving the entire community age-wise, does offer help to young people. There are more than 85 information and referral centers around the center which have the United Fund affiliation.

As far as the staff and management of these programs around the country, the sponsor will vary from State to State or from program to program. We've seen some trends as far as sponsorship.

In New York State, sponsorship is many times the local narcotics guidance council, while in Maryland many of the problems are sponsored by local mental health centers. In a few cases the Red Cross, as

in Wichita, or YMCA as in San Diego, sponsored such a program. The majority of hotlines are set up as private nonprofit corporations with an independent board of directors.

The volunteer staff of these programs is as varied as the community it serves. In college communities the volunteers would be primarily college students. In suburban areas the volunteers can be suburban housewives, schoolteachers. Again, they will vary.

The training also varies in each program. In some programs there may be as much as 60 to 80 hours of formal training, while in other programs the training is minimal. And this, again, will vary depending on the needs.

If it's a specialty program or just an informal group of people manning a telephone service, they may not see the need for training.

Other programs offering more crisis intervention type of counseling, or suicide prevention, of course, will specialize in those areas.

Senator MONDALE. What qualifications are required for a good hotline listener?

Mr. BEITLER. It really will depend on the scope of the service. I think that people are looking now toward screening as an important part of determining who should be the telephone listener in their service. They look for an ability to be nonjudgmental, they look for previous knowledge. Maybe someone who has experience with the drug scene is going to be a much better volunteer than a novice.

I think we're beginning to realize that some people aren't trainable, and as soon as you make that conclusion or start working from that assumption, then you lean toward screening.

I'm saying that somehow on the street or in life people become trained and then those people are used in your service.

Senator MONDALE. I guess you may have answered this, but what do you look for? You said nonjudgmental.

Mr. BEITLER. There are certain key situations. I think you're going to ask prospective volunteers—and you can do this in a face-to-face interview or over the telephone. One of the situations is going to be in the area of drugs.

If someone called you and told you, "I have a drug problem," what would you say? Are you going to sell them religion, are you going to sell them your view, or are you going to be an open person and listen to what they say?

Another area is the whole area of sexuality. You are going to have to ask people what their opinions are on a variety of subjects. There is a rapid increase in venereal disease in this country, and questioning of sexual roles. If you are going to see your hotline as gaining a large number of problem pregnancies, imagine that a 17-year-old girl calls you, and she's pregnant and hasn't told her parents. What's your response? And if the person says, very judgmentally, "This is what I would tell her to do," that is obviously not the kind of person you want in your service.

There are other areas of information, such as the fact that someone's been arrested or has friends that have been arrested, that may give them some special understanding.

You might ask, "What kind of personal experiences have you had that will make you a good hotline volunteer?" And then the followup question to that is, "What did you learn from your personal experi-

ences?" It's not good enough to have a lot of experiences. I think a lot of people just go around having a lot of experiences and never learn from them. That becomes a very important part of the training and screening process.

Part of the training in some programs is to invite in referral resources so that the lawyer you are going to refer to, the doctor you are going to refer to, takes part in your training. People then become familiar with that person. It's a lot easier if you are talking to someone on the phone who says, "Well, what do you know about this place you're going to try and send me to?" And you can say, "Well, I've met the guy, he's been to our training program, I like him, and he created a good impression for our staff." This is a good way of creating a feeling of warmth about this person. I think the referral will then be followed up. It won't just be given and you find out later that the kid never went.

To continue, the annual budget—one of the questions that has been raised this morning is how much it costs per center. It will include phone, rent, which is in most cases is donated. For example, we could be in a church basement. A number of places are finding that they can get their rent, or at least part of it, donated.

Some money is needed for publicity, although radio stations, especially rock radio stations, are very good about public service announcements in most communities.

And then the biggest chunk of any center's budget is administrative salaries.

The fact is that they do need, I have to underline this, at least one person full-time in any center if it's going to have any kind of quality in what it's doing.

Some people are getting pretty subsistence salaries to be that one person, such as \$200 or \$300 a month.

Senator MONDALE. What would you think of a draft of legislation of prohibiting more than one paid person? That is, on Federal funds? I don't want to see us set up a whole new federally financed bureaucracy, I don't think it's good for the program.

Mr. BEITLER. No. I think—there needs to be at least one. If there's going to be more than one, funds should come from the local community on a matching kind of contribution.

Senator MONDALE. We have this phenomenon in our country. With a social problem, we always hire a bunch of us to go out and take care of it.

The Bureau of Indian Affairs figured out the other day if they closed down all the Indian programs and sent the Indians what they saved, the average family would receive \$6,500 a year. Today they are at \$1,400 a year.

By the time we get through hiring enough of us to help them there's nothing left.

Mr. BEITLER. I think it would be a disaster if this was the same.

I would like to give a brief summary of hotlines in Minnesota.

The first hotline in Minnesota was Youth Emergency Service, which was started in Minneapolis in May of 1969. Although both the Suicide Prevention Center and the Community Information-Referral Center are older than YES, they do not exclusively serve young people.

At present, in putting together the national directory for the summer, we found that there are 19 hotline services in Minnesota, primarily located in towns which have either a college or a junior college. And this may be partly because it's easy to draw volunteers. There's a pool there that would want to work at the program. Also it usually means there is a larger population of the people in this 15- to 25-year-old age group that we are going to try to serve.

Senator MONDALE. Might it also reflect the earlier point about the fact that it's a middle-class service? If you have a college town, college education is still basically middle class.

Mr. BEITLER. But there are, in the noncollege, rural community, very few youth crisis programs. The need is still there, but at age 18 you move out. So there's only the 14- to 18-year-olds.

Senator MONDALE. Where do you go?

Mr. BEITLER. To a larger city, to college, the armed services. I mean, most people at age 18, then, graduate from high school and go off to the big city.

So that potential pool of dedicated volunteers, most volunteers of our centers being somewhere between the ages of 19 and 24, just doesn't exist in a small town.

Although a couple of the programs are actually sponsored in Minnesota by colleges, most are sponsored and funded privately in each community. There is, at present, no statewide network or any other attempt at coordination.

Senator MONDALE. Could you try a stab at that question I asked earlier? How much does a hotline center cost?

Mr. BEITLER. Minimally, people have been getting by on between \$500 to \$1,000 a year.

With the rent donated and one or two people who are incredibly masochistic, in that they like to volunteer long hours to be the coordinators, you can get by for probably \$500, \$600, two incoming phones, maybe three phones at the most. You also need a minimal amount of publicity, a few posters, a few handouts.

The largest budgets probably run in the \$25 to \$60,000 range in larger metropolitan areas.

The average, medium-sized hotline would probably need between \$10,000 and \$20,000 a year to run adequately.

Senator MONDALE. Would you send a letter to the committee kind of spelling out the elements that would go into that? Because when we authorize this bill we would like to have a general motion in the record, breaking that down.

Mr. BEITLER. Because people have filled out questionnaires and included in the questionnaires that they return to the exchange office, a detailed breakdown of their expenses, we can even document three or four examples of what the budget would look like for a hotline.

Senator MONDALE. All right.

Mr. BEITLER. Turning to the last page of the testimony, I wanted to document very quickly, the average number of calls per month. There's a long sheet that I put together.

The Community Crisis Center in Atlanta, Ga., a thousand calls a month; the Connection in Denver, a thousand calls a month; the Help Center at the University of Maryland, College Park, 3,100 calls

a month. Switchboard of Miami, Miami, Fla., 3,200. 621-CARE in Cincinnati, though, I don't know how they do it, receives over 6,000 calls a month.

Senator MONDALE. Does that say something about the center or something about the town?

Mr. BEITLER. Something about the center. They really have a fantastic group of people in Cincinnati that are working on that program.

Contact Little Rock, Little Rock, Ark., 600 calls a month. Hotline for Youth, Kansas City, almost 1,500. Head & Nose in New Orleans, 2,000, and the Portland Hotline in Portland, Oreg., almost 2,300. I included a breakdown of those programs in Minnesota and they range from the new program in Duluth called People's Center which receives just 75 calls a month, Y.E.S. in Minneapolis, receiving somewhere in the neighborhood of 5,000.

Senator MONDALE. You don't have the RADAR Center in Rochester listed here, do you?

Mr. BEITLER. No, they haven't sent the questionnaire back yet.

Senator MONDALE. It struck me as a very impressive center and they've worked out a fantastic relationship with the Mayo Clinic where they have every medical speciality known.

Mr. BEITLER. It's not every community that has that.

Senator MONDALE. No.

Mr. BEITLER. I thought briefly I would comment on the possibility of some Federal role.

Senator MONDALE. All right.

Mr. BEITLER. There are going to be some centers that, even if it was offered, would refuse any kind of Federal assistance because of their philosophical, political orientations.

I think there are three things, though, that could be done.

One is to help in building credibility, I spent some time in Coffeyville, Kans., and Terre Haute, Ind., this spring at two conferences that attracted crisis centers from small towns, and they were really up against terrific odds.

It's a lot easier when you're in a large university community to exist off to the side of the community, where people leave you alone. But in a small town you either have the town's support or you don't exist.

So I think credibility is important with the adult support for funding, for professional resources. This will be very important to the long-term success.

Senator MONDALE. What kind of support are you getting from HEW and Government officials, have they been generally interested in supporting?

Mr. BEITLER. Individuals in different levels have, and it was in doing my homework, that I learned how many different levels there are.

You might have one person who is sympathetic, but someone else two steps up, because of his attitudes toward the work this person two steps lower is trying to do, is not sympathetic.

Senator MONDALE. Has the Secretary of HEW said anything publicly about this?

Mr. BEITLER. Four of us met with the Secretary—

Senator MONDALE. I mean publicly?

Mr. BEITLER. No. YDDPA, Youth Development Delinquency Prevention Administration, published recently a 16-page pamphlet on Hotlines.

Different people in NIMH—Ruth Falk and others are looking at the possibility of funds for youth crisis centers—youth originated, youth-run crisis centers.

Actually, because all of these centers use volunteers and some of them are using VISTA volunteers as their paid staff—

Senator MONDALE. Are there some VISTA people working on this?

Mr. BEITLER. I think there are two different towns in Iowa who got their crisis centers with hotlines started because of the work of the Vista volunteer in that community.

But it's on a minimal basis, it's sporadic, it's one here, one there. What there hasn't been is anything said publicly high enough up to make any difference.

Senator MONDALE. And that would be helpful?

Mr. BEITLER. That would be helpful. There's a lot of doctors, psychologists, lawyers, that are sort of on the border right now of getting involved with these kinds of programs, or maybe not. They don't know whether it's going to be a long-term success so that these programs are going to be here 2 years from now, or if it is just a fad. Maybe they don't want to get involved if it's just a fad.

I think if we had some credibility and support, it would help.

A second area of Federal assistance would be the possibility of funding. Because hotlines are new and respond to many needs and not to just drug abuse, they don't fit into existing drug patterns. People have always said if YES had only concentrated on drugs they could have gotten funded, or if they'd only concentrated on problems for elderly they could have gotten funded.

But because you do everything, you're generalists, no one wants you. Or they'll say, "Well, you were innovative a couple of years ago and we only like innovative programs."

Senator MONDALE. In every program we adopt, we always demand creativity and innovation.

Mr. BEITLER. Exactly. And then we turn around and say well, who is going to pick up these programs that are providing something that is needed in the community. There are two possible areas. One would be the United Fund, and the other would be some kind of State or local governmental support. Through a county or through a city, but that doesn't happen right away, you know. I think it's going to happen over the next couple of years. In the meantime a temporary funding mechanism could be established within HEW or some similar agency.

Senator MONDALE. If they push you into some kind of specialization, most of these centers will go back to the same point that they made before that the client is always at the wrong table?

Mr. BEITLER. Right.

Senator MONDALE. The appeal of this is—

Mr. BEITLER. The one phone number.

Senator MONDALE. All you have to do is call one number and they'll help. You don't have to go through this guess-the-office game.

Mr. BEITLER. Right. Such a funding mechanism, if we could establish it with HEW or similar Federal agency, could provide small

amounts. And I was thinking the area of \$5,000 to \$10,000 of matching funds so that the community couldn't cop out for its local responsibility. If it couldn't set up a match maybe it isn't ready.

Senator MONDALE. You would suggest 75-25?

Mr. BEITLER. 75-25, 50-50.

Senator MONDALE. I think we should not take away the need for that program to have community support. I don't think these programs work without community support.

Mr. BEITLER. There's a survival instinct that I think the Federal programs don't have.

Senator MONDALE. Don't you think so?

Mr. BEITLER. You have to maintain a survival instinct—being able to go out to local foundations, local businessmen. That may be easier to do if there's some guarantee that the Federal match would be provided for.

Senator MONDALE. Yes. But if you have 50-50, you would still, the program couldn't work without local connections and support?

Mr. BEITLER. Exactly. Hopefully, young people would be involved in various phases of the application process, and whatever office was set up to administer the funds would have young people in it.

I know one of the frustrating things is what Don talked about in his remarks, where you have cultural gaps that exist. How are you going to evaluate these kinds of programs if there aren't young people involved, if there isn't that kind of input.

And, last, I think there is a need to utilize the data. Hotlines and similar programs will provide service and gather data on unmet community needs. This information should be included in any comprehensive health care planning that goes on at the Federal, State, and local level.

HEW guidelines and planning should utilize data collected from nontraditional sources such as hotlines. If you've got almost 700 hotlines and almost all of them keep some sort of records, they are documenting the needs of kids that don't turn to traditional agencies. Yet the data that is going into planning is from the traditional agencies.

Senator MONDALE. Do they show any interest, NIMH or HEW, in the kind of data, problems, et cetera, that you are uncovering?

Mr. BEITLER. It's only been in the last 6 months that they even knew we existed in the sense of their wanting to get involved.

I think people in HEW have heard of a hotline here or a hotline there, but by seeing the National Directory of Hotlines and seeing, in one place, the number of centers, and knowing that they are in every State and there are now 700 of them, they now have some documentation and can get involved.

Senator MONDALE. Because I think if you are interested in studying the drug problem, the number of kids who call in with drug problems would be very revealing.

Mr. BEITLER. Trends in the type of drugs.

Senator MONDALE. Because it has almost a built-in honesty that government statistics often lack.

Mr. BEITLER. Yes; using the data that's gathered would really be an asset.

If you were to sponsor a funding mechanism, I wouldn't want to see this be an on-going kind of mechanism. It should have some self-destructive capabilities after 2 or 3 years.

I think the United Fund and State and local sources of government support should pick up the tab. If you've got a hotline that gets 2,000 calls a month, that's saying something about the other agencies not doing the job. So what do you do? Leave the safety valve in so that they never have to become responsible? Or why can't these programs be picked up over the next, 3 or 5 years, by the agencies that are charged publicly to take care of the community's health care needs?

So I would hope that there would be a self-destruct mechanism put in to whatever funding mechanism, 1975 or 1976—

Senator MONDALE. What you might do is start out with a high percentage of Federal support—a 50-50 sharing process or 75-25—and work down to zero, say, in 4 years?

Mr. BEITLER. And then by utilizing the data, document the need enough so that the United Fund or the county mental health or county board of commissioners would say: These young people provide a needed service. Let's us pick it up. The Federal Government picked it up initially, now it's our turn to pick it up.

Or we might find that in 3 years the need is somehow changed, that the culture has changed again, and we've turned to different kinds of service, everyone's going to the country and there's no one left to be served. I don't know.

Last, hotlines, and other crisis centers, are at best a temporary response to a deeper problem. We don't have the time today to get into it.

It's my feeling that it's almost as if the entire country were experiencing a nervous breakdown and taking all of us with it. It is as if each local hotline is up against tremendous odds. Every day there are constant reminders—the war in Vietnam goes on, there is pollution, politicians that play to the fears and prejudices of many, unemployment that takes its worst toll upon the young, the returned veteran, and on and on.

It's no wonder then that so many young people find the present educational system meaningless, old life styles irrelevant, and the future bleak.

So, maybe more than hotlines and crisis centers we need to look at the major institutions and ask that they change to meet the needs of the people and not vice versa.

Senator MONDALE. Thank you very much for a very useful statement.

You mentioned that the Y.E.S. service in Minneapolis received the second highest number of calls. Is that program one of the busiest hotlines in the country?

Mr. BEITLER. Yes, it is.

Senator MONDALE. Is it one of the best or better hotline services in the country?

Mr. BEITLER. I've done a lot of traveling and as I dropped in and visited centers, one of the things I evaluate is their referral resources. I think the quality of your referral reflects the whole quality of the program, and I think the Y.E.S. in Minneapolis has one of the best referral systems, because they conscientiously keep their referral cards up to date.

Some centers aren't very conscientious about that because the neat part of the hotline is in talking to the person. The hard part is in making sure that you give the best referral possible.

So I would say that there are maybe four or five centers in the whole country, of which Y.E.S. in Minneapolis would be one, that really have very excellent referral systems.

Senator MONDALE. I notice that many of the hotlines in Minneapolis are named Youth Emergency Service, the same name. Is there any relationship between them?

Mr. BEITLER. There is no corporate relationship. It was using the name because there was, in a sense, some good will or PR already established.

There are pockets all over the country and in Minnesota the pocket or sphere of influence was that Y.E.S. was first and so other people used that name.

In northern California, as an example, the term is Switchboard and almost every youth service in northern California has Switchboard on the end of it. It can be Legal Aid Switchboard or Youth Help Switchboard, and that means that's the central place.

And in other parts of the country it might be the word CARE and that may even be part of the phone number, spelled out. If you dial those letters on the phone that's the number of the center.

On the east coast almost all of them up and down the east coast are Hotlines. But their model is different than the west coast model for Hotline.

I think what we've got is that everyone has different component parts in their model, so some are just telephone only, others include a runaway center right under the same corporate umbrella.

There are a number of centers that have purchased vans, Dodge maxi-vans or Ford maxi-vans and actually have a two-way radio hookup and actually go out and do housecalls in a sense. Some communities don't want to get into that, they think there are some ethical questions, some legal questions that haven't been answered in that area.

In Southern California some of the hotlines or help lines are actually a part of a free clinic. So you've got the whole spectrum.

Senator MONDALE. How important are free clinics as an adjunct to emergency centers? Is it important?

Mr. BEITLER. If you figure that one of the greatest rises, statistically, in any center is the VD calls and problem pregnancy calls and a lot of people won't go to a private doctor or traditional hospital for treatment of venereal disease, then free clinics become—

Senator MONDALE. Even where they'd call in?

Mr. BEITLER. No, because you may trust the doctor, but maybe his receptionist is the mother of your best friend. And in a lot of communities it's the guy in the office who's great, but do you want to sit in that waiting room? You're going to be identified in a suburban clinic.

You can't go to that waiting room and sit, you might walk in the front door and maybe your next-door neighbor was driving by, goes home and tells mother: What did Johnny go to the doctor for? Well, I didn't know Johnny was at the doctor.

So the whole idea of remaining anonymous becomes important.

The fact is that the free clinic will treat the person anonymously, not make him a statistic, not make him feel processed, as you will in a lot of the general hospitals or county hospitals where you can experience a 5-, 6-, 7-hour delay without any of the caring environment that goes on in a free clinic.

I think free clinics are a tremendous backup source for the hotlines. The hotlines can identify the problems, but it's the free clinic that's going to treat them.

Senator MONDALE. We've read a great deal about the venereal disease epidemic. Is that a serious and growing problem in Minnesota, too?

Mr. BEITLER. I think that the others——

Senator MONDALE. Maybe they can comment on that when we get to that.

Mr. BEITLER. But it's really terrifically on the uprise. I think with the women's movement raising serious questions about marriage and about relationships, there's a whole spectrum of sex-related calls that centers are now having to find that their training, their training manuals, their referrals have to begin to reflect this.

When Y.E.S. started 3 years ago our reputation was as a drug line. If you were on a trip or had a question about drugs, you called Y.E.S. And I think that they can talk about the statistics, but the fact is that those calls never amounted to that much.

Now it's the VD call, the problem pregnancy call, the whole identity. What does a healthy relationship with another human being look like?

Senator MONDALE. And that's rising?

Mr. BEITLER. Yes.

Senator MONDALE. Are you getting more calls in that generalized area than in drugs now?

Mr. BEITLER. I would think so, yes.

Senator MONDALE. And that situation is changing the last——

Mr. BEITLER. Right. But the time lag for funding and for support is going to be a 3- or 4-year process, so people are lying in a sense or skewing what they are doing by still talking about the drug calls because they know the money is there. Or they thought community support would be there around the drug issue where there isn't any community support funding VD.

Senator MONDALE. You mean to cure VD?

Mr. BEITLER. Yes.

Senator MONDALE. In other words, young people are getting to be skilled grantsmen, too?

Mr. BEITLER. Definitely, definitely. Because of the scare that was raised. Time magazine 5 or 6 years ago did such a fantastic job of blowing the drug crisis out of proportion, so now you play on that when you go to the local foundation or to the Government funding source. So that everyone, whether they prevent crime and can document it or not, has to say that's what they do.

I think people would really like to be honest about their programs.

Senator MONDALE. What is the purpose of the National Hotlines Conference to be held next week in Northfield?

Mr. BEITLER. I think the purpose, to very simply put it, is to take a serious look at the whole issue of quality for hotlines.

The last two conferences have focused on the whole creative listening process which I would call the external process of the person calling in, of what's going on over the telephone.

I think what we're going to take a look at this year is what I would call internal process—the problems of organization, problems of funding, problems of training, the things that relate to offering a quality program. And that would be the main purpose, this internal quality control.

Senator MONDALE. Very good. Thank you very much, Mr. Beitler.

Our next witnesses consist of a panel of persons participating in Minnesota Hotlines. Frank Capriotti, formerly of Pooneil Corner, St. Paul; David Hvistendahl, Rice County YES, Northfield; Gene Kremer, Mankato YES, Mankato; and Sue Kremer, of the Minneapolis YES.

(Brief recess.)

Senator MONDALE. If we could have the hearing come to order, please.

Let's see, who wants to start? Frank Capriotti?

#### STATEMENT OF FRANK CAPRIOTTI, ST. PAUL, MINN.

Mr. CAPRIOTTI. Sure.

Senator MONDALE. Could you pull the microphone up close.

Mr. CAPRIOTTI. I thought just quickly I would tell you what Pooneil Corner is. It's a telephone crisis intervention, information and referral service, commonly referred to as a "Hotline." At present, Pooneil receives approximately 1,000 to 1,200 calls per month.

The concept of Pooneil Corner is that of a closely knit community of phone volunteers reaching out to a greater community, in this instance, the Greater St. Paul community.

Each volunteer attempts to help the caller in whatever manner he or she can. By talking with the caller, and attempting to aid the caller in searching—sorting out his or her feelings and accepting these feelings as being OK feelings to have. Then the volunteer will attempt to work with the caller in looking at all of the alternatives the caller has to the crisis situation.

Crisis situation is defined as: Any time in a person's life during which time she or he is having difficulty dealing with a situation, decision, or anything else.

In looking at the alternatives to the problem, the volunteer may inform the caller about one or more of Pooneil's more than 400 professional resources and try to show the caller all the different possible alternatives to the situation rather than directing the caller into one or two alternatives.

A group of Macalester College students, several of whom were majoring in psychology, began meeting in late 1969 to determine whether something could be done to aid the Macalester College student community in dealing with its problems. It was felt that some form of help line might give temporary help to the students and perhaps the causes of some of these stressful or crisis situations could be better understood and dealt with.

After looking at several existing hotlines, including YES in Min-

neapolis, it was decided that the Listening Ear in East Lansing, Mich., would be asked to help set up this line.

The name Pooneil Corner was taken from a song by the Jefferson Airplane, a popular rock group, and the telephone lines were opened on March 13, 1970. After several months, knowledge of Pooneil's existence had reached many people in St. Paul and it was then decided that there was a need for a phone service that included a wider area, and Pooneil expanded its service to the greater St. Paul community.

Senator MONDALE. Did the Pooneil center first start as a service for Macalester students?

Mr. CAPRIOTTI. Right. Primarily Macalester College, with a few calls coming in from St. Thomas, St. Catherine's, and Hamline.

Senator MONDALE. It was kind of a missionary movement there for the disadvantaged?

Mr. CAPRIOTTI. No, it seems that for some reason Macalester College is about 2 years ahead of the other colleges in the Twin Cities.

Senator MONDALE. Having attended there I know.

Mr. CAPRIOTTI. As far as things that occur there, and a lot of students were, for all intents and purposes, having nervous breakdowns. And we felt maybe something could be done. Maybe something with the college, but we weren't sure.

And so we thought if something like this hotline could be set up it might be able to give us some documentation, something to bring to the college and say, "There seems to be a problem with this."

But a lot of people in St. Paul, especially in the Highland Park area, started to hear about Pooneil and started calling up and started volunteering. And were really practically screaming that it was unfair to us to keep it to Macalester. So we spread it out to the entire St. Paul community.

Senator MONDALE. I see.

Mr. CAPRIOTTI. What seems to be holding Pooneil Corner back? It seems to be an inherent problem of a phone service that as much energy must be expended to prove that the service is worthwhile to obtain funding, as is actually spent in helping the people who call in with a crisis situation.

That's one thing which really irritates me. Like Dr. Muhich said, you can't evaluate a hotline like you evaluate other things. What records are kept are either anonymous or can't provide all that much to come up with the kind of documentation that a doctor's office can come up with and you can't produce medical histories or followups.

There is a very small percentage of actual followup. A few people do call back and say, "You helped me before," and things like that, but for the most part there isn't a way to find out. You can't call and say, "Hello, how are you? We helped you 6 months ago."

Senator MONDALE. So when you go to ask for money—

Mr. CAPRIOTTI. They say, "How can you prove you are doing anything worthwhile? You just talk to a kid for 45 minutes and that's it?"

Really an awful lot of energy has to be spent trying to prove that help is given.

Senator MONDALE. What does your center cost, approximately, a year? Do you know?

Mr. CAPRIOTTI. Well, the budget for 1971-72 was \$17,000. But be-

cause of the changing concepts of Pooneil we are trying to obtain about \$34,000 for the next budget year.

Senator MONDALE. And that's all privately raised, of course? You have no public funding?

Mr. CAPRIOTTI. Right.

Senator MONDALE. To whom do you go? Foundations?

Mr. CAPRIOTTI. Foundations are good for awhile. But they like innovative things. You can usually get them for a year, 2 years. They also like to spread their money around to a lot of innovative programs. So you can get maybe \$500 for a program.

The Amherst H. Wilder Foundation was really good, they gave about \$10,000 last year. Enough money for one staff person and a rent-free house, which has really helped.

Senator MONDALE. Have you tried to get any public money?

Mr. CAPRIOTTI. I would encourage them to try to get public money if there would be a possibility of fair certainty that the Federal Government type of funding system wouldn't happen in a hotline the way I have seen it happening other places. We share our house with a community college, which is a free university for the people in the area, and they have a lot of OEO money. Everything was really beautiful for about a year and then all of a sudden they had to start flying to Washington to prove they were worthwhile. The program really started to shatter trying to prove they were doing something. They were sort of depending on that money. And I would rather stay out in the street begging for money—

Senator MONDALE. Yes; that's one think that really worries me. For example, we looked at the Rochester Center, RADAR. They did it on their own. I think the great strength of it was they found their own resources. Even though they were having problems it was a program with integrity and no outside strings, they had developed tremendous community support. And I told them I was a little afraid of what Federal money would do to such programs.

Mr. CAPRIOTTI. Yes; I agree, it could work with a gradual decrease of the money.

Senator MONDALE. Maybe others can comment on how you see the Federal role. All right.

Mr. CAPRIOTTI. Another problem is staffing the phones. Telephone volunteers seem to be very transient persons. Over a 6-week period approximately 80-100 hours are spent training the volunteer to work on the telephones at Pooneil, and a volunteer usually stays for 2 to 3 months longer after training. Which cuts down the life of a volunteer. You just about get as much time from a volunteer as you spend training him.

A lot of that, within Pooneil, has been because of the fact that so much time is having to be spent on internal things. Such as trying to get money. Everybody is out collecting bottles and tin cans and they start to ask, "Am I helping people?" "Can I help people if I'm not able to spend as much time helping the people calling in?" "I have to run around and collect tin cans and get a quarter of a cent per pound."

Senator MONDALE. So the time you spend getting money to survive and training volunteers to be helpful consumes a large proportion of the total effort of the program?

Mr. CAPRIOTTI. That's right.

Senator MONDALE. To the point where some people say, "What's the point?"

Mr. CAPRIOTTI. Right, right.

Senator MONDALE. Let me—what happens to volunteers? Suppose you get a good volunteer, and he spends 3 months on the phone? Doesn't that change them a little bit? Don't they learn a lot?

Mr. CAPRIOTTI. Oh, yeah. There's no question about that.

Senator MONDALE. I mean if they are listening they come out better people, don't they? You've got an aware person then?

Mr. CAPRIOTTI. Right. In a way that's what's led a lot of people away. They are so aware that they just wonder why they are here. They become increasingly aware of problems that are going on and things that are causing the problems.

Senator MONDALE. This is one of the great things about a Peace Corps or the VISTA or the legal services program and so on. These programs, I think—you know, delivery services. But perhaps their biggest dividend is that they make middle-class Americans aware of other problems so they become better citizens, community leaders and help change the country, solve the underlying problems like Vietnam. I think a lot of this sickness began then and is traceable, in part, to that.

Mr. BEITLER. I think some of the volunteers, though, lack our sense of progress. That the five of us sitting here can look over our programs and see 3 years ago to today that there's been progress. I think the sad part for the volunteer is that it's just a one-way thing over the telephone.

Senator MONDALE. And somewhat becomes embittered over it?

Mr. BEITLER. Yes, because they see then that society's failure is measured by the number of phone calls and more phone calls. And we have sort of a perverse measure of a phone service's success is do the phone calls increase? So as society, in a sense, fails more and more the individuals have more and more problems, then we are more successful.

Senator MONDALE. Like a bankruptcy lawyer. He loves a depression.

Mr. BEITLER. Yeah; I think that then is transferred to the individual volunteer who doesn't take very much part in the management of programs. So their life expectancy is shorter.

Senator MONDALE. Have you seen examples, though, where this experience of a volunteer has changed his life and he's gone out and decided to do something else?

Mr. CAPRIOTTI. I'm an example. I used to be a computer science major.

Senator MONDALE. Sounds exciting.

Mr. CAPRIOTTI. I felt very much like a computer. Then I started to become involved in Pooneil and a lot of things that were happening. And I've sort of changed the whole direction of my life into the area of community services.

Senator MONDALE. Are there many others like you that have been changed?

Mr. HVISTENDAHL. I think most of us here just got caught up in hot-lines when they were getting started. Or at least in our area. And we were looking to the future to doing other things. And you just really get caught up in it.

Mr. BEITLER. You can look at sort of the alumni of a lot of services and look at some of the positions they occupy in the community. They have started other programs, drop-in centers, there at the university working for the health department, working for United Fund agencies.

So the infiltration of sorts, using one base of experience in your job resumé, for maybe a drug counseling position or other kinds of areas of experience, you can move then, using the hotline volunteer experience as a very sound credibility for other kinds of jobs in the community.

Senator MONDALE. If you will proceed.

Mr. CAPIRIOTTI. The third area which seems to be holding Pooneil back is the constant updating required to maintain an accurate file of resources; all 400 resources must be checked each month to see if the hours, addresses, et cetera, are accurate.

A lot of services which rely on hotlines for their clientele sort of ignore the hotlines. If they change their hours, location, whatever, they forget to inform the hotlines. And they wonder why, when they move, they don't get a lot of business. Until after a lot of tracking down you are able to find out where they moved to or find out the new hours. And it takes a lot of time.

Also, the way in which resources are checked out. At Pooneil we don't just list every resource which does a job, we list the resources which do the job, in our eyes, well. Now we are starting also to list services which say that they do a job and make notes on there as to the fact that it's questionable. And, we try to give this information to these services without jumping all over them and have them become very defensive. Which sometimes they have a tendency to do. There is a lot of time spent in that.

How can the Federal Government help Pooneil Corner and other hotlines? By providing access to funding. This could be by either making funds more readily available or by providing funding consultation services to aid the hotlines in obtaining funds.

I really like the idea of not only maybe just having a 50-50 split on funding, but having funding consultants that really help out. And understand what hotlines are all about and can help in raising the community money. Can tell people who to contact within the community to raise the money, can help them out, give them some sort of credibility, sort of the second point, aiding the hotlines and building credibility.

They have a good amount of credibility with the people they serve. The credibility building is needed with more established segments of the population.

Still a lot of questioning as to whether this is still just a fad, whether hotlines are destructive influence because they are telling middle America about all these problems that they really don't want to hear about.

"I don't want to hear about the fact that a lot of middle-class kids are hooked on drugs." These hotlines are bad, they're telling me about that.

Some way in building up the credibility, in letting the other sectors of the community know that there is a good point in having hotlines. This could be done through grants, legislation, subcommittee hearings such as this, or other methods. Press releases, some sort of things like

that. I'm not totally aware of all the different ways this could be done.

In conclusion, I feel the hotlines are a very necessary and a much needed safety valve for our society. But care must be taken to remember that such services are only providing temporary help for problems that are caused by greater stresses than hassles at home with one's parents. There seem to be a connection with these problems and many of the social issues of the day.

Hotlines are only the first step, the step that identifies the fact that something is wrong. I feel that Hotlines should be observed in this broader area. As only being a temporary thing.

Senator MONDALE. Well, it's emergency service?

Mr. CAPRIOTTI. Yes; the hotline puts on the band-aid, without eliminating the cause of the cut.

Senator MONDALE. All right, thank you very much.

David Hvistendahl?

**STATEMENT OF DAVID HVISTENDAHL, RICE COUNTY Y.E.S.,  
NORTHFIELD, MINN.**

Mr. HVISTENDAHL. Thank you for the opportunity to impart a few of my ideas on Hotline programs.

Youth Emergency Service for Rice County has been in operation in our county, a predominantly rural community with a population of 41,500, for the past year and a half. YES has helped over 3,000 callers with problems ranging from suicidal thoughts to lacking a babysitter on Friday night.

I might add that our average volume of calls is somewhere between 150 and 300 calls a month, depending on the time of the year.

Senator MONDALE. Time of the year? Is there different times?

Mr. HVISTENDAHL. Oh, yeah, yeah.

Senator MONDALE. What's the worst time? Final exams?

Mr. HVISTENDAHL. I guess our highest call rate is in November.

Senator MONDALE. Why is that?

Mr. HVISTENDAHL. We're not sure.

Senator MONDALE. Is that true?

Mr. BEITLER. Yes, the November-September time.

Mr. HVISTENDAHL. I think it has something to do with the winter coming on.

Senator MONDALE. Hasn't started yet.

Mr. HVISTENDAHL. People know its ahead.

Mr. BEITLER. Remember last year.

Mr. HVISTENDAHL. And final exams.

SUE KREMER. I've read, in accordance with that, that it's tied in with the whole holiday season kind of thing. You know, decorations, Christmas, Thanksgiving coming when people get together with their families and so on.

Mr. HVISTENDAHL. And the loneliness is very apparent at that time.

Senator MONDALE. I see.

Mr. HVISTENDAHL. And then our calls drop off quite a bit during the summer.

Mr. BEITLER. That might be due, in part, to part of the population you serve is gone.

Senator MONDALE. Particularly in Northfield. All the college kids are gone.

Mr. HVISTENDAHL. The Minnesota Counseling Center, the seven-county counseling center that serves our area, says during the summer their counseling caseload drops almost in half, and they are not sure why that is. But it's sort of interesting.

Our office is located in Northfield, a college town with a population of 10,000. Y.E.S. reaches out to the whole county by accepting collect calls from anywhere in the county.

We were fortunate, while setting up the YES program, to receive seed funds from the Federal Government received through the Goodhue, Rice, Wabasha Citizens' Action Council, a CAP agency. This is responsible for the program's longevity.

Most hotlines, I understand, fail to survive more than a year due to chronic funding shortages. And I should add here that we wouldn't have survived past the first 2 months had we not had an outside source of funding.

Senator MONDALE. How much did you get the first year?

Mr. HVISTENDAHL. About \$10,000. We—yeah, I mention this later. But our budget is about \$15,000, two-thirds Federal money and the other third coming from the community. I think that Federal funding is crucial for programs that are starting in rural areas because when you are starting out a program in an area that doesn't, say, maybe have no youth service program in the whole county, there's just no credibility for your program. Particularly if you have young people running the programs.

Senator MONDALE. Do you think now that they've been in operation there's a public awareness that did not exist as to the need for this service?

Mr. HVISTENDAHL. Oh, certainly. When we started out we had a great deal of difficulty finding an office space, we got evicted from one office right after another, almost on a weekly basis, because landlords didn't like long hairs, hippies, niggers and so forth hanging around. And especially when there are, you know, all kinds of rumors about them being drug users and abortionists, and so forth.

And now I think we've got sort of an established image in the community. And certainly the institutions within the community work with us much more than they did 2 years ago.

The initial goals of our program were to provide anonymous, non-directive counseling for drug problems, relationship problems, and unwanted pregnancies among teenagers and referrals to professional people for low-cost medical, legal, and counseling aid.

The YES program has expanded and changed rapidly as the needs of the community we serve have changed. We now handle more employment problems than drug problems, we offer family counseling and assistance with housing problems.

Most of the work we do on the hotline and in our walk-in center consists of applying "bandaids," or dealing with problems that are already there. The real hope for alleviating the social and personal problems we deal with lies in education.

Two of our three full-time staff members spend much of their time during the school year putting on educational programs in the junior

high and high schools in the county on drug abuse, venereal disease, and other social problems.

I might also add that we feel we've had an effect on the other institutions in the county by working with them. Like the police, both the city police and the county police, the hospitals, even the county welfare department.

We are seeing significant change in their attitudes and the way they deal with youth problems. And we hope that's because we've been working with them.

The YES annual budget, including annual salaries for three full-time staff members, two of whom have degrees in fields related to counseling, is about \$15,000. One-third of the budget is donated by the communities served.

The success of the program, however, is due to the dedication of college students and other young people who have volunteered thousands of hours of their time to keep the switchboard open 17 hours a day, 7 days a week.

And I should add, in relation to funding here, that only two of our staff members are hired under Federal funds.

We have had as many as five staff members. All the rest have been hired out of community funds. Usually for projects, specific projects that the community deemed worthwhile. We hired a person to do a drug and family problem survey a year ago. And this summer we have a part-time person hired out of community funds to coordinate a summer program.

Hotlines have four major advantages as a model for community service programs. First, hotlines can be flexible in the types of services offered to meet the changing needs of the community. Most hotlines have on-going training programs so the staff can receive training to cope with new problems as they arise. The information and referral files in most Hotline offices are also set up to accommodate frequent changes in content.

Second, low-cost hotline programs improve the efficiency of other existing agencies and programs by helping the individual go to the right place with a particular problem. In that regard hotlines serve as a clearing house for human resources in the community.

Particularly in rural areas where the community services are spread out around the county, it's particularly important to have a clearing house where people can find out where those services are located. Most of the services have an extremely low profile in the community and it's very difficult for people to find out where they are.

Third, by relying on volunteer help it's feasible for hotlines to offer crisis intervention during more hours than professionally staffed programs. Some people also find it emotionally easier to anonymously contact a nonprofessional hotline counselor than a professional counselor with impressive degrees and fees.

Finally, hotlines can overcome transportation problems endemic to community service programs in small towns and rural areas. Hotlines can efficiently serve a large area with a low population base by relying upon telephone contacts.

We found that out by running both a hotline and a drop-in center. And the drop-in center, walk-in center is advertised all over the county.

But people just don't come in from other towns unless they happen to be in town shopping. Transportation is a real problem in rural areas.

The future of YES is uncertain. Our Federal funding terminates January 1 of next year. However, we are fairly confident that we can raise enough funds from the communities to keep part or all of the program in operation.

Senator MONDALE. Has OEO said you will receive no more money?

Mr. HVIStENDAHL. Our CAP agency, as part of its policy of spinning off programs after 2 years, has charted us that way.

Had we never received Federal funding we never would have had the opportunity to build the public confidence in the YES program and become a community-funded project.

Senator MONDALE. Thank you very much. That's useful testimony. Particularly since it shows what the useful role of Federal funding can be in developing these programs.

All right, our next witness is Gene Kremer of YES in Mankato.

**STATEMENT OF GENE KREMER, MANKATO Y.E.S., MANKATO,  
MINN.**

Mr. KREMER. I would just like to give a short statement on where we are coming from and maybe give you a flavor of what a smaller town Hotline is like. As opposed to a well-funded agency.

Our purposes are to listen to individuals, help them understand their concerns, to coordinate services and information that might be available to them. And to advocate alternative life styles by aiding awareness and forces for change.

We are small enough to operate by consensus so that we might be responsive to as many situational frameworks as possible.

Our support comes from Mankato United Fund, they pay our phone bill. We have no paid staff.

Our philosophy might be summed up by our statement, "When you want someone who cares enough to listen, and maybe more."

To aid in resolving dissatisfaction we must understand each other and then do something about our situation. This requires the qualities of honesty, humility, responsibility and love. In this way we help to build a community that can satisfy its needs.

Our callers are predominantly young, 30 percent are high school or younger, 40 percent college and 30 percent others.

There are situations involved, in order of frequency, sexuality, other relationship hassles, medical and legal referrals, drug-related problems and others. We also do public speaking.

One of the major needs we see right now that stands out is a staff problem. We need to compile or obtain directories and services, activities, addresses of groups and other resources more completely than we do at present. This becomes a problem of organization with no paid staff.

Senator MONDALE. How long has Mankato YES been in existence?

Mr. KREMER. 2 years.

Senator MONDALE. 2 years.

Mr. KREMER. We have existed for that time—of course, we had to have a semblance of bureaucracy to get incorporated. That presents some problems in terms of organization. But we've made it so far.

Senator MONDALE. Are your volunteers mostly from just the college?

Mr. KREMER. We have 60 percent—excuse me, 50 percent college staff, 40 percent high school and 10 percent other.

Senator MONDALE. OK. Next witness is Sue Kremer.

**STATEMENT OF SUE KREMER, MINNEAPOLIS Y.E.S., MINNEAPOLIS, MINN.**

Ms. KREMER. OK. Right now I work with YES in Minneapolis and I guess I'm one of those people that has spun off after having experiences with hotlines in Mankato as well as in Minneapolis.

The thing that I would like to talk about today is what I see as alternatives to the existing youth services programs. Right now I'm doing streetwork on the West Bank in Minneapolis with the kids. Not—well, not as, you know, a straight social worker with an office. I meet with the kids where they are, in a park. And I'm finding out things, I talk with them and because in my experience with YES, knowing who the resource people are and so on.

Now, part of the reason I'm on the street with the kids is because of conditions I saw with the kids that have chosen to live on the streets as well as limitations of YES as well as other youth services programs.

Most of the kids are from the suburbs and are primarily younger, 14 to 17, and so on.

Senator MONDALE. Fourteen?

Miss KREMER. Yeah, 14, around there. And what they've done in their heads is committed themselves to a way of life. And the West Bank is symbolic of that way of life. A whole counterculture of hip, peace-loving kind of thing.

And given the disillusion the kids feel they oftentimes choose running to the West Bank as a way of finding what they're looking for.

OK. When you're 14 or even 17 from the suburbs, it's really hard to become completely independent and learn how to survive within the lifestyle that you've chosen. And a lot of times the kids run into problems concerning drugs, communal living, organic food. You know, the whole kind of hip lifestyle.

And what I'm finding out, being on the street, is that there are a lot of kids that are not going to the agencies, primarily on the West Bank. I'm not completely sure why, but my feeling at this point is that even though they are entitled to the services, they have the needs and the services are there and they have flexible hours and long-haired staffs, the kids are choosing not to use these a large percentage of the time. And I think it's because it's done within an agency kind of setting.

You know, the kid still has to go and say to the agency, you know, "I've got a problem." And I think this creates conflict within the kid because he or she has made a commitment to an alternative kind of lifestyle. And when part of that lifestyle creates a problem for them, what I hear the kids saying is, "Well, that's the straight part of me that's creating this problem." It's really hard when they've rejected this straight, middle American kind of lifestyle to admit, you know, that maybe they're not as well integrated into the hip lifestyle as they'd like to be.

So what happens, there are a lot of kids throughout the city and primarily on the West Bank, that wander around in these services.

Part of my role, as a street worker, is to act as a liaison between the kids and the agencies. These are straight or alternative agencies. Explain the services and act as an advocate for them. Mostly I just listen, however.

I'm not putting down alternative agencies, YES included. They have inherent hassles organizationally, as well as in funding, in use of volunteer staffs and so on; you know, keying up their staff and their program so that they can operate 24 hours, present different kinds of problems than a welfare department, you know, that works 8 to 5.

I feel that—that the alternative street agencies are, in fact, filling gaps between the needs that the kids have and where services are that can help the kids solve their hassles.

I have four recommendations I would like to talk about.

One is, I think it's really important that the Government provide funding with fewer strings attached. That they provide funding that somehow people in the Government become sensitive to the street people, the street programs that may not necessarily fit into established models. You know, like welfare department models. And they become sensitive to what the kids on the streets, who want to develop programs, are saying.

And lots of times a kid who has been through shooting smack or have been an ex-con, has the insight to set up programs that can get at the problems better than a social worker. And I think it's important that the Government perceive that and not see it as a threat.

I think a lot of street agencies hesitate to get funding because of the strings attached and in meeting the criteria set up for funding.

Often are in a position to give up the funding entirely and jeopardize their program or sell out. And given, you know, the hassles I have seen on the West Bank with the kids, it's really important that the agencies don't have to make those kinds of decisions.

I think if funding were more flexible, more open, with the attitudes of the people in Government becoming more aware of your services, that it would free up the programs so they wouldn't have to be so hung up on just basic survival. You know, having to spend all their time wondering how are we going to pay the phone bill next month, how are we going to pay our one person. So they can expand their programs.

I'm on the street by choice, but I'm there because the services, even though they are filling many gaps, aren't filling all of them. And I really don't think that they'll be able to fill all of them ever.

Senator MONDALE. Are you on the payroll?

Miss KREMER. Yes, I got individual funding from a church.

Senator MONDALE. Which?

Miss KREMER. Presbyterian church.

Senator MONDALE. Did you go get the funding?

Miss KREMER. Yes. And they were really amenable to my views.

One of the things I have found in working in Mankato as well as in Minneapolis with kids is that in alternative programs there is an incredible orientation toward crisis. You know, the kid that's pregnant, the kid that's tripping out, you know, on drugs. Just, you know, right now, crisis situations.

And I think people and the kids run into these crisis things all the time and a lot of their lives are like on-going crises.

But on a different level, what I hear the kids saying at YES and on the street, is that they are really looking for viable alternative life styles. I think a lot of kids get hung up in the middle.

They have rejected their parents' white, middle-class background and the hip, peace-loving style is too idealistic for them to realize, so they get caught somewhere in the middle. And a lot of the kids that have rejected, you know, their backgrounds or the suburban, middle-class trip, are really dedicated to forming something new. And because of the—

Senator MONDALE. I suppose each person differs, but would you say that they're on the West Bank, rather than in Edina, primarily out of idealism? That is, they seek a more idealistic life, or primarily out of a rejection of their personal and of their predicament?

Miss KREMER. I think both. The West Bank has a reputation for condoning, you know, drug usage, communal living, the symbol of alternative ways of life. And I think it's tied up with the rejection. If they go looking for these things on the West Bank.

Senator MONDALE. What can you offer them?

Miss KREMER. Well, I know that a lot of the kids that I talk to on the street are very creative, idealistic kinds of people, who may be interested in theater groups, may be interested in free schools, may be interested in painting, and so on. May be bummed out by the University of Minnesota education system, you know, but still have these talents and these desires to actually do something, you know, with their lives.

And I think that when you talk to kids or young people I think there's too much of an emphasis on the hassles and the crises. And the alienation. And I think those things are there, but they're there in part, I feel, because there aren't any viable alternatives for the kids.

You know, the kids that drop out of the university or don't even want to go, who have gone through the drug thing, they're really looking.

And I think the government, as well as funding the crisis programs, would be able to do much in terms of prevention. Or the people that are interested in prevention of alienation and so on, if there were more kinds of funding available to street theater groups or, you know, collectives of artists and so on. So that the kids that have rejected what they have been brought up have something else to plug into and don't just get hung up on floating around the West Bank dropping dope all the time.

Senator MONDALE. How many of them go home at night?

Miss KREMER. Go home to the suburbs at night?

Senator MONDALE. Yes.

Miss KREMER. Well, what I've seen on the West Bank are kids that have run from home and they're either just passing through Minneapolis or they have decided to stay with friends or just sleep in the park.

Another group of kids are the kind of kids that, you know, do the straight suburban thing at home all week and then become hippies on weekends. And then when Sunday night comes they go home.

Senator MONDALE. I've heard that some of them come up in a Cadillac.

Miss KREMER. Well, I haven't quite seen a Cadillac. But, you know, there are layers of people on the West Bank.

Senator MONDALE. How much of that point that you make, might go back to Dr. Muhich's points about the prolongation of adolescence and the absence of any kind of valued social role, just utter boredom of adolescence as they see it. And it's not just, you know, the necessity of developing a federally funded hippie life style, but giving them a range of what they know to be valuable things? Let them choose, but try to use the talents of young people to try to permit them to develop their own creativity and identification in different ways outside the traditional mold.

In other words, I think we'd have great difficulty with Federal programs to provide communal living for escape from families. At least I doubt the President would sign the bill. In other words, I wonder whether it isn't often the case of a young person who's had a kind of a bitter life experience, the school has been a disappointment, maybe he has had difficulties with the family, difficulties with friends, especially an aware young person who's done a lot of reading and sees, the difference between our expressed ideals and what actually happens in our society so many times. May he see the hip life style, as you call it, as the alternative, the only way of escape? But they really may have more practical objectives if they were available to them?

Miss KREMER. Yes.

Senator MONDALE. I don't know.

Miss KREMER. Yes.

Mr. BETTLER. It's been difficult to develop alternative life models. As much as people talk about alternative life styles there's no alternative funding for alternatives.

Senator MONDALE. No; well, I was down at St. Olaf for that prison, penology conference, and I think they said about half the kids graduating this year from St. Olaf couldn't find a job.

But what kind of job opportunities could there possibly be for a 15-year-old runaway? That's hopeless with our present system.

Mr. BETTLER. Right.

Miss KREMER. One other recommendation I have is the development of some sort of youth advocacy center or clearinghouse where people, if they were interested in setting up either a crisis program or an alternative life style kind of program, could come to Washington and have—get, you know, the information in terms of bills that are up, people that are interested in the Government, in kids, or access to funding.

Finding out where the money is and who you need to talk to. Because I know that in a lot of cases there's money available, and it's just knowing the right people or knowing where to go to get it. How to write a proposal.

A lot of kids, in street programs don't know how to write a proposal and who to send it to first so it will be heard and read and considered.

And given the maze of, Washington, D.C., and the whole governmental system, I think that a central place where the kids knew they could go or would really help in terms of funding the programs for

the kids, but also in terms of communication between the Government and where the kids on the street are.

So you don't have this incredible gap which I think, you know, leads to the alienation and mistrust on both sides of the Government and the kids.

And then my last recommendation is related to the fact that a lot of what I personally do on the street, and other people have mentioned doing with their hotlines, is, "band-aid" work. And I feel—when I talk to the 500th girl who is 14, who's from the suburbs and is pregnant, you know, what should she do, and she can't talk to her parents. Even though it's a unique situation, hopefully for this girl I, you know, I wind up feeling that I'm putting on one great big band-aid, not getting at what's causing it.

So I see a definite need for the programs that are training people to work for kids.

Senator MONDALE. Is it a need for more money or is there a need for the traditional schools, say, of social work and health and law and so on, to include in their course work training and experience which is relevant to this problem? Why shouldn't schools of social work have as one of its courses, or several of its courses, including some practical work?

Miss KREMER. Right.

Senator MONDALE. I think the same is true of education. You can go through 4 years of education school and you've never seen a kid. Maybe 2 weeks. And then you have to start teaching and suddenly there's 30 kids out there.

Some of us are, you know, trying to force medical schools to teach the social and economic implications of medicine. We're having an awful time. They had one at the University of Southern California and the medical students went out, and they decided what they could do to help the poor chicano, and they organized a great boycott. So they canceled the course.

In other words, I don't think it's necessary to go around these, but I think we ought to insist that some of these established schools start getting a little more flexible and a little more in contact with some of these current trends.

Mr. BEITLER. When I was in Washington a month and a half ago and met with Secretary Richardson, this was the one thing he kept going back to. That HEW should be directed to use the data that's been gathered to force the changes in the graduate school programs. So that you don't keep appropriating more and more funds to solve what the original group, who is charged with the responsibility to solve, refuses to do it. Put the pressure back where it belongs instead of taking the pressure off each time by further and further funding.

Senator MONDALE. If you develop a new program then you let them off the hook.

Mr. BEITLER. Exactly.

Senator MONDALE. What are you doing? We have an institution, I think you are just about to graduate from one, school for social services. They have a course on street people?

Miss KREMER. No. And I'd like to expand what you say. I was going to use the University of Minnesota social work program as an example.

I've gone to them and said that there should be changes in terms of curriculum, there is a big gap in that program between Freud and traditional treatment, and told them what I am doing on the street with kids. I've gone to them, you know, feeling that if I'm paying all that money and putting in all that time that I should be in a position to learn what I feel is important as well as what they feel is important.

The thing that I have continually heard is: That would take another staff person, that would take another curriculum, and so on. And in view of the budget cuts and so on that have been going on at the university, you know, it very well is a cop-out, you know, what they are saying.

But I think part of it is tied up with funding.

Mr. HVISTENDAHL. Don't you think they could scrap a lot of their traditional programing? You know, I've got a degree in social psychology, it's just worthless.

Mr. BEITLER. I think funding comes down with guidelines. And I think if you go back up high enough to where the guidelines are being written, the fact that the different levels of government require State plans or comprehensive planning efforts, that if you are influencing it at that level, you know, coming say from the Secretary of HEW's office down, that these things should be implemented by the regional offices and the commissioners of this, that or the other, it's going to have an impact that it will, you know—if the regional commissioner of education gets ahold of a graduate school program and says: We've been ordered to instigate the following changes, it will happen.

If it's coming from some kid sitting out in some small town hoping the graduate school will change, it won't. I think this is where some kind of Federal involvement, not even with funding—I think this is what's so beautiful about it. It wouldn't take that much more additional money as it would a little leverage, a little pressure, saying that these are some changes that we see are needed.

Mr. HVISTENDAHL. We are talking about dealing with problems after they've already been created again, in terms of talking about changing graduate schools to train people to meet the problems. But I think a lot of the problems, if you are going to change some of these things we have been working with, go back to the public schools. And I think that's the root of so many problems.

Our work would be made immensely simpler if we had an office at each one of the high schools or at least had input into each one of the high schools.

But I think our public schools are pretty much running on 19th century ideas, you know, and I think that gets, you know, the only hope for really changing these things gets back to the changing the structure and the purpose of the public schools. And I think their success is, you know, largely a myth.

Mr. BEITLER. But we can't do that without documentation and we can't document without adequate staff to keep records and to keep it going back one step at a time.

I think we could document some of the changes that should be made if you had a paid administrator to compile the documentation. And until you have adequate funding to hire the paid administrator, so—

we went back four steps. I think starting with funding for adequate staff we could have more of an impact with these programs around the country than we have.

Senator MONDALE. Thank you very much.

Our next witness is Sister Marlene Barghini, who directs The Bridge for Runaways in Minneapolis. And Mrs. Jan Roy and her daughter Kim Roy.

Sister, if you will proceed.

**STATEMENT OF SISTER MARLENE BARGHINI, DIRECTOR, THE BRIDGE FOR RUNAWAYS, MINNEAPOLIS, MINN., ACCOMPANIED BY MRS. JAN ROY AND HER DAUGHTER KIM ROY**

Sister BARGHINI. "There's a Hotline Ready To Help" was a recent caption in the Minneapolis Star and Tribune. As a director of a runaway house I know and have experienced what those words are all about. Our scene at a place called The Bridge would not be here today nor probably would the other 20 or so street agencies enumerated in that article if it hadn't been for hotlines.

The hotline movement, conceived in the sixties, has responded to the felt loneliness and alienation of many of today's youth in a concrete way. Because hotlines pointed to the need of thousands of callers such as: "I've run away from home. What do I do now? Can you help me?" runaway houses slowly evolved.

Ours started in a free store in the youth populated University-West Bank community in 1969 in the person of Sister Rita Steinhagen. She saw a desperate need for a runaway house in the young people who frequented the free store to use the adjoining clinic, the phone, wash-room, or to pick up or drop off clothing seasonally. Also the free store was a temporary setting for the first hotline in Minnesota, YES, when because of fire, it was burned out of another dwelling. Sister Rita negotiated with the owners of most of the West Bank property and they consented to rent her an abandoned house and renovate it. With the help of others, an idea called The Bridge evolved.

The basic philosophy of The Bridge, a 24-hour, 7-day week crisis center, is to provide youth with an accepting, sensitive, and stabilizing environment on the fringe of society that gives them time to cool off and put on the brakes. At the same time, it utilizes the runaway crisis so as both parties, the runaway and his family, can look at the problem in a neutral setting, where both, with the help of objective counseling, can hope to build a bridge toward mutual reconciliation.

To implement this kind of a program The Bridge relied heavily on the knowledge and resources of the hotline YES (Youth Emergency Service) YES helped The Bridge to attain credibility and trust with the youth who used their phones. In the first year the Bridge did no publicizing but became known through YES. In the first 6 months of existence, 90 percent of all runaways were referred through YES. To date, one-third of the thousand runaways (including repeaters) have been referred by the hotlines of the metropolitan area. YES helped The Bridge with staff training in listening skills, drug counseling, screening of volunteers, resource and referral information, knowledge of funding sources, and resolving of intrastaff conflicts,

thus providing invaluable support. An example of how the Bridge works with hotlines is the following. YES does not want youth seeking help to come directly to their storefront as they are a hotline and not a drop-in center, but occasionally one does and this is how we met Kathy.

Kathy was from an upper middle-class family and rebelled over the fact that her parents, especially her father, did not like her boyfriend. Kathy's father found writings of John (her boyfriend) graphically describing their sexual relationships. Kathy and John were forbidden each other's company, but saw each other secretly, were discovered, and Kathy's father confined her to her home and had her put on probation. Kathy attempted suicide and was committed to a psychiatric ward but fled.

She became frantic after a week and walked into YES. One of the volunteers listened to her and she began to trust him. He told her about The Bridge and suggested they walked over and she could check out the place herself and make up her own mind. After talking with one of the staff who helped her look at her alternatives, she decided to let us attempt to help her. With her, we called her probation officer who helped us negotiate with her parents for a session. The session turned out to be centered in a frustrating marriage relationship for Kathy's parents. Since there was little meaningful communication between the parents, Kathy's father shared most of his literary tastes with Kathy and became hurt when he realized that John was taking her away from him. Much more was involved and the parents agreed to seek marriage and family counseling. Home was not a safe place for Kathy yet and her parents agreed to let her stay with a teacher friend who was understanding of the situation. Her parents agreed to let her choose her own friends and through intensive counseling Kathy felt comfortable and willing to try it at home after a month. We know that this family is working on its problem. We do not always know the outcome of our work.

Why is it that there's a need for street agencies such as YES or The Bridge and others? I can only suggest that maybe because we have young people on our staffs and among our volunteers who are trained to listen and not make decisions for youth about their own life struggle. The Bridge is a regular house that looks like a house—not like an agency, or an office building, or an official center. The staff invites young people to talk about their problems. The young person makes a decision about his own life and we support the belief that youth can handle decisions and be responsible. Perhaps it's this kind of atmosphere, whether on the phone or at a runaway house, that leads young people to open up and talk.

By experience, we have learned that a great many young people are running away from homes where nothing is asked or expected of them, when little or no responsibility is given, where there is little trust in their being able to grow and stand alone and become interdependent in their relations with their family and their peers. Where we used to be lenient about bedtime, meals, and household duties, we have become more structured, and this seems to give security to our runaways. We try to mean what we say and follow through even if this means honest and difficult confrontation.

In summary, if The Bridge has been in any way successful, and we believe it has, we know that we must continue to listen to our youth and it seems to us that the Hotlines have been the most sensitive in discovering what youth are trying to say to us about how they feel. Perhaps the real test is how to effectively communicate this need to our society.

Senator MONDALE. Thank you, Sister Marlene, for a very useful and moving statement.

Would you say that you are one of the referral resources for YES? In other words, usually the runaway will call YES and YES will refer them to the Bridge or do many of them just come directly to you?

Sister BARGHINI. In the very beginning all of them came directly—I mean, came after referred from YES. Mike and Kim were running it at the time, and they were waiting for us to open up so they could refer runaways to us.

In the very beginning The Bridge did not do any publicizing so it was largely through the Hotline that we became known. Again, the Bridge works with both family and youth and so we must maintain that balance which enables us to be credible to both youth and parents. And that's a really sticky kind of a position to be in.

Senator MONDALE. One of the key strategies that you have is to try to be the bridge that brings children and parents back together again. That's the idea? In a healthy relationship?

Sister BARGHINI. Right. If this is what the youth and/or parent wants. Again, I stress the fact that we try to point out, through our staff, the options. What alternative does the runaway have besides running? In other words, what are the possibilities that he has, and hasn't even had a chance to look at yet because he's reacting to his present situation.

Senator MONDALE. What is the top reason, the most important reason, the most frequently stated reason for running away?

Sister BARGHINI. It's largely a parent-child conflict of some sort. Many youth come from families suffering from alcoholism.

Senator MONDALE. Alcohol?

Sister BARGHINI. Yes, I would say alcohol problems in the family frequently accompany child-parent conflict. It seems that these families set fewer limits for their young children and show greater permissiveness. Low self-concept on the part of parents is sometimes experienced too by the children. Something we find helpful is hiring people who come from an alcoholic or drug dependent setting. Young people who have been in an alcohol or drug treatment program have become invaluable to us as staff members.

Senator MONDALE. Now, you worked with the Roy family, didn't you?

Sister BARGHINI. Right. I did not do the family counseling. One of our associates did, Greg Anderson.

Senator MONDALE. Why don't you just conduct the interview now?

Sister BARGHINI. Okay. Mrs. Roy, would you like to—or maybe Kim. How did you ever hear about The Bridge, Kim?

KIM ROY. We heard it through YES. And they had posters up in schools on the walls saying, you know, where to call. And what it was all about. And we called there and they just tell you about The Bridge.

Sister BARGHINI. Is that how you heard about The Bridge?

KIM ROY. Yes.

Sister BARGHINI. What happened when you called them?

KIM ROY. You just talk to them and you ask for places to go if you don't want to go home, and they tell you—most of the time they just tell you to go to The Bridge. Because, you know, you can go there and not keep on running and not solve your problems.

Sister BARGHINI. OK. How do you get to The Bridge? Do they give you directions or how did you know how to get there?

KIM ROY. Marty came and got me.

Sister BARGHINI. So you called The Bridge then?

KIM ROY. Yes.

Sister BARGHINI. And one of our staff gave you the directions?

KIM ROY. No; he came and got me.

Sister BARGHINI. Oh, he came and got you. That's very interesting.

So then you came to The Bridge and how did you get your parents involved? Did, for instance, a staff person say, "All right, now call home"?

KIM ROY. You can stay for 24 hours before you have to make up your mind. And then either you call them or else they call for you.

Sister BARGHINI. Are you there when they call?

KIM ROY. Yes.

Sister BARGHINI. Do you know exactly what's going on?

KIM ROY. Yes.

Sister BARGHINI. Was it your decision to do this?

KIM ROY. Yeah.

Sister BARGHINI. So then you called. Mrs. Roy, how did you get in on it?

Mrs. ROY. Well, Greg called me, the counselor, and said that Kim was there. So he set up an appointment for us to come over.

Sister BARGHINI. How did you feel about The Bridge? You knew it was on the west bank?

Mrs. ROY. It was a relief for us to hear she was there. Because she wasn't on the street.

Senator MONDALE. How long had she been gone?

Mrs. ROY. Four days before we heard where she was. But I think she came to The Bridge and about 4 hours later Greg called us and let us know.

Sister BARGHINI. So it sounds as if Kim made up her mind pretty fast to call home.

You didn't wait the 24 hours?

KIM ROY. No.

Sister BARGHINI. So then you came in for a family session. Would you like to describe what happened? Did your husband come with you?

Mrs. ROY. Yes.

Sister BARGHINI. Because he's not here now.

Mrs. ROY. No; he couldn't be here today. But we were all together and we hashed everything over. And Kim decided that she wasn't ready to come home so we just kind of let it ride and well, used a lot of patience; but we still kept in contact with Greg and The Bridge.

Sister BARGHINI. So then Kim, after a session, Kim did not go home right away, but stayed at The Bridge for another day or two?

Mrs. ROY. About 2 days.

Sister BARGHINI. About 2 days.

KIM ROY. Then I went to the shelter.

Sister BARGHINI. Then you went to the shelter. What was that all about?

KIM ROY. It's a place to be before they place you—put you—

Sister BARGHINI. In other words, you didn't want to go back home and so you needed a—

KIM ROY. That's where they put everybody like if you don't want to go home and they find a group home or a foster home for you to go to.

Sister BARGHINI. But you ended up back home? What happened?

KIM ROY. Either that, in a group home, foster home or else back home. You've got your choice.

Mrs. ROY. Well, Greg referred us to Family and Children's Service.

Sister BARGHINI. Which is an established agency?

Mrs. ROY. Right.

Sister BARGHINI. And you started to go into family counseling?

Mrs. ROY. Yes.

Sister BARGHINI. And, Kim, did you go, too?

KIM ROY. Yes.

Mrs. ROY. Yes, we all went.

Sister BARGHINI. And right now you are at home?

KIM ROY. Yes.

Sister BARGHINI. With your mother, and you are going to go shopping today?

KIM ROY. Yes.

Sister BARGHINI. Things working out all right?

KIM ROY. Yes.

Sister BARGHINI. For you?

KIM ROY. Yes.

Sister BARGHINI. For you?

Mrs. ROY. Oh, yes.

Sister BARGHINI. So would you like to summarize the experience in any way? Like, I believe you did make a statement—

Mrs. ROY. Well, we thought that, as I say, it was a relief to find out that Kim was at The Bridge rather than on the street. And we think it's a good organization. And it all started out with a hotline.

Senator MONDALE. And you'd heard about the hotline at school, you say, you'd seen posters and so on?

KIM ROY. Yeah.

Senator MONDALE. So you just called?

KIM ROY. Yeah.

Senator MONDALE. And did the person that talked to you seem nice and understanding and so on?

KIM ROY. Yeah.

Senator MONDALE. How long was your first conversation, do you remember? Did you talk quite a while?

KIM ROY. About 25 minutes.

Senator MONDALE. Was this after you'd run away?

KIM ROY. No, before.

Senator MONDALE. I see. Are you in school now?

KIM ROY. Yes.

Senator MONDALE. Where do you go to school?

KIM ROY. Robbinsdale.

Senator MONDALE. How many runaways do you get at The Bridge each year? Did you say a thousand?

Sister BARGHINI. Well, The Bridge started taking runaways in November of 1970. So roughly to date, now, we are over the 1,000 mark. Counting repeaters. Our runaway season, the times when we encounter our heaviest numbers, is the school year. The first crisis is in October. And that's when school starts.

Then the big, big crisis of the whole year, which we prepare for, we are really getting ready for, is February-March.

Senator MONDALE. Why is that?

Sister BARGHINI. Long winter, cabin fever—

Senator MONDALE. Cabin fever?

Sister BARGHINI. Oh, man, people being restricted by the snow and cold—you know, long winter, you know—I don't know, I think that most adults and kids experience the same kinds of things. Can't wait for, you know, those blue skies and that warm weather to come. But anyway, then we have a letdown during the summer. But right now I don't know if we're going to have a letdown because today, or this week—and this is about the second week in June and school is out. Last year in June we didn't have any runaways for 3 weeks when school stopped. But this year it doesn't seem to be this way. There are four kids in the house right now and there were 10 on Monday.

Senator MONDALE. What's the average stay?

Sister BARGHINI. 3 to 5 days. We try to utilize the crisis to work with the family. We see most of the problems stemming from the family situation.

Senator MONDALE. Do you find many parents that refuse to participate?

Sister BARGHINI. I would say that most people love their children very much. They maybe do it in crazy ways, but they do something. And they want their children to come back home.

Very few parents that we've had refuse to come. They may come at a point, let's say, like this morning before I came here a father came in from Richfield to get his daughter. And the runaway's precipitating event is over a dog. She couldn't keep her dog.

Well, she says, "My dad won't let me keep the dog." Of course, now today the father came and had breakfast with us. And we were expecting an angry, furious man and everybody was on edge.

A VOICE. The dog was there?

Sister BARGHINI. Yes; the child called and said can I bring my dog with me? And, you know, I have a dog—

Senator MONDALE. Do you run a runaway dog service? [Laughter.]

Sister BARGHINI. Yes; we believe in animals. Sometimes animals are the reason that cause the running away.

But anyway, the father did come in this morning and he was, on the telephone he wasn't for making a family session appointment. But he came to pick up his child so then the staff just sits down and that's the session right then. Whenever the parent comes in, it might be 1 o'clock in the morning, it might be off a canoe trip, angry parents find out the son has run away during family vacation.

Senator MONDALE. What about sex? Are they about evenly split between boys and girls?

Sister BARGHINI. No; we have more girls than boys.

Senator MONDALE. Why is that?

Sister BARGHINI. Well, I think that if a girl runs away from home and goes to the particular crash places, more is expected of her sexually, or all kinds of things, in order to stay. And it can be very frightening for a lot of young girls.

Senator MONDALE. These runaway kids are very vulnerable to—sex, to drugs, to crime, the works? Right?

Sister BARGHINI. Right; they are very vulnerable. We try to be in the area where the kids are running. Of course, it's being documented that this isn't true. Runaways don't come flocking to the West Bank.

Senator MONDALE. Where is the favorite place for runaways?

Sister BARGHINI. Well, right now it's going to be Thomas Beach at Lake Calhoun, Phalen in St. Paul. And in the wintertime, Nicollet Mall and Richter's Drug Store on the West Bank. Different places all over.

And, see, this is where the street people—like Sue Kremer can be valuable.

Senator MONDALE. Have Federal agencies consulted you or talked with you about your work at all?

Sister BARGHINI. You mean have they come and—

Senator MONDALE. Asked you, you know, what you are learning and try to draw from your experiences?

Sister BARGHINI. Well, not exactly. I think that—well, we've met people like Ellen, I think Ellen has introduced us to different things. I think basically one of the best resource people is someone like Ken Beitler. He knows what's going on, he knows where the funding is.

Another person who's been very helpful to The Bridge is a Gay person, John Preston.

Senator MONDALE. He's going to testify.

Sister BARGHINI. John introduced us to funding by the Episcopalian Church. And most of The Bridge staff happened to be volunteers like myself, which helps us get inservice training.

Senator MONDALE. Thank you very, very much. We are very thankful that you could come, Kim. You've helped us very much.

Sister BARGHINI. You're welcome.

Senator MONDALE. Our final witness is John Preston of Gay Community Services in Minneapolis, a federally funded youth initiated project, and a member of the board of YES.

Mr. Preston?

**STATEMENT OF JOHN PRESTON, GAY COMMUNITY SERVICES,  
MINNEAPOLIS, MINN.**

Mr. PRESTON. Some of my concerns are about the funding procedures of the Federal Government as they have been exposed to our program and to Women's Counseling Service as recipients of National Institute of Mental Health grants.

I also have some concerns about some of the forms and functions of the alternative services. I'm not really sure if these areas have been discussed clearly enough.

Just briefly, if there is going to be any type of funding for youth initiated services it's really clear to us, that the funding procedure and the proposal procedure are going to have to be able to relate to youth culture oriented values.

As it is now the two \$5,000 grants that I'm aware of being given to youth projects in the State of Minnesota, have had to go through the same procedure as a grant of over a million dollars.

Senator MONDALE. One wonders how much Federal money and staff time went into the \$5,000. Maybe \$50,000?

Mr. PRESTON. I would like to give you a really good example. Every HEW grant has to have something called the Committee for the Review of the Rights of Human Subjects. We were told that we had to set up such a committee.

Gay Community Services has excellent working arrangements with the public health centers of the State and the metropolitan area.

We brought together staff people from agencies in both Ramsey County and Hennepin County and sat them down and read the booklet to them on how you set up a committee and what its functions are. And asked them if they'd staff this committee for us.

Everyone was being very cooperative and so forth until all of a sudden I found one person from St. Paul-Ramsey County Mental Health doodling on a piece of paper. It turned out he was doing calculations.

He stopped the procedure and said :

"John, I'm going to refuse to allow anyone from my clinic to work on this committee. Because if we were to fill the requirements of this committee, according to HEW guidelines, it would cost our agency \$15,000 in working hours, for a \$5,000, 6-month grant."

I have not only gone through the Federal process, but also have worked with churches in their grant procedures. One of the best things about church funding is its immediacy. A proposal can be written, submitted and funded within a month's period of time, literally, and this happens with more than sufficient investigation.

There are probably four or five church foundations that should be noted. Joint Mission project, which is an ecumenical-Protestant, Christian Sharing Fund of the Archdiocese of Minneapolis-St. Paul; Funds for the Reconciliation of the United Methodist Church; the Fund for the Self-Development of People of the United Presbyterian Church. These people can operate and act immediately.

Our funding proposal to NIMH went in almost exactly a year from this date. We were informed that we had been accepted for the grant in December. We are still working through the process to get the first dollar bill.

Senator MONDALE. It hasn't arrived yet?

Mr. PRESTON. It hasn't arrived yet. And in the meantime since we are an alternative culture institution and because we are involved in a continuing educational process of our own, a lot of our concepts have changed; our priorities have evolved. This produces a great bind. We're stuck with some things that now, upon investigation, we are not really sure about. It's not just a question of our innovating programs, it's also a question of our becoming more educated and being able to go back into the established agencies to find out some better things about them.

This is the problem of time in the process that I talked about. Somehow this is going to have to become overcome. I just don't know how to do that. Another area I would like to speak to is the formation of alternative culture agencies and the way they function in the society.

It seems important to me to realize that the alternative agencies are not just formed, funded, and organized out of negative reaction and not just organized for the purpose of meeting a problem or for the sake of people being turned off to things. Fairly often, if not more often than not, they are formed out of a positive motivation. We have found what we think is a better way. We think that we have a new idea to operate on.

One of the wastes is that there are few channels of communications to bring those new ideas and those new experiences back into the establishment organizations. It's for that reason that Gay Community Services in Minnesota has spent, I think, a totally disproportionate amount of time in comparison to the other agencies in trying to educate mental health clinics, schools of social work, in alternative forms of treatment, of therapy, and to alternative forms of structure.

Senator MONDALE. Have you found any receptivity in the established schools?

Mr. PRESTON. Whatever response we've found from the schools has probably come through agencies. As it stands now, I don't think I'd spend that much time working with any of the graduate schools in the State with the exception of one or two pilot programs. They, quite frankly, just aren't dealing with the types of problems that we see as priorities.

Agencies have many different programs, and of course one of the big things that happens in the agency that we can respond to best is when they set up pilot programs. It's really important that there be some type of funding for those activities where established agencies and alternative agencies are trying to work together to try to learn from one another.

One of the great problems of the schools that you were talking about earlier—social work, for instance—is that they only respond in terms of the degreed programs. Well, degreed programs aren't often what is needed. What's needed more often than that would be a response to an agency saying all of a sudden we find out we need to deal with group dynamics and group therapy. Teach us how to do this—

Senator MONDALE. This would be an excellent course, for example, for Metropolitan State Junior College to have a paraprofessional, unlicensed kind of course experience—

Mr. PRESTON. I don't even think—in order to respond, you have to break the whole mind set, of programs, of credentials, whatever. If an alternative agency in the Twin Cities were to come to any institution saying, "I need some skills in this area." They are not at all interested in whether or not they get a degree. If they are really alternatives, they want the skills.

And some means of responding to this need is important. That, for one thing, is one reason why I have always pushed for funding for a number of workshops, conferences, and agency interactions. A number of workshops, possibly on a regional or national scale, can bring people together around a particular topic to teach them a skill. They define as needed.

Don't worry about whether it's credentialed and don't necessarily even fund totally just inservice training. I think that in setting up all these procedures it would be really helpful for you and for NIMH to go to some of the really responsive church foundations for models.

They have, I think, an excellent track record. The United Methodist Voluntary Service, a fund for self-development of people for example. These people have been working in this field for a long time, for years, and I think could really respond the best and really give you not just ideas the way we can, but to tell you how different things have worked from the funding source's point of view.

The most important thing that I have learned in dealing with institutions and foundations is that the foundations cannot project their concern with credentials onto an alternative agency. An MSW, at this point, in the State of Minnesota is totally irrelevant, absolutely irrelevant, as a credential to a youth agency.

Yet, one really gets into some strange dynamics trying to explain this. People worry that if you're not paying the director of your service \$10,000 it must mean that you really don't care that much about him or her. Well, you're dealing with a subculture that thinks \$600 a month is an extravagant income. And you're dealing with agencies, fairly often, where the director couldn't possibly justify taking anything more than \$600 away from his or her program.

The other problem I see in some of the Federal funding and something I don't think was clearly said, is response to—I guess what we would have to call specialized groups. I think it's really appropriate and noticeable that the two federally funded youth programs in Minnesota are directed toward specialty groups. To the gay community and the women's community. There seems to be a lot of trouble in Federal funding and other sources in dealing with what seems to be a discriminating organization.

But the whole concept of community control will often produce that kind of discrimination and has such an incredibly valuable byproduct to the function of the agency that to do without it, I think, would be a really horrible thing.

A single hotline for a city the size of Minneapolis or the size of this metropolitan area is ridiculous. There is very definitely a place for a central one, but there also is a place for a more specialized group.

Senator MONDALE. Thank you very much.

Mr. PRESTON. I have suggested that Ruth Falk testify with me. She works in this area for NIMH and I saw her in the audience this morning. I don't know if its appropriate for her to comment, but I think it would help the subcommittee to hear her opinion, even if she comments as an individual rather than a representative of a Government agency.

Senator MONDALE. Ruth Falk, would you please testify? We'd like to hear your opinion as an individual, with the clear understanding that you do not represent any official or even unofficial view of your agency. Would you be willing to make a few comments as an individual?

Ms. FALK. Thank you Senator. I would be glad to speak to some of the issues raised by John, but I can only speak as a citizen and not as a representative of NIMH. I did not expect to be invited to

participate in this hearing and it is important that what I will be saying does not necessarily reflect official NIMH policy. I briefly want to talk about the alternative funding mechanism that is being developed in NIMH and to mention what is being done.

First, I would like to take this time to thank you and commend you for holding this hearing to document and explore the needs of youth-initiated programs and to determine whether new legislation is needed to support these youth projects. There are some of us in Government who have been trying for the last 3 to 4 years to support these youth groups. It has been a very long hard struggle and hopefully the testimony today will help youth groups gain more recognition within Government agencies.

Basically I'm a youth advocate within NIMH so what I am saying is what various youth groups across the country have told me.

Senator MONDALE. Yes, you're a spokesman for their point of view.

Ms. FALK. Right. In terms of some of the things John said, the type of alternative funding mechanism that I believe must be developed is one which is responsive to the needs of these youth projects. And some of the things I think are needed would be having youth reviewers involved in the review process, who are chosen on the basis of experience and not academic credentials alone. In fact, the Newman Report on Higher Education, published by the Department of Health, Education, and Welfare, recommends that grant review mechanisms be devised that will prevent grant programs from being captured by established claimants for funds, and that participation by imaginative reviewers outside the usual professional fields be strongly encouraged.

I think that this will have a tremendous impact on our society. Instead of focusing so much emphasis on professionalism we must emphasize competency. The Newman report stresses the need for a broader range of alternative learning situations where individuals can work and learn; differing modes of learning other than the academic mode; acceptance of work experience as a legitimate part of education; and—this I feel is extremely important—expanded non-college opportunities for youth, by supporting indigenous voluntary organizations concerned with social problems—such as youth initiated programs—hotlines, free clinics, runaway houses, women's counseling centers, etc. The report further states that there is growing evidence that the academic mode of learning may have little to do with effectiveness in life.

In terms of an alternative funding mechanism another thing besides having youth reviewers involved in the review process would be to have a 90-day funding period, so that youth projects wouldn't have to wait 9 months for funds from the Government. These programs are running on shoestrings and cannot afford to wait for such a long period of time. The Government tends to fund established groups who have big budgets and can support a Federal grant. These low budget projects also do not have the flexibility in their budgets, many times, to offset Federal funding, which places a burden on the recipient who often must pay out money which the project does not have until funds are received from the Government.

And youth groups are very concerned, and quite justly so, about whether they should take time to hassle with Government grants which

take so long to go through the bureaucracy and usually are not approved. And the Government usually funds research, you know, and does not provide funds to help them operate their services.

Another thing, too, I commend the idea of just supporting one or two staff people on the youth projects. And I think the community support which the youth groups are developing is tremendous and the Federal Government should not support each of these projects in their entirety.

Senator MONDALE. Would you say you could oversupport a program and kill it?

Ms. FALK. Yes, absolutely. And that's the kind of feedback I have been getting from youth groups.

I would also recommend developing a simplified grant application if one is going to create an alternative funding mechanism for these youth projects. A responsive grant program must not demand that applicants fill out long tedious grant applications which takes energy away from the projects' day-to-day service to the youth and the community that is being served. This same holds true for evaluation processes. The evaluation should not drain energy from the service of the program. The evaluation should be an integral part of the ongoing development of the service and should be used to help make the service more effective. The project participants should develop their own in-house evaluation. The main purpose of this funding mechanism, and I want to emphasize this, should not be for the creation of research studies of these projects. The main purpose of an alternative funding program shall be to provide youth and communities and the project participants with responsive human services which are conducive to the optimal growth of each person involved.

An important emphasis in the area of evaluation should be the re-working and the dissemination of information. I would recommend conducting low budget conferences to facilitate communication among the staff of various youth projects across the country, and to other concerned people in the mental health field. The purpose of these conferences would be to spread ideas and experiences through action workshops where those who have already created exciting youth-initiated service projects can help others who are interested in initiating their own projects. An evaluation aspect could be built in to such a dissemination conference. Model grants could be offered for travel and living expenses. These conferences could be held where new programs are planned or at the site of funded projects for ongoing youth projects so that some assistance could be given on the spot. Conference workshops could focus on the particular concern of youth projects. Another thing that I'm concerned about is that youth-initiated programs be funded directly. There have been some movements within and outside of government to develop a central organization which would then fund these programs. Many youth-initiated programs are quite concerned about this, particularly when one of their concerns is to have more of a sharing of power in this Nation. These projects are autonomous and community based and there is no reason why we cannot fund them individually like we fund so many other programs. Some people feel that it is easier for Government to fund one central body; to fund, for example, all the hotlines in this coun-

try. But what we would be doing is creating another bureaucracy and not respecting the needs of these youth projects. I think that youth are trying to find out what the needs are within their own individual communities and develop services responsive to these needs. I see youth projects beginning to organize regionally, but there remains strong resistance to organizing nationally.

Another thing which I feel must be done to create a responsive alternative funding mechanism, and which some people in government are encouraging, particularly Dr. Samuel Silverstein, Chief of Utilization Development Section, Experiment and Special Training Branch, of the NIMH Division of Manpower and Training, is an alternative grant program which does not make the applicant break down the programs he has developed into categories of research service and training and apply for separate grants for each of these categories. I recommend that an alternative funding program be developed which accepts grant applications from youth-initiated projects which have components of either research, service, and training or all three.

Last September NIMH had a grant review in which five youth were actually involved in the review process of grant applications from youth-initiated projects.

I would like to add that many people in government, working directly with youth groups, have found that funds given to youth groups are high velocity dollars. For example, NIMH has supported a runaway house contract in Washington, D.C., for about \$3,000 to produce a handbook on how to develop a runaway house, and how to develop a group foster home. The purpose of this contract was to provide a handbook for communities to develop their own social services as well as to document the tremendous services that runaway houses and other youth-initiated projects are doing in our communities. The handbook, written by Dodie Butler with Bill Treanor and Joe Riener, is superb.

And the last thing I'm concerned about is that the programs also, as people have said over and over again, not be "bandaid" and deal with prevention. And some groups have begun to do some research and training that have important implications for this area.

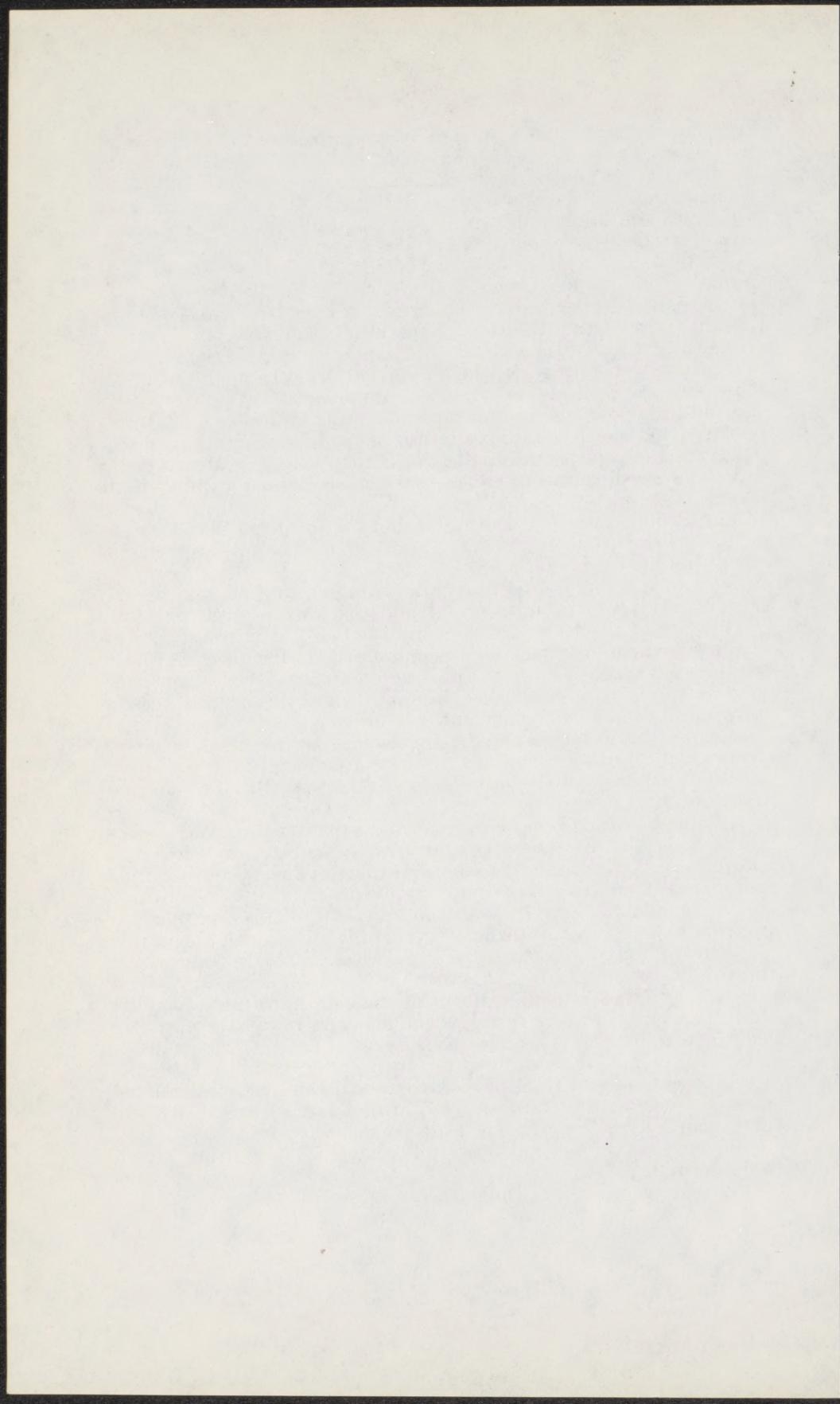
Senator MONDALE. OK, thank you very much. This concludes our hearing today. I want to thank everyone who sat through the hearing so patiently today, and particularly the witnesses, for making what I think is an outstanding record.

And I believe it's the first time Congress has heard such complete testimony on youth crisis services and I'm sure it will be very, very helpful to us in the preparation of our legislation.

At this point I order printed as an appendix the bill that we are working on which will be introduced shortly, and also material requested from the Secretary of HEW, Elliot L. Richardson. We will also include all other pertinent material submitted for the record.

Thank you very, very much for coming. The hearing stands adjourned.

(Thereupon, the hearing adjourned.)



## APPENDIX

92<sup>D</sup> CONGRESS  
2<sup>D</sup> SESSION

## S. 3909

## IN THE SENATE OF THE UNITED STATES

AUGUST 11, 1972

Mr. MONDALE (for himself, Mr. HARTKE, Mr. MCINTYRE, Mr. MOSS, Mr. RANDOLPH, and Mr. TUNNEY) introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

## A BILL

To provide youth services grants, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*  
3 That this Act may be cited as the "Youth Programs Act".

## STATEMENT OF FINDINGS

5 SEC. 2 (a) The Congress hereby finds that—

6 (1) nearly one million young Americans run away  
7 from home each year and often become the victims of  
8 an unhealthy and criminal environment;

9 (2) an increasingly large number of young Ameri-  
10 cans have experimented with drugs and subsequently

1 suffered damaging physical and psychological effects  
2 from the use of such drugs;

3 (3) within the last ten years the suicide rate for  
4 young American males between ten and nineteen years  
5 of age has tripled, and within the last five years the  
6 suicide rate for young American females between ten  
7 and nineteen years of age has increased 200 per centum;  
8 and

9 (4) an increasing social and cultural change to-  
10 gether with geographical and social mobility has con-  
11 tributed to the alienation of many young Americans from  
12 society and established institutions, leading them to cre-  
13 ate their own institutions.

14 (b) It is therefore the purpose of this Act to provide  
15 youth services grants and to establish in the Department of  
16 Health, Education, and Welfare an Office of Youth Programs.

#### 17 AUTHORIZATION OF APPROPRIATIONS

18 SEC. 3. In order to carry out the provisions of this Act,  
19 there are authorized to be appropriated \$10,000,000 for the  
20 fiscal year ending June 30, 1973, and for each of the two  
21 succeeding fiscal years.

#### 22 ESTABLISHMENT OF THE OFFICE OF YOUTH PROGRAMS

23 SEC. 4. (a) There is established in the Department of  
24 Health, Education, and Welfare the Office of Youth Pro-  
25 grams. The Office shall be headed by a Director who shall be

1 appointed by the Secretary within ninety days of enactment  
2 of this Act; and shall perform such duties as are delegated  
3 to him by the Secretary.

4 (b) To the extent practicable, the Secretary shall em-  
5 ploy personnel in the Office so that at least 50 per centum of  
6 such personnel are individuals who have not attained twenty-  
7 five years of age and at least one-half of such per centum are  
8 individuals who have not attained twenty-one years of age.

9 (c) The Secretary shall carry out the provisions of this  
10 Act through the Office of Youth Programs.

#### 11 GRANTS AUTHORIZED

12 SEC. 5. (a) The Secretary is authorized to make grants  
13 to pay the Federal share of the cost of youth service projects  
14 conducted by nonprofit private organizations, particularly  
15 organizations engaged in furnishing emergency telephone  
16 counseling, general counseling, medical service, and services  
17 for runaways.

18 (b) Grants under this section may be used for—

19 (1) training volunteers and for providing compen-  
20 sation for workers in such projects;

21 (2) monitoring the effectiveness of the services pro-  
22 vided by such organizations;

23 (3) compiling, improving, and distributing lists of  
24 youth organizations within appropriate geographic areas;  
25 and

1           (4) operating expenses for such organizations.

2           (c) (1) No grant may be made under this section except  
3 upon application made therefor in accordance with regula-  
4 tions prescribed by the Secretary.

5           (2) No grant may be made under this section to  
6 any individual organization or project in an amount in excess  
7 of \$10,000 in any fiscal year.

8           (d) (1) The Secretary shall pay to each applicant which  
9 has an application approved under section 5 an amount equal  
10 to the Federal share of the cost of the application. The Fed-  
11 eral share for each fiscal year shall not exceed 75 per centum  
12 of the cost of such application, except that for applications  
13 from organizations located in areas of high concentration of  
14 poor people, pursuant to regulations established by the Secre-  
15 tary, the Federal share may be increased to an amount not to  
16 exceed 90 per centum of the cost of such application.

17           (2) Payments under this section to any nonprofit  
18 organization may be made in installments, and in advance,  
19 or by way of reimbursement, and with necessary adjust-  
20 ments on account of underpayments or overpayments.

21           (e) The Secretary is authorized to establish whatever  
22 procedures he determines necessary to assure that whenever  
23 possible, applications under this section will be processed  
24 to completion within a period not to exceed ninety days from  
25 the date on which any such application is received.

## 1 THE NATIONAL CLEARINGHOUSE ON YOUTH SERVICES

2 SEC. 6. (a) The Secretary is authorized to establish  
3 and operate a National Clearinghouse on Youth Services  
4 which shall—

5 (1) collect, analyze, and disseminate research  
6 materials relating to the services assisted under the  
7 provisions of this Act with particular emphasis upon  
8 such materials as are developed by nonprofit orga-  
9 nizations receiving financial assistance under this Act;

10 (2) conduct a thorough evaluation of the programs  
11 assisted pursuant to section 5 of this Act; and

12 (3) develop recommendations for a long-term ap-  
13 proach, by the Federal Government, to the problems of  
14 young Americans.

15 (b) The Secretary, through the National Clearinghouse  
16 on Youth Services, may carry out the functions under this  
17 section directly, or by way of contract, grant, or other ar-  
18 rangement.

## 19 YOUTH ADVISORY BOARD

20 SEC. 7. (a) There shall be established a Youth Ad-  
21 visory Board within ninety days of enactment of this Act.  
22 The Board shall consist of fifteen members, at least 50 per  
23 centum of whom are individuals who have not attained  
24 twenty-five years of age and at least one-half of such per  
25 centum who have not attained twenty-one years of age. The

1 Board shall be appointed by the Director of the Office of  
2 Youth Programs after consultation with youth who have  
3 experience in youth programs, either as providers or as recip-  
4 ients of such services. The Board shall—

5 (A) Assist in the establishment of priorities for the  
6 award of grants under this Act.

7 (B) Recommend general policies for, and review the  
8 conduct of, the Office.

9 (C) Advise the Director of the Office on development  
10 of programs to be carried out by the Office.

11 (D) Conduct such studies as may be necessary to ful-  
12 fill its functions under this section.

13 (E) Prepare an annual report to the Secretary on the  
14 current status and needs of youth programs in the United  
15 States.

16 (F) Submit an annual report to the Congress on the  
17 activities of the Office, and on youth programs in the  
18 United States.

19 (G) Meet at the call of the Chairman, except that it  
20 shall meet (i) at least four times during each fiscal year, or  
21 (ii) whenever one-third of the members request in writ-  
22 ing that a meeting be held.

23 REPORT

24 SEC. 8. The Secretary is authorized and directed to  
25 prepare and furnish to the President and the Congress not

1 later than July 1, 1975, a report on his activities under this  
2 Act, together with an evaluation of financial assistance pro-  
3 vided under this Act and recommendations, including legis-  
4 lative recommendations, for long-term solution to the prob-  
5 lems of young Americans.

6

## DEFINITIONS

7

SEC. 9. As used in this Act, the term—

8

(1) “nonprofit private organization” means any  
9 organization, including unincorporated associations of in-  
10 dividuals which the Secretary determines is capable of  
11 carrying out a program to be assisted under this Act;

12

(2) “Secretary” means the Secretary of Health,  
13 Education, and Welfare; and

14

(3) “young American” means any individual who  
15 has attained ten years of age but not twenty-six years  
16 of age.

[From the Congressional Record—Senate, August 11, 1972]

INTRODUCTORY REMARKS OF SENATOR WALTER F. MONDALE ON  
S. 3909

By Mr. MONDALE (for himself, Mr. RANDOLPH, Mr. TUNNEY, Mr. MOSS, Mr. McINTYRE, and Mr. HARTKE) :

S. 3909. A bill to provide youth services grants, and for other purposes.

YOUTH PROGRAMS ACT

Mr. MONDALE, Mr. President, I am very pleased today to announce the introduction of the "Youth Programs Act of 1972."

This legislation has two main purposes. One is to provide small grants to be used for the operation of youth services including hotlines, runaway houses, walk-in centers, and medical services.

The second is to try to attack the problem of alienation of young people from Government and the political process by providing for them in a meaningful role in administering this grant program.

As chairman of the Senate Subcommittee on Children and Youth, I have been both impressed and fascinated to observe in the last year or two the burgeoning of services actually started and operated by young people for other young people. For example, throughout the country, we know that there are at least 600 hotlines or telephone emergency services. In addition, we know of untold hundreds more drop-in centers, medical services, runaway houses—the names are not important. What is important is that young people do turn to these services for help.

These services have undoubtedly sprung up because the young people are subject to perhaps greater stresses than any comparable group in history.

One tragic indicator of the need for this service is the alarming increase in the suicide rates of young people. For males between the ages of 10 and 19, the suicide rate has tripled between 1960 and 1970. For females in the same age group, the increase has been from a statistically insignificant 0.04 suicides per 100,000 to 8.0 per 100,000, a 20-fold increase. For women from age 20 to 29, the increase in the suicide rate has been the same.

In addition, we hear one story after another that speaks to the alienation of young Americans, not only from their families—but from the schools, church, the political process—from society as a whole.

We cannot, in good conscience, ignore their pleas for help. Young persons—between the age of 14 and 24—make up fully 20 percent of our population. As many as 1 million of these young Americans run away from home every year, often becoming the victims of an unhealthy and even criminal "street" environment. Six percent of youth of high school age, under 18, have tragically experimented with heroin.

Many young people who run away or take hard drugs, or who get drawn into a street life they do not really want and cannot seem to escape from, literally do not know a soul they feel they can turn to for help.

And so, Youth Emergency Service, a hotline in Minneapolis, receives 5,000 calls each month, and a similar service in Cincinnati receives 6,000.

And in a 2-year period, 2,500 young runaways showed up on the doorstep of one San Francisco runaway shelter, Huckleberry House, for assistance.

Youth crisis centers have helped many young people with problems such as these.

Crisis centers have proven that they can play a crucial role in bringing runaways and their families back together, in referring young addicts to needed medical services, in aiding young people in trouble with the law.

Virtually all of these accomplishments have been achieved without the assistance of the Federal Government. Occasionally, such as in the case of the Youth Emergency Services hotline in Northfield, Minn., some funds have trickled into the crisis service through programs whose basic purpose was not the support of crisis services. But the interest of the Federal Government in any kind of youth programs has at best been sporadic—and its financial commitment, minimal. Programs that service youth are scattered throughout Government agencies and lack coordination.

It is now over a year since the White House Conference on Youth convened in Estes Park, Colo. In that year we have seen a proliferation of sleekly packaged, voluminous documents, task force reports, recommendations, answers to recommendations. Yet in the Department of Health, Education, and Welfare, which has prime responsibility for dealing with the problems of young people, less

than 12 percent of members of advisory committees are under 30 years old. Only some 2 percent are under 25 years old. I ask unanimous consent to have printed in the Record at this time, statistics on the youth membership of HEW advisory boards as provided to me by Secretary Richardson.

There being no objection, the material was ordered to be printed in the Record, as follows:

YOUTH MEMBERS OF PUBLIC ADVISORY COMMITTEES

There were a total of 3,570 public members on HEW public advisory committees on May 1, 1972.

There were 22 persons 25 and under serving on such committees as of May 1.

There were 107 people 30 and over serving on such committees as of May 1. This figure includes the 22 who are 25 and under.

There were a total of 922 members serving on committees on which there were one or more youth members. (See chart below for agency by agency compilation.)

Agency	25 and under	30 and over	Total	Percentage
OS.....	6	15	149	10.0
OE.....	5	16	140	11.4
HSMHA.....	5	35	255	13.7
SSA.....	0	1	19	5.3
SRS.....	2	9	92	9.8
FDA.....	0	8	47	17.0
NIH.....	4	23	220	10.5
Total.....	22	107	922	11.6

Mr. MONDALE. Mr. President, on June 25, the Subcommittee on Children and Youth held a hearing in Minneapolis for the purpose of learning about the new forms of youth crisis services—how they operate, who they serve, what they do, and the problems they face.

I was particularly impressed by the thoughtful statements of the young people who operate crisis services for Minnesota youth—who have thought deeply about what they are trying to do and who feel strongly the responsibility they hold for the future of so many young people.

I scheduled that hearing, among other reasons, because I heard that some 85 hotlines have actually closed down in the last year. And I heard that many of them closed because they could not plug into a source of money that would support a staff member and pay the phone bill.

The Department of Health, Education, and Welfare has indicated some interest in youth programs in recent years. Perhaps the most sophisticated thinking about how to support such programs and make them effective have come out of the National Institute of Mental Health, a component of HEW. For several years NIMH has been discussing the means of developing an effective mechanism for supporting youth programs and providing input by young people into administration of the programs. In fact, some small grants have already been awarded to youth-sponsored youth services by NIMH. I ask unanimous consent to have printed in the RECORD at this time a memorandum dated March 1972, which outlines a proposal for a permanent NIMH youth grant program.

There being no objection, the memorandum was ordered to be printed in the RECORD, as follows:

PROPOSED IMPLEMENTATION OF NIMH YOUTH GRANT PROGRAM

At the present time funding sources for youth-initiated activities within the National Institute of Mental Health and other government agencies are not readily accessible. Youth today have developed innovative projects many of which are meeting the needs of youth and families where many of our abundantly funded traditional programs have proven unresponsive and/or inept. This present proposal is an attempt to develop a funding mechanism which is responsive to the needs of youth, as well as a youth grant program, which is an integral part of the Institute's on-going program.

## FUNDING PROGRAM FOR YOUTH-INITIATED PROJECTS

*I. Plan I—A youth office and youth review committee composed of youth consultants**A. Description: Youth Office Staff/Youth Coordinator*

1. The Youth office would be staffed by a Youth Coordinator who would be an NIMH staff member who could work effectively with NIMH staff across Divisions, with the NIMH Intramural Committee on Youth Initiated Activities, and with youth reviewers and youth groups.

2. Three or four youth would work with the Coordinator as hired NIMH staff to develop and maintain an NIMH youth program.

*B. Roles of Youth Office Staff and Youth Coordinator*

1. Coordinate and consult on youth projects within the Institute
2. Stimulate grants in the area of Youth.
3. Feedback and monitoring of Youth-Initiated Projects
4. Make recommendations concerning whether applications are appropriate for review by the Youth Review Committee
5. Refer (when appropriate) large scale youth-initiated grant applications to Division for review and funding.

*C. Description: Youth Review Committee (Ad Hoc)*

1. There are six youth reviewers from the Pilot program who would be available for further development of the program. These youth reviewers did an excellent job and have been praised by many NIMH staff members.

2. A year's stability would be provided for the six Youth's reviewers to "maintain the direct and continuing involvement of youth in the planning process" (HSMHA Agency Youth Plan—Philosophy of Youth Involvement).

*D. Roles of Youth Review Committee (Ad Hoc)*

1. The Youth Reviewers would be available as consultants to NIMH staff on any projects involving youth which are being processed through the standing research committees.

2. The Youth Reviewers might review grant applications relating to youth and present a critique to the Review Committee which was assigned the grant application. (See Review Procedure used in the Division of Mental Health Services.)

3. The Youth Reviewers would be available to meet, when appropriate, with Division Directors and Branch Chiefs.

4. The Youth Review Committee members and the NIMH Youth Office would have the criteria for grant applications clearly spelled out. They want each applicant to know that youth will be reviewing the grants and what measuring sticks are used in determining whether a grant is approved or disapproved. By keeping this "transparency" they hope to encourage straight-forward applications with a minimum of rhetoric.

*E. Review of Applications: 2 Options*

## 1. Ad Hoc Youth Review Committee:

a. Would review small scale (up to \$10,000) grant applications from youth-initiated projects which have components of either of research, service, and training or all three.

b. Would provide speed in processing and funding of youth applications: 90 days from date of submission of a grant application an applicant would receive payments of funds if application was approved.

c. Would provide a simplified grant application.

## 2. Standing NIMH Review Committees (research, service, and training):

a. Would review large scale grant applications (\$10,000-\$100,000) from youth-initiated projects which were appropriate for a specific committee to review.

b. Would review applications from youth-initiated projects which have further developed their program through the small scale funding mechanism—the (Ad Hoc) Youth Review Committee.

c. Small scale funding via the contract mechanism has been used successfully by the Section on Youth and Students Affairs to enable Youth Projects to develop their projects further before applying for large scale funding (see Runaway House Contract and Training Grant. As a result of a contract provided to Runaway House, a grant to this organization is now in the process of being awarded.)

d. Would review small scale grant applications which are in a specific program area, i.e., Metro Center may prefer to have some specific grants reviewed by its own standing committee (some program areas may have developed some youth-initiated small scale grant applications to educate their Review Committees).

#### *F. Regional Offices*

The HSMHA Youth Agency Plan involves youth staff in working out of the Regional Offices. These youth staff (YPAC) have indicated a willingness to provide regional consultation to youth initiated projects to enable youth groups to apply to the NIMH for grant applications either to the Youth Review Committee or to other Standing Review Committees.

#### *G. Funding*

1. The Youth Reviewers (and the operational costs of the Youth Review Committee) could be supported from funds from various Divisions, Chairman grants of Review Committee might be an effective mechanism.

2. The funds to support the youth initiated projects could come from funds earmarked by various Divisions or from a special funding source, i.e., the Director's fund.

3. The funds for those grants reviewed by (Ad Hoc) Youth Review Committee could be administered similar to the Small Grants Programs, i.e., projects may be paid and administered by appropriate program area; other grants paid by funds from (Ad Hoc) Youth Review Committee.

#### *H. Benefits*

1. These projects are low cost-high gain.

2. Youth have developed effective service, research and training projects for less than  $\frac{1}{4}$  the price it would cost to have professional services (see contracts—Section on Youth & Student Affairs).

3. Youth initiated projects reach a population that is inadequately served by traditional services.

4. These projects place emphasis on prevention, which is often more beneficial and less costly than focusing strictly on treatment.

#### FIRST YEAR PLANS OR ALTERNATIVE PLANS

(These plans are based on feedback from different Divisions)

*Plan II.*—Each division could develop its own panel of youth reviewers. These youth reviewers could present and critique youth initiated projects to the Review Committees of the Divisions as was the Procedure in the pilot program of the Division of Mental Health Services.

The Panels of youth interviewers from each Division could work together to coordinate a youth program. The SMHF Section on Youth and Student Affairs could aid this coordinating function and could serve as a resource for competent youth for reviewers and on youth initiated projects.

*Plan III.*—The Youth Reviewers could be based out of one Division and relate to the entire NIMH. The Division of Special Mental Health programs would be the most appropriate Division for this Program and the Center for Studies of Child and Family Mental Health (SMHF) the most appropriate unit to base the program.

The SMHF is only "coordinating center" in the Institute which has its ongoing mandate "to relate to the entire NIMH on matters relating to the development of the Institute's Program for children and families." The Center's Section on Youth and Student Affairs is the only section within NIMH focusing primarily on youth and has been serving a coordinating and youth advocacy role within the Institute for the past three years. (See SMHF Annual Report 1969 and 1970).

Grants Management and Legislative Branch have reviewed the Intramural Committee proposal and have informed the committee that an authority to create a youth grant program already exists in previous legislation. When the operational plan for the youth program proposal is devised, the Internural Committee would continue its ongoing contact with Grants Management in developing review procedures.

(Dr. Plaut might find it helpful to receive a separate report from Mr. Desmond McLearn, Assistant Chief, Grants and Contracts Management Branch who is an active member of the Intramural Committee.)

Mr. MONDALE. Mr. President, and so today, I am introducing in the Senate the Youth Programs Act of 1972. This bill is designed specially not to create a huge, unwieldy, expensive, and eternal bureaucracy. It will provide small grants—a maximum of \$10,000 a year—to be used by crisis services to train employees, monitor the effectiveness of their services, compile and distribute lists of youth-serving agencies in the community, and to pay operating expenses. In other words, the grants will enable services that have proven their value to continue to serve their communities.

The bill provides for operation of the program from a new Office of Youth Affairs in the Office of the Secretary of HEW. Fifty percent of members of the staff of that office must be under 25, and at least half of those must be under 21. It is my hope that this measure will encourage the bureaucracy to listen to and consult young people not only on issues that directly affect them, but on all of the great issues which confront our political system.

Under the legislation I intend to introduce, there would be an incentive to search for even more effective, long-range approaches. The bill would require a study of what elements of the existing services could and should be preserved—and also a thorough consideration of what the approach of the Federal Government should be toward youth services. This study would include recommendations for new legislation and for administrative changes that would make the Government more sensitive to the needs of young people.

I would just like to say that the time limit on funds and the proposed research are not an attempt to dilute the effectiveness of this grant program. Several witnesses at the hearing emphasized that crisis services are delicate institutions that could wither away from the excessive influence of the Federal Government—both by losing their credibility with young people and by becoming lax about maintaining community support.

In closing, Mr. President, I ask unanimous consent that a copy of the bill be printed in the RECORD together with the following background materials: two articles on hotlines and how they operate, one by Gus Potter, youth services coordinator of the town of North Hempstead, Long Island, N.Y.; and the other by Dale C. Garell of the hotline at Children's Hospital in Los Angeles; excerpts from a recent follow-up study of runaway youth served by "The Bridge" in Minneapolis; and some of the testimony presented at the Subcommittee on Children and Youth's hearing on youth crisis services.

**Material Submitted to the Subcommittee on Children and Youth  
by Elliot L. Richardson, Secretary, Department of Health,  
Education, and Welfare, at the request of Chairman Walter  
F. Mondale**

**YOUTH MEMBERS OF PUBLIC ADVISORY COMMITTEES**

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SRS.....	2	9	92	9.8
FDA.....	0	8	47	17.0
NIH.....	4	23	220	10.5
Totals.....	22	107	922	11.6

**SUMMARY OF ACTIVITIES AND RESPONSIBILITIES OF YOUTH OFFICES IN HEW  
AGENCIES**

On October 26, 1970, in a memorandum to Agency Heads, the Secretary requested the development of an Agency Youth Plan. Basically, the plan called for: (a) establishing relationships with national youth and student organizations involved in health, education and/or social service programs; (b) developing a means for involving young people in the decision-making process of that agency; and (c) providing youth groups with information and technical assistance for programs these groups initiate.

Agency youth representatives have the responsibility to carry out these plans, which are monitored on a quarterly basis by the Office of Youth and Student Affairs. For further information regarding the activities of the various Agency Youth Plans and offices you may wish to contact Stanley B. Thomas, Jr., Deputy Assistant Secretary for Youth and Student Affairs.

**OFFICE OF YOUTH AND STUDENT AFFAIRS—LIST OF EMPLOYEES**

Stanley B. Thomas, Jr., Deputy Assistant Secretary for Youth and Student Affairs, GS-16, Age: 30.

Lois Albarelli, Research Assistant, GS-8, Age: 26.

Joan Caton, Special Assistant for Student Affairs, GS-12, Age: 32.

William Harris, Special Assistant for Inner-City Youth, GS-11, Age: 28.

Nancy Lillenthal, Youth Affairs Representative, DHEW San Francisco Regional Office, GS-7, Age: 25.

Jean Mason, Staff Assistant, GS-8, Age: 27.

Mark Massoud, Student Trainee—Political Science (Temporary Appointment), GS-4, Age: 21.

Karen Reed, Youth Affairs Representative, DHEW Chicago Regional Office, GS-7, Age: 24.

- Ruth Rundles, Youth Affairs Representative, DHEW Atlanta Regional Office, GS-7, Age: 23.  
 Riley Simmons, Youth Affairs Representative, DHEW Dallas Regional Office, GS-7, Age: 24.  
 Patricia Simon, Student Assistant (Temporary Appointment), GS-4, Age: 22.  
 Rodney Smith, Youth Affairs Representative, DHEW Boston Regional Office, GS-7, Age: 24.  
 Frank Williams, Assistant to the Special Assistant for Inner-City Youth, GS-3 (Participant in New Careers Program), Age: 28.  
 Director, Office of Youth and Student Affairs (Vacant), GS-13.  
 Special Assistant for High School Youth (Vacant), GS-9.

AN ALTERNATIVE FUNDING MECHANISM FOR YOUTH INITIATIVES, MATERIAL ABSTRACTED FROM REPORTS OF THE SECTION ON YOUTH AND STUDENT AFFAIRS. CENTER FOR THE STUDIES OF CHILD AND FAMILY MENTAL HEALTH, NATIONAL INSTITUTE OF MENTAL HEALTH (RUTH B. FALK, CONSULTANT)

#### ANNUAL REPORT, 1970

The nation's population is growing younger and younger. The mean age of our citizenry is now approximately 27 and by 1972 it is projected that more than half the population will be under 25. We are no longer dealing with a small minority, but are indeed addressing ourselves with a bulk of our nation's people who are becoming more and more vocal about societal concerns.

The Center believes that it is incumbent upon those who work in the government and who deal with youth to find means to engage the energies and resourcefulness of youth to meet the demands of our changing times.

The Section on Youth and Student Affairs, as the only section in NIMH focusing primarily on youth, has worked to respond in a concrete way to youth initiatives. The Youth Section, has taken on the role of youth advocacy—in which the section staff "firmly believe in the intelligence, creative energies and resourcefulness of youth and young adults in our society and attempts to provide mechanisms whereby this energy and resourcefulness can be utilized to have an impact on the programs and policies of this Institute—particularly as they relate to youth."

In its attempts to support the constructive activities and concerns of youth, the section staff organized a series of youth panels and task forces to interact with professionals at their annual conferences. The panels for the American Psychological Association and the American Public Health Association provided youth with a forum to present their ideas and innovative programs and provided an exchange between youth and professionals which was for the mutual benefit of both parties.

Similarly a contract to the American College Health Association for the funding of a student task force yielded direct input from national campus youth as to the health needs (both mental and physical) of young people on college campuses.

This past fiscal year a second contract was undertaken with students to explore the causes and effects of student dissent. The purpose of this research was to identify discrepancies between students and professionals on the nature of the "youth problem" by performing a critical review of the literature to date, both formal and informal, from students and professionals.

Today the news media and our social scientists have focused abundant attention on youth. But often their articles and research analyses are couched primarily in terms of the problems of youth, or the problem which youth poses for society. The danger in this trend is that some of the most crucial social issues to which today's young people are addressing themselves are being placed under the guise of "youth problems." In an attempt to deal with this trend, a new contract with the Metropolitan Ecumenical Training Council has been undertaken to prepare a detailed report on an action-training program in a suburban community. The purpose of this action-training program is to establish and motivate a task-force of adults and youth, from within a given suburban community, to deal effectively with the broad range of "youth problems" and their causes in that community.

The important thrust of a youth advocacy section is to support youth initiatives in order to develop the skills of youth and to employ their creativity. As indicated by the above contracts, the section staff has attempted to use contract funds to support youth initiated projects as well as provide mechanisms

whereby the resourcefulness of youth can be utilized to have an impact on the programs and policies of the Institute. A series of contracts were generated over the past two fiscal years as a stopgap measure to support youth programs.

In the area of service programs, our youth today have developed innovative projects many of which are meeting the needs of youth and families where many of our more abundantly funded traditional services have proven unresponsive and/or inept. These projects include such activities as switchboards, runaway houses, halfway houses, drug education, educational reform, etc. The staff has consulted with these programs in an attempt to devise grant proposals and research designs to enhance the development and support for these non-traditional programs. At the present time there is no service money for these programs in NIMH and funding sources in other parts of the government are not readily accessible to youth-initiated service projects. NIMH research grant proposals have been difficult to obtain because often the youth lack the credentials necessary to gain approval from NIMH review committees. Furthermore the youth are service oriented and crisis focused in in their work and it is difficult for them to justify taking energy from their community work to "hassle" with government applications which take so long to go through the bureaucracy; and if they are lucky provide funds to research their programs but not the money to run their services.

Three of these projects are now going through the funding procedures for research money—Project Place, a drug education program (drug review committee), Freeport, a halfway house in a suburb for potential drop outs (Mental Health Services Research Review Committee), and the Washington Free Clinic, a training program for paraprofessional, i.e., drug counselors, switchboard counselors, free clinic paramedical staff, etc. (training division).

Due to the limited nature of contract and research funds and the restrictions as to their use, the above contracts and grant proposals are somewhat of an emergency stopgap to support the initiatives of youth. It is apparent that for a viable NIMH program on youth and student affairs new approaches must be formulated and implemented. A list of contracts awarded follows.

#### CONTRACTS—YOUTH GROUPS

##### SECTION ON YOUTH AND STUDENT AFFAIRS, CENTER FOR STUDIES OF CHILD AND FAMILY MENTAL HEALTH, NIMH, SUMMARIES ATTACHED

Contract No. NIH—69—281. Preparation of In-Depth Report on Student Criticism, Dissent and Concern on the American Campuses: A Student Appraisal; Floyd D. Turner, 119 South First Avenue, Highland Park, N.J., \$3,850.

Contract No. PH—110—68—191. Student Task Force on Campus Health Needs and Services: An Evaluation of Present Services and Future Recommendations; American College Health Association, Evanston, Ill., \$10,155.

Contract No. HSM—42—71—21. Conference conducted by Association of Student Government, Inc., A Conference on College Student Attitudes Pertaining to Social Issues of Contemporary Society; Association of Student Government, Inc., 2000 P Street NW., Washington, D.C., \$15,440.

Contract No. NIH—71—584. Preparation of Report on Efforts of Runaway House and Second House to Deal with Problems of Juveniles; William Treanor, 1865 19th Street NW., Washington, D.C., \$3,500.

Contract No. NIH—71—853. Preparation of Report and Guidebook on Innovative Educational Programs in the U.S.: A Student Appraisal; Thomas J. Linney, 2231 McKinley Avenue, Berkeley, Calif., \$3,600.

No. PD—267088H—1 30. University of Colorado (Richard L. Harpel), Boulder, Colo., A Study of a Student Advocacy Program in University Health and Mental Health Services. \$525.

#### RESEARCH BY YOUTH AT NIMH

The following research studies were prepared by youth for the Section on Youth and Student Affairs, Center for the Study of Child and Family Mental Health, National Institute of Mental Health. They are available from: NIMH, 5600 Fishers Lane, Rockville, Maryland 20852.

*A Cookbook on Youth Initiated Programs: How to Implement Runaway Houses and Group Foster Homes*, by Dodie Butler, Bill Treanor, and Joseph Riener.

*Dissent and Concerns on the American Campuses: A Student Appraisal*, by Floyd Turner, Carol Turner, and Al Record.

*Innovative Educational Programs: A Student Appraisal*, by Thomas J. Linney.

*Organizing in the Suburbs*, by Thomas Murphy and Bobbie Goldstone.

*Student Task Force on Campus, Health Needs and Services: An Evaluation of Present Services and Future Recommendations*.

The amount of input required to run a youth advocacy section is enormous. Working hours when dealing with young people cannot be measured in the nine to five work day. One must be where the action is at any time or place—and this requires investment—in commitment, additional staff (including youth interns among regular staff), as well as in funds, and the flexibility to create new mechanisms within our present structure. The omission of young people on our advisory committees is in this day and age a gross oversight. The establishment of a formal youth advisory committee is urgent. Furthermore what is required is an NIMH extramural laboratory—where students and professionals alike will be attracted to apply their most creative skills in solving the problems so dramatically evident in our society today; this is particularly true with regard to programs directly concerning youth.

The Section on Youth and Student Affairs has the responsibility for monitoring NIMH research projects in the area of youth and student affairs.

This year the section staff were involved in the development and funding of three innovative grants on college mental health service centers as part of its efforts to develop a research program focus on the environment which effects youth and which youth effects. In the past much of the ongoing research has focused primarily on the individual student, i.e., student personality variables and the changes of these variables through time; profiles of student activists, etc. Through its efforts the research program thrust of the Section on Youth and Student Affairs will be on the individual youth as well as the system in which he lives.

#### HISTORY—SPECIAL PROJECTS: A NEW FUNDING MECHANISM TO SUPPORT YOUTH INITIATIVES

In its attempt to support the constructive activities and concerns of youth, the Section on Youth and Student Affairs, Center for Studies of Child and Family Mental Health, has been coordinating the development and implementation of a new funding mechanism to support youth initiatives. An NIMH intramural Committee on Youth initiated activities was organized by the staff to develop and support a *proposal* for funding programs responsive to the needs of youth.

An open invitation to attend a meeting on funding youth initiated programs was sent to all interested NIMH staff in May 1971. This initial meeting was a result of the difficulties NIMH staff have been encountering in their attempts to support youth initiated activities (see Annual Reports of the Center for Studies of Child and Family Mental Health, August 1969 and 1970). The staff of each Division who have been actively trying to provide grant support for youth initiated projects participated in the Intramural Committee.

The proposal developed by the Intramural Committee "with the direct and continuing involvement of youth in the planning process" involves six important aspects:

- (1) An Ad Hoc review committee composed of youth reviewers.
- (2) Speed in processing and funding of youth applications: A 90-day grant cycle: 90 days from date of submission of a grant application, an applicant would receive payment of funds if application was approved (no deadline for submission of application similar to small grants review process.)
- (3) A simplified grant application.
- (4) A grant award of \$5,000-10,000 each year for a 3-year period.
- (5) A funding program to support youth initiatives in the area of service and training as well as in the area of *research*.
- (6) An Intramural Approach—which refers to the development of Institute-wide programs.

The rationale for each of these elements is spelled out in the proposal. However, it would be important here to discuss Number 9 for this item was stressed throughout all meetings of the Intramural Committee. The Intramural approach

(Intramural for lack of a better term) refers to the development of Institute wide programs which cross Division lines. Most programs whether they be for children, families or youth involve components of research, service and training and thus an holistic approach may be more productive. To have its greatest impact the youth program should not be isolated from traditional research service and training programs of the Institute. Youth initiated projects have something to offer traditional programs, and at the same time these ongoing Institute programs have some important input to make to youth projects. (In the day-to-day operation of most youth-initiated projects mental health professionals play an important consultative and resource role.)

#### *A Pilot Youth Grant Program*

A test pilot of the proposal developed by the Intramural Committee was implemented this September 1971. The Division of Mental Health Services, (MHSD) after reviewing the committee's proposal, earmarked \$25,000 for youth initiated projects and used the small grant route to develop a new grant program for youth service projects.

The Section on Youth and Student Affairs provided the MHSD with a list of talented youth with whom the Section has been working, particularly in the area of contracts; and a list of youth groups (with proposal and/or descriptions attached), who sought grant support from the NIMH some time over the last two to three years.

In the past NIMH was able to provide nominal support for only two of these groups on the list. It was hoped that some of those groups who had first contact with NIMH and who had outstanding youth programs would have the first opportunity to apply for grant support in this new program.

The MHSD selected five youth reviewers and received 16 grant proposals from groups that it had contacted about the grant program.

#### *Review Procedure*

The five youth reviewers (see attached) critiqued and reviewed the 16 grant applications and presented the projects to the Mental Health Services Review Committee. With one exception, the MHS Review Committee accepted the recommendations (approval, disapproval, or deferred) of the youth reviewers. Seven grants were approved. The initial review was a pilot program to demonstrate the quality of youth initiated projects and to emphasize the quality of analysis of which our youth are capable. These seven grants were approved by November Council.

The response of the five youth reviewers on the part of the MHS Review Committee and NIMH staff was highly favorable. This review procedure served as an educative function for youth, staff, and review committee members and should be attempted by other standing review committees. It is important that more NIMH staff and review committee members meet with these youth and other youth groups to gain a first hand knowledge of what our youth are capable of doing.

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#### NIMH YOUTH REVIEW COMMITTEE

- Charles Williams, Buffalo, N.Y.; Student, University of Buffalo; Formerly Youth Community Organizer, New Haven CMHC & Hartford, Conn.  
 Carol Turner, East Brunswick, N.J.; Floyd-Student, Rutgers Univ., Carol-Student & Ass't Dean of Students, Livingston College & Rutgers Univ.; ACHA—Secretary of Student Task Force; NIMH Contract on Student Dissent.  
 Joseph Reiner, Washington, D.C.; Director, Runaway House; Washington Free Clinic; Street Workers Program: Second House; Third House; Consultant to Center for Child and Family Mental Health, Youth Section.  
 Judith HeimeI, Minneapolis, Minn.; Co-Director Women's Counseling Service; Women's Liberation; Past Officer in Newman Center, University of Minnesota.  
 David Falk, Chicago, Ill.; Student and Visiting Instructor, University of Colorado; Staff-Member, Mental Health Center of Boulder County.

## RECOMMENDATIONS BY THE YOUTH REVIEW COMMITTEE

The Youth Review Committee (YRC) made the following recommendations in terms of its future operation :

*Operation of Youth Review Committee (YRC)*

1. That a year's stability be provided for the YRC Committee.

(a) It is suggested that a professional service contract for each committee member would be appropriate mechanism to give the YRC a year's stability to develop its own program.

(b) It was also suggested that it would be a good idea to have the money for these contracts come from different divisions to help mobilize the entire Institute to commit its support for the initiation of this program.

(c) (By maintaining the youth reviewers as consultants to the NIMH the Institute would be following HSMHA's "philosophy of youth involvement in the planning process." See HSMHA youth agency plan.)

2. That the Committee would choose its own members. Nomination would be made by NIMH staff.

3. That YRC Committee would like a staff person at NIMH accountable to the YRC to provide the group with operational services and to act as a resource in the development of its Youth Program (the YRC asked Ruth Falk to take this position for an interim period). As an alternative, if a youth reviewer member was free from his or her responsibilities he or she could perform a coordinating and program development function.

4. That the YRC would relate to an Intramural group of NIMH staff rather than to any one division.

It was suggested that this program might best be based out of the Director's office if it is to have an impact on other ongoing NIMH programs, re: Research, Training, Service, Drugs, etc.

5. That a separate "pot of money" should be earmarked to support this grant program.

These funds should be controlled by the YRC.

It was suggested that if money was earmarked from each Division and placed in one pot, it would help gain a broad NIMH commitment to support youth activities.

6. That the YRC should be reconvened in Washington, D.C. in approximately a month to speak with key NIMH staff about implementing this program, and to further discuss among themselves the issues raised by their recommendations.

Possibly some travel money could be arranged by each division for this purpose.

*Proposals—Humanizing the Review Process*

1. That the YRC would take the responsibility for plugging into different youth networks and sources for grant applicants.

A variety of networks will be used at all times to insure that all youth groups have the opportunity to apply for an NIMH grant.

(This past review the majority of applications were referrals from a church network of youth programs.)

2. That the YRC would determine whether applications were appropriate for review by the YRC.

Only grants which meet the criteria of "youth initiated" will be accepted for review by the Committee.

(This past review several applications that the youth committee were given to review were from professional groups.)

The YRC would like the option to refer some "youth initiated applications" critiqued by the YRC itself to a division for review and funding. (Similar to the process which was used in the Mental Health Service Branch.)

3. That the YRC would help in the development of grant applications.

This would involve possibly site visits and telephone consultations.

4. That the YRC would follow the proposals all the way through the grant process.

(a) The YRC would be involved in the decisionmaking process to determine which approved grants are *funded* or *not funded*.

b. That the YRC or one of its members would like to be present when grants are presented to Council so that they may clarify any questions that Council may have on a particular grant. (Their presence is particularly important at this Council when the new funding program for youth-initiated programs is

presented to Council for the first time. These youth can present their own concerns more effectively than any NIMH staff.)

5. Humanizing the Review Process—That the YRC members are committed to giving direct feedback to all applicants—approvals and deferrals, disapprovals. In some cases this feedback would be a part of program development.

6. That the YRC members would like to shorten time period between submission of a grant and the award of funding. They recommend a maximum 90-day grant cycle, i.e., 90 days from date of submission of a grant application an applicant would receive payment of funds.

7. Review process—Each YRC member will have at least two weeks lead time before critiques of grants are due. (If the YRC becomes the sole review at the Review Committee level, these critiques will not be due until the day of the Review Committee (critiques can be duplicated for Council after the Committee meets which is usually about a month and a half time period).)

8. That the YRC members would have the criteria for grant applicants clearly spelled out. They want each applicant to know who will be reviewing the grants and what "measuring sticks" are used in determining whether a grant gains approval or disapproval. By keeping this "transparency" they hope to encourage straightforward applications with a minimum of bureaucratic rhetoric.

9. That the YRC should come together in approximately a month's time to discuss the criteria to be used to review youth applications and to discuss the objectives of a youth grant program.

#### *Some issues to be discussed*

*Youth Initiated.*—What does this term mean? Youth initiated means youth control. What other criteria does this involve? Are Projects really youth focused and/or are they community focused?

*Money.*—What amount of money should be recommended for funding youth programs? What period of time for funding would be most effective? How does one balance the concept of subsistence level living on the part of many youth projects with what some may easily term tokenism when one sees a community mental health center receiving large sums of money and a youth service in the same area getting subsistence level funds.

10. All youth applications would be written in the same outline required for the pink sheets so that the reviewers could concentrate on the critiques and not spend their time rewriting the application in a summarized form.

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### PROPOSED IMPLEMENTATION OF NIMH YOUTH GRANT PROGRAM

At the present time funding sources for youth-initiated activities within the National Institute of Mental Health and other government agencies are not readily accessible. Youth today have developed innovative projects many of which are meeting the needs of youth and families where many of our abundantly funded traditional programs have proven irresponsible and/or inept. This present proposal is an attempt to develop a funding mechanism which is responsive to the needs of youth, as well as a youth grant program, which is an integral part of the Institute's on-going programs.

#### FUNDING PROGRAM FOR YOUTH-INITIATED PROJECTS

I. *Plan I.*—A Youth Office and Youth Review Committee Composed of Youth Consultants.

##### A. *Description: Youth Office Staff/Youth Coordinator*

1. The Youth office would be staffed by a Youth Coordinator who would be an NIMH staff member who could work effectively with NIMH staff across Divisions, with the NIMH Intramural Committee on Youth Initiated Activities, and with youth reviewers and youth groups.

2. Three or four youth would work with the Coordinator as hired NIMH staff to develop and maintain an NIMH youth program.

##### B. *Roles of Youth Office Staff and Youth Coordinator*

1. Coordinate and consult on youth projects within the Institute

2. Stimulate grants in the area of Youth

3. Feedback and monitoring of Youth-Initiated Projects

4. Make recommendations concerning whether applications are appropriate for review by the Youth Review Committee
5. Refer (when appropriate) large scale youth-initiated grant applications to Division for review and funding.

*C. Description: Youth Review Committee (Ad Hoc)*

1. There are six youth reviewers from the Pilot program who would be available for further development of the program. These youth reviewers did an excellent job and have been praised by many NIMH staff members.
2. A year's stability would be provided for the six Youth reviewers to "maintain the direct and continuing involvement of youth in the planning process" (HSMHA Agency Youth Plan—Philosophy of Youth Involvement).

*D. Roles of Youth Review Committee (Ad Hoc)*

1. The Youth Reviewers would be available as consultants to NIMH staff on any projects involving youth which are being processed through the standing research committees.
2. The Youth Reviewers might review grant applications relating to youth and present a critique to the Review Committee which was assigned the grant application. (See Review Procedure used in the Division of Mental Health Services.)
3. The Youth Reviewers would be available to meet, when appropriate, with Division Directors and Branch Chiefs.
4. The Youth Review Committee members and the NIMH Youth Office would have the criteria for grant applications clearly spelled out. They want each applicant to know that youth will be reviewing the grants and what measuring sticks are used in determining whether a grant is approved or disapproved. By keeping this "transparency" they hope to encourage straight-forward applications with a minimum of rhetoric.

*E. Review of Applications: 2 Options*

1. *Ad Hoc Youth Review Committee—*

(a) Would review small scale (up to \$10,000) grant applications from youth-initiated projects which have components of either of research, service, and training or all three.

(b) Would provide speed in processing and funding of youth applications: 90 days from date of submission of a grant application an applicant would receive payment of funds if application was approved.

(c) Would provide a simplified grant application.

2. *Standing NIMH Review Committees (research, service, and training)—*

(a) Would review large scales grant applications (\$10,000-\$100,000) from youth-initiated projects which were appropriate for a specific committee to review.

(b) Would review applications from youth-initiated projects which have further developed their program through the small scale funding mechanism—the (Ad Hoc) Youth Review Committee.

(c) Small scale funding via the contract mechanism has been used successfully by the Section on Youth and Student Affairs to enable Youth Projects to develop their projects further before applying for large scale funding (see Runaway House Contract and Training Grant. As a result of a contract provided to Runaway House, a grant to this organization is now in the process of being awarded.)

(d) Would review small scale grant applications which are in a specific program area, i.e., Metro Center may prefer to have some specific grants reviewed by its own standing committee (some program areas may have developed some youth-initiated small scale grant applications to educate their Review Committees).

*F. Regional Offices*

The HSMHA Youth Agency Plan involves youth staff in working out of the Regional Offices. These youth staff (YPAC) have indicated a willingness to provide regional consultation to youth initiated projects to enable youth groups to apply to the NIMH for grant applications either to the Youth Review Committee or to other Standing Review Committees.

*G. Funding*

1. The Youth Reviewers (and the operational costs of the Youth Review Committee) could be supported from funds from various Divisions. Chairman grants of Review Committee might be an effective mechanism.

2. The funds to support the youth initiated projects could come from funds earmarked by various Divisions or from a special funding source, i.e., the Director's fund.

3. The funds for those grants reviewed by (Ad Hoc) Youth Review Committee could be administered similar to the Small Grants Programs, i.e., projects may be paid and administered by appropriate program area; other grants paid by funds from (Ad Hoc) Youth Review Committee.

#### *H. Benefits*

1. These projects are low cost-high gain.

2. Youth have developed effective service, research and training projects for less than  $\frac{1}{4}$  the price it would cost to have professional services (see contracts—Section on Youth & Student Affairs).

3. Youth initiated projects reach a population that is inadequately served by traditional services.

4. These projects place emphasis on prevention, which is often more beneficial and less costly than focusing strictly on treatment.

#### FIRST YEAR PLANS OR ALTERNATIVE PLANS

(These plans are based on feedback from different Divisions)

*Plan II.*—Each division could develop its own panel of youth reviewers. These youth reviewers could present and critique youth initiated projects to the Review Committees of the Divisions as was the Procedure in the pilot program of the Division of Mental Health Services.

The Panels of youth interviewers from each Division could work together to coordinate a youth program. The SMHF Section on Youth and Student Affairs could aid this coordinating function and could serve as a resource for competent youth for reviewers and on youth initiated projects.

*Plan III.*—The Youth Reviewers could be based out of one Division and relate to the entire NIMH. The Division of Special Mental Health Programs would be the most appropriate Division for this Program and the Center for Studies of Child and Family Health (SMHF) the most appropriate unit to base the program.

The SMHF is only "coordinating center" in the Institute which has its ongoing mandate "to relate to the entire NIMH on matters relating to the development of the Institute's Program for children and families." The Center's Section on Youth and Student Affairs is the only section within NIMH focusing primarily on youth and has been serving a coordinating and youth advocacy role within the Institute for the past three years. (See SMHF Annual Report 1969 and 1970).

Grants Management and Legislative Branch have reviewed the Intramural Committee proposal and have informed the committee that an authority to create a youth grant program already exists in previous legislation. When the operational plan for the youth program proposal is devised, the Intramural Committee would continue its ongoing contract with Grants Management in developing review procedures.

#### YOUTH INITIATED PROJECTS

##### *Proposed Criteria for Projects*

1. Priority should be given to on-going projects that need support rather than projects that will start from nothing if money is made available. Support should be provided for only an aspect of a project, not for the project in its entirety. Minimum requirements should be expected in terms of prior commitment of time and energy by the people involved. Thus the project would not fold when government money terminated, because commitment and investment were already there—Bias toward self-sufficiency.

2. Priority should be given to support salaries of people involved in projects, not for purchasing equipment. Groups can usually get people in a community to donate equipment and supplies. (Low priority in providing support to purchase things; high priority to provide support for people.)

3. Low Budget Projects—Emphasis should be on ability to improvise and create innovative projects without great resources of money. Ability to gain resources free from the community; i.e., supplies, publicity, space, etc., should be stressed.

4. Years Funded—The maximum period of funding for any project should be three years.

5. Amount funded for each project—a \$5,000 ceiling annually, is recommended.

6. Final Report—The final report should be a report of accountability. The Principal Investigator should discuss the problems and issues of running a youth project in his community; the effect the NIMH grant has on the further development of the project; and the effect the project has on the other services institutions in the community. A special budget item should be provided in service and training projects for the preparation of this report.

7. Monitoring—The committee and youth panel will monitor on-going projects.

8. The funding program is being devised to support youth-initiatives in the area of service and training as well as in the area of research. For research projects, support should be provided for projects that are hypothesis generating and information gathering as well as for projects that are hypothesis tested. High priority should be given to projects that focus on how institutions affect people's lives and the mental health and well being of a community.

#### *Implementation*

1. No deadlines for projects; no cycle for review

2. Review of proposals—

Ad hoc committee composed of youth panel members and members of NIMH Intramural Advisory Committee.

3. Grant Proposal—Short—

Brief description of community setting;

Needs to which project aims to respond;

Method by which goal will be achieved;

Plans for and previous efforts to involve community agents and agencies;

and

Specific arrangements for reporting and dissemination of result

4. Incorporation requirements.—When a project has not yet incorporated, an umbrella organization, such as a church, should be designated as the applicant agency until the youth project itself is incorporated.

## Literature Concerning Youth Crisis Services

[From the Wall Street Journal, May 27, 1970]

HELP! TELEPHONE VOLUNTEERS OFFER EMERGENCY AID TO TROUBLED YOUNGSTERS

YOUTH-RUN GROUPS WIN TRUST OF DRUG USERS AND TEENS IN TROUBLE WITH THE LAW—"WE'RE ALL STREET PEOPLE"

(By Peggy J. Murrell)

Sharon R., a 20-year-old Philadelphian who fears she is pregnant, telephones HELP—whose number she has heard broadcast on a rock station—and inquires tearfully about the possibility of an abortion.

In a well-to-do suburb of Milwaukee, 16-year-old Bobby L. sits in his bedroom, quaking with the harrowing hallucinations of an LSD trip gone bad. Desperate for help, he dials the Underground Switchboard. He has seen its number in an underground newspaper.

John M., sophomore at the University of Minnesota, is arrested and jailed for allegedly shouting an obscenity at a Minneapolis policeman. At the police station, he uses the one telephone call he is permitted to contact YES—the Youth Emergency Service—for legal help.

### *Moments of Crisis*

Sharon might have gone to an abortion advice clinic in Philadelphia, but she was afraid of legal obstacles. Bobby could have sought his parents' help during his frightening LSD experience, but he feared that their reaction to his involvement with drugs would be even more traumatic. And John might have telephoned his parents in Chicago, but chances are that they couldn't have helped him secure legal counsel in time to get out of jail for his final exams.

Through HELP, Sharon got a pregnancy test, free of charge, and counsel that enabled her to obtain a safe, therapeutic abortion in a Philadelphia hospital. An Underground Switchboard operator talked Bobby down from his acid (LSD) trip, and a YES volunteer lawyer had John out of jail the next day and acquitted the following week.

Sharon, Bobby and John are among thousands of young people in the nationwide youth "counterculture" who have serious medical, legal or psychological problems, but are too alienated or frightened to seek help through established channels. Now they have somewhere to turn. HELP, Underground Switchboard and YES are only three examples of a new genre of telephone direct-help services, or switchboards, operated by youth for youth with troubles they feel the "establishment" wouldn't understand.

### *Around the Clock*

Several switchboard operations have been at work on the West Coast for about three years. Scores of new ones have sprung up in recent months, in hip communities and near campuses in cities around the country. Staffed by volunteer operators in their late teens or early twenties, the switchboards answer hundreds of calls a week, 24 hours a day, from youths plagued by drug problems, unwanted pregnancies, venereal disease, draft worries, legal dilemmas or simple loneliness.

Clearly, young people in trouble feel more comfortable among their own. Anxious callers know their peers at the other end of the line won't pass judgment on them. Also, the young switchboard staffers have a grasp of problems in the drug subculture that most "straights" couldn't comprehend.

It disturbs some parents that their children would rather talk to strangers than confide in them. But, says one operator at Philadelphia's HELP, "Kids with long hair want to talk to kids with long hair."

"Some of us had experienced Woodstock and other rock festivals and seen 14- and 15-year-old kids tripping out on acid just because everyone else was, and we

knew something had to be done," says a 23-year-old cofounder of Milwaukee's Underground Switchboard, who identifies herself as Lois. "We had heard about the Switchboard in San Francisco (organized in 1967 to deal with drug cases in the Haight-Ashbury district), and we realized there was a need here, too."

Requests for information or emergency help regarding drugs account for the majority of calls at many switchboards, so most require that operators be familiar with a wide variety of drugs and their symptoms. "We won't hire anyone who doesn't have extensive first-hand drug knowledge, either by experience or observation," says Leslie Daroff, 23, office manager of HELP.

### *Dollies and Downers*

Switchboard operators can recall any number of cases where it has helped to know a "dolly" (amphetamine) from a "downer" (barbiturate).

HELP volunteers found a 17-year-old boy staggering through the streets screaming that he thought he would die. The diagnosis: LSD. "We just helped him to relax," says a HELP staffer. "If you've ever been on acid, you know it's easy to turn a bad trip into a good trip. Why tie up a doctor's valuable time?" The boy calmed down after a few hours and left the volunteers in good spirits.

A Milwaukee girl took some unidentified pills from her mother's closet, then telephoned the Underground Switchboard in a state of severe depression and fright. The problem was to find out what drug she had taken.

"We're all street people," says an Underground Switchboard volunteer. "We keep track of what kinds of drugs are around, so if someone calls in and says he has taken some purple pills, we can identify them." The girl had taken barbiturate capsules, and she was calmed enough to sleep off the depressant effect.

A Philadelphian in his middle 20s had been "shooting" cocaine. He called HELP to inquire if it would be safe to drink at a cocktail party the same evening. The switchboard told him to cancel the party plans. "Booze on top of cocaine is a heavy down, man—don't do it," a HELP operator advised.

Many switchboards work closely with volunteer professionals who help with problems too tough for operators to handle alone. HELP, for example, has 12 doctors, three nurses, seven social workers, eight psychiatrists, 19 lawyers and nine medical students with cars on call for emergencies. Doctors and lawyers some of them not much older than the youths they help—hold weekly training sessions for switchboard operators, and HELP policy is set by a board of directors that is half young people, half professionals.

Despite some initial parental concern and skepticism, most switchboards have earned steadily growing support from professionals who see the effort by youth as an important key to dealing with the spreading epidemic of youthful drug abuse. Some young physicians say the medical establishment has been slow to respond to the health needs of the drug culture.

"I have seen young kids brought into the emergency wards at Philadelphia General Hospital with the medical staff not knowing what was wrong with them," says Dr. Sidney Schnoll, a 27-year-old Philadelphian, who works closely with HELP. "Many had never seen a drug case before, and didn't know what to do. Too many hospitals have not realized yet that they are unequipped to deal with a segment of the population that badly needs medical attention.

### *"Alien Experience"*

"It's not that the older medical community isn't concerned about the drug problem," says Dr. Schnoll. "They just don't know much about it yet. Drugs are an alien experience, and they don't know how to apply the old formulas to it. So they refer the kids somewhere else, or try to treat the cases themselves. The kids know this, so they've stopped going to older doctors."

HELP has been trying to bridge that gap. Three volunteers recently accompanied Richard Atkins, a 30-year-old lawyer who advises HELP, to the University of Pennsylvania medical school. Mr. Atkins, who is a consultant on drug abuse to the Philadelphia board of education and chairman of the Philadelphia Bar Association subcommittee on narcotics and dangerous drugs, spoke to medical students about marijuana and psychedelic drugs. Two of the volunteers "turned on" with various drugs for the class so students could observe the symptoms. Said one of the volunteers: "You can read all you want about what drugs do, but how can you recognize symptoms you've never seen?"

The other side of the effort is persuading troubled youngsters that some professionals will give them sympathetic aid. "Before we established HELP, too

many kids wouldn't go to Philadelphia hospitals with their drug problems because they were afraid the hospitals would turn them over to the cops," says HELP's Mr. Daroff. "We don't preach to anybody, and we don't turn anybody in. We just get you a doctor—fast."

When to bring in the police is a ticklish question. "Our whole operation is based on trust," says an operator at Milwaukee's Underground Switchboard, "and kids won't call us if they think we're just going to call the cops on them."

Most switchboards won't summon the police unless a life and death situation materializes, such as a suicide threat. The Underground Switchboard occasionally gets such calls, "usually from a person who has taken an overdose of drugs," says the operator. "If he confesses this, and gives his name and address, we send a (police) rescue squad."

#### *Educating the Straights*

Though the switchboards shun contact with the police, they seize at opportunities to tell church, school and community groups about the problems of youth and drugs. "We don't preach to anybody," says an operator at the Underground Switchboard. "We just tell the truth about drugs, pointing out the advantages and dangers. If we're going to talk to a group about heroin, we bring an ex-addict with us to answer questions. We don't tell anyone not to take heroin. We just show what will happen if they do, and leave the choice up to the individual. This is what the kids will believe."

Familiarity with the flow of drugs helps operators to warn the unwary about the dangers of drug dealing. "We tell the kids that street pushers can't be trusted—you never know whether there's strychnine in the acid you're buying," says the Milwaukee staffer.

Several switchboards say that up to 80% of their calls come from suburban teenagers. "They're the ones who don't know anything about the drugs they're playing around with," says one operator. Realizing this ignorance, and many parents' fear and misunderstanding of youthful drug experimentation, Milwaukee switchboard speakers promote panel discussions and parent-child dialogs at PTA meetings and church groups. "What we're trying for is communication between parents and kids," says co-founder Lois.

Some suburbs have become interested in setting up their own switchboards (visitors from wealthy Scarsdale, N.Y., among other places, have journeyed to Philadelphia to see how HELP is run), and parents of young drug users sometimes call the switchboards for advice.

Finances are a constant problem. Most switchboards operate on shoestring budgets, with their survival in jeopardy. Fees for speaking engagements help, as do free advertising in underground media and occasional contributions from grateful callers and other individuals, but a Washington, D.C. switchboard recently closed down for lack of money.

"We are funded by our wits," says HELP's Mr. Daroff. HELP was started last October with \$2,000 from a benefit rock concert, but the telephone bill is \$600 a month and the rent is \$110. HELP now is seeking grants from foundations and other sources.

#### *No Federal Money*

But the organization turned down two possible Federal grants. "In return for the money they wanted access to our confidential files," says Sherri Winter, a HELP co-founder. "But we couldn't allow that. It would violate the trust people have in us." For the same reason, HELP has refused offers to work with Philadelphia city agencies.

"They get all the money, but kids won't come to them. Kids come to us, but we don't have any money," says Miss Winter. "Yet it wouldn't be worth our while to hook into an established agency. We're the connection between the kids and the establishment—we have a foot in each. They (the establishment) need us more than we need them."

Though most switchboards were established to provide emergency help, some fill other needs, too. "We're a community center—a clearing house of information," says Milwaukee's Lois. "For example, when people come to Milwaukee from out of town, we tell them where to do and what to do in the city." Dozens of switchboards provide job information, help runaways get back home, organize transportation to rock festivals and locate overnight shelter for travelers. Hundreds telephoned HELP's offices for information about safe ways to watch the recent eclipse.

Philadelphia's HELP no longer offers to find sleeping space for wanderers, however, "We had to give that up. People were stealing money, dope, jewelry—anything small enough to put in their pockets and split," one volunteer lamented. Another problem, "People would think we were setting them up with permanent housing—they'd just never leave." HELP's efforts to run a job finding service also have been thwarted. "We've written to every major company in the country, but only one has assured us that it will consider hiring young people, regardless of what they look like," said office manager Daroff.

But switchboard workers aren't easily discouraged by such setbacks. Most switchboards have expanded their programs beyond their original intentions. HELP began as a legal relief service for drug arrests, patterned after RELEASE—a London-based organization that provides legal aid for heroin addicts.

Underground Switchboard, located in a tiny basement room of St. Mary's Hospital in the heart of Milwaukee's east side hippie community, has just set up a free medical clinic in the hospital, run by volunteer doctors and nurses. The switchboard's next project will be an alcoholism center. "We get lots of calls from people with alcoholic problems—most of them over 35, of course—and we'd like to help them, too," says Lois.

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[From "Children," September-October 1969]

#### "HOTLINE" FOR TROUBLED YOUTH

(By Gus Potter, Youth Services Coordinator, Town of North Hempstead, Long Island, N.Y.)

Hotlines started so that human beings of all ages could find each other in the darkness of loneliness and despair. A widening emotional communication gap between adults and youth and each other is strangling traditional services that adults have historically and sociologically delivered to young people. Though youth are more beset by increasingly complex challenges, no longer do the troubled youth openly seek the traditional advice and guidance of their parents, ministers, teachers, or the corner policeman as the "wiser elders."

"Hotline" is a magic word, ranging from the high level diplomatic circuits between Washington and Moscow to anything that smacks of "instant solution," such as the 1970-1971 ABC-TV series called "Matt Lincoln," starring Vince Edwards. Hotlines have sprung from many sources that have met together in the past few years at the confluence of the youthful counter-culture, the alienation between generations, and the "mod" psychological notion that phones are "cure-alls." The grandfather of all Hotlines is the suicide prevention service, and much of Hotline's technique stems from suicide phones technique. As the drug crisis spread across the country in the mid-1960's, the same urgency for non-threatening phone response to drug emergencies arose to share the spotlight with suicide services.

The Hotline approach to general youth and drug problems was popularized across the Nation as a result of the original 10-week pilot project sponsored at the Los Angeles Children's Hospital where psychologist Jerry Bissiri and Dr. Dale C. Garrell, director of the hospital's adolescent medicine division, teamed in April 1968. Some 10,000 calls-a-year later, the service operates solely for youth counseling on a seven-night-a-week basis, from 6 p.m. to 12 midnight and 2 a.m. on weekend nights. Their service spread the word locally with wallet-size announcement cards distributed in four area high schools, and the news of Hotline spread quickly by word of mouth. Originally funded by a foundation grant, the project was later funded by Los Angeles County. Serving as the basic model of a Hotline service for youth, the Los Angeles staff has hosted the first two international gatherings, starting in 1970, of Hotline workers, and has helped countless hundreds of similar services to organize.

Many similar services exist in religious and charitable organizations, such as "telephone ministries" and "FISH" groups, where help is arranged for a broad spectrum of needs through contact with phone and action volunteer staffs. One of the largest such services is "HELPLINE" sponsored originally by Dr. Norman Vincent Peale's Marble Collegiate Church in New York City and now run by the Religion and Psychiatry Association. The service works with all age and ethnic groups and gets 1,300 to 1,500 calls a week. Some 750 services are now

listed in the National Hotline Directory, with new ones springing up in every community in the United States and Canada, as well as all the major foreign metropolises where London, especially, has been a pioneering leader.

#### THE NORTH HEMPSTEAD HOTLINE

In late February of 1970, four clergymen and youth workers on the now-mellowed Gold Coast of Nassau County, out on Long Island, New York, formed a telephone counseling service for youth, known as "Hotline," centered in the Manhasset area. It would become an emergency service resource for youth in time of a personal crisis by bringing an understanding, objective, and informed listener as close as the nearest telephone.

On Long Island, the first "broad scope" Hotline started with one phone and received three calls on its first night. The phones are located in the Sunday School office of the local Episcopal Church whose rector, the Reverend Frank Johnston, was one of the Hotline founders. By the end of 1970, after 133 nights on the phones, 2,144 calls had been answered, of which 1,607 were "substantive." The year ended with four phones, some 25 listeners—mostly youth—and a corps of concerned professional adults and youth as referral consultants.

The Long Island service in Manhasset, now sponsored by the youth services program of the Town of North Hempstead and its young, active Town Supervisor Michael J. Tully, Jr., is only one of 25 similar Hotlines on the Island ranging from the L.S.D. Rescue Service in Brooklyn to the Hotline in Riverhead, way out in Suffolk County at the Headquarters of beautiful Peconic Bay.

#### DIFFERENCES ABOUND IN SERVICES

All across the United States and Canada "street people" and "straight people" have opened nontraditional facilities and services such as walk-in clinics, free clinics, crisis intervention centers, runaway houses, switchboards, and many more. A Hotline service, strictly speaking, is usually only a phone operation, and many Hotlines around the country consist of phones located in semisecret spots. Many of the other services include a Hotline phone as an integral part of a total operation. Between all these different types, a loose network of information coordination has formed, based on the similarity of phone operations.

Each Hotline is different in philosophy, schedule, operation, staff interests, needs of the local area, and the kinds of problems dealt with. Most Hotlines deal solely with youth, but some specialize in youth talking to adults, such as in Fairfield, California, or for parent-to-parent lines, such as in Broomall, Pennsylvania. Some Hotlines operate 24 hours a day, usually in the urban centers or where Hotlines are part of a large hospital or mental health center, or in the nontraditional and even antiestablishment centers. Many services operate only at night time, some only on the weekend "peak activity" periods, and a few only in the daytime hours.

Some Hotlines have a central office, but many are located in individual homes where a "call diverter" automatically switches calls to a selected home each night, such as in Northport, Long Island, where the Narcotics Guidance Council has served key experienced drug workers manning phones 24 hours a day. Many of the Hotlines use telephone answering services to receive messages when the Hotline is "off-duty," but many others use a message-giving tape announcer listing other 24-hour-a-day services to call instead.

Many of the Hotlines are run by street people, such as "HELP" in Philadelphia, where peer staff members receive a thousand calls a week from youth too alienated to take their problems to professional agencies. On the other hand, one quarter of the 200 Narcotics Guidance Councils run by municipalities in New York State have "drug Hotlines" and another 50 percent are planning them. In between both extremes are the Hotlines similar to Los Angeles, run by a large hospital, or by the Manhasset line, run out of a small church in rich suburbia.

#### OPERATIONS AND FINANCES

Every conceivable kind of Hotline exists, and many have already folded because of lack of money, community apathy, or failure of youth to appreciate or respond. Many such services should have folded, many not. Some still operating have severe money problems and scrape along on donations for phone bills. Some have grants and tax support. Some operate on widely varying schedules, as described

above, partly because of limited funds or limited staff, or both. Most Hotlines are community sponsored without government ties, either by civic or religious associations and some simply a private group of people. Many appear to be located in churches or storefront centers, some in private homes or in business complexes. In many urban areas or where large numbers of "street people" congregate, the Hotline is usually located in an old frame house or storefront clinic. Many of these street operations receive little funding and staff operation is run like a commune and living coop.

A Hotline service usually consists of two or more phones and a reserved outgoing line. Most Hotline numbers have catchy numbers, such as Los Angeles' 666-1015, or Manhasset, 627-5005; many translate their number into catchy words, like H-O-T-L-I-N-E (468-5463) or partly, like 482-HELP.

All Hotlines have special resource lists of community people particularly noteworthy or available to alienated youth seeking immediate help. Such empathetic resources receive referred troubled callers. Some Hotline services are little more than referral stations, while many (such as Los Angeles and Manhasset) do few referrals, concentrating on direct over-the-phone counseling for the vast majority of their calls. Referral is usually an automatic procedure for certain calls, such as abortion references or a means of last resort when the caller so obviously needs specialized reference or help from a particular consultant.

#### CRISIS PHILOSOPHY

In a special article in the November 1970 issue of *Delinquency Prevention Reporter* (U.S. Department of Health, Education, and Welfare), Los Angeles Hotline pioneer Dr. Gerald R. Bissiri describes some of the psychological factors affecting the Hotline Approach.

"The major crisis intervention model used in Hotline follows closely the precepts of General Systems Theory in the style of Gerald Caplan in his considerations of preventive psychiatry. Within his framework, a crisis is viewed as an upset or disequilibrium in an individual's efforts to organize experience so that it is reasonably predictable and need-fulfilling.

"A crisis is experienced when one is faced with a problematic situation which, for the moment at least, appears both insolvable and inescapable; insolvable in the light of perceived limitations in coping resources; inescapable insofar as important needs are at stake. The usual situation is one in which needs conflict—the satisfaction of one precluding the satisfaction of the other.

"Inevitably crisis will be resolved in one way or another, if only to eliminate the unpleasant accompaniments of being off-balance: tension, anxiety, cognitive disorientation increase the longer the resolution is delayed. The manner in which a crisis is resolved is considered crucial for ongoing adjustment. It can represent a significant gain in adaptability—in mental health—by virtue of an enhancement of the individual's problem-solving resources. In this case, the person emerges from the crisis a more effective human being.

"On the other hand, the outcome of a crisis, resolution could mean the addition of maladaptive coping styles, i.e., patterns of response which, in effect, represents a lesser capacity to deal with novel experiences and thus an increased vulnerability to breakdown in the future. This would be the case, for example, if one has chosen to avoid the problem or to manipulate reality in fantasy or to escape reality pressures through alienation or drugs.

"The forces brought to bear on the decision-making processes determining the choice of strategy for crisis-resolution include a variety of predispositions which the individual brings to the event. These include his background of coping experiences, his current ego strength, special meanings associated with the current problem situation and previous experience. In fact it is assumed that as the crisis intensifies, the crisis-bearer will be increasingly prone to turn to others for assistance. It is further assumed that to the extent the intervention (outside assistant) is well-timed—that is, geared to the individual's reaching-out—optimal benefit is approached and effort minimized.

"It is assumed that through the very act of clarifying such a crisis, the Hotline listener and the crisis caller, working together, can "work through the problem" to achievement. Coping strategies become apparent as one approaches a total understanding of the problem situation. Such understanding obviously requires an atmosphere of honest self-disclosure and a mutuality of intent on the part of the parties involved that carries no signs of prejudice.

"Major aspects of the Hotline philosophy include the following concepts:  
 "1. *Immediate availability* so that assistance is timed to the 'reaching-out.'

"2. *An open door policy* meant to serve people with problems rather than problems with people attached.

"3. *The recognition of the need for help rests with the adolescent himself* rather than being the inspiration of others, the latter often the fuel for resistance.

"4. *Respect for the anonymity of the caller* so that he's free to test out doubts about himself with immunity as well as the trustworthiness of the listener, and

"5. *An approach reinforcing notions of strength* in the individual rather than weakness of dependency, by mobilizing the caller's resources toward effective problem solving."

Much Hotline philosophy derives from the empathetic nonjudgmental approach championed by Dr. Carl Rogers, author of *On Becoming a Person* and *Encounter Groups*, who addressed the 1971 Hotline conference in Monterey, California. Dr. Rogers said, "Listening, rightly done, is the most significant thing you can do for a person. To the caller, the empathetic nondirective therapy means you, the listener, really care. This is something you can't fake. It's a willingness to stand in his shoes, to understand deeply what he means, without a trace of judgment. This is very rare for a young person to experience. A caring relationship is formed and the caller's self-respect is increased."

#### HOTLINE IS A SOCIAL PHILOSOPHY

As a loosely strung network of wholly autonomous services, the various Hotlines rarely see themselves as a new social force in their communities. Hotlines have been urged at their areawide gatherings to exert pressure on the traditional social agencies to "de-bureaucratize" themselves or Hotlines would refer their callers only to those persons or services that do. Many Hotlines select only professional consultants and referral resources on criteria bordering on radical or "freak" standards, where waiting lists are shunned, where traditional approaches are avoided, and where availability was immediate, even in the dead of a winter's weekend night.

Because of the thoroughly nonjudgmental and nondirective psychological approach, many Hotlines avoid judgmental associations such as with police, governmental agencies, public hospitals, or mental health clinics. The moralizing is minimal and the need for response to emotional needs at the moment is paramount.

Many Hotlines exist for drug education, drug emergencies, or even, as on the upper west side of Manhattan in New York, for locating drug ushers. Such lines are aware of their limited appeal in advance due to their very nature. Hotline should not be a "straight world's" bridge to alienated youth, because the news will spread by word-of-mouth if unfeeling or judgmental adults are manning the phones.

One of the more controversial philosophical aspects of Hotline has been the manning of such services by "amateurs" and paraprofessionals in the counseling sphere, where professionals naturally (and rightly) see many limitations and pitfalls. Hotline staff veterans say this is the risk necessary to reach youth and the street scene today, that such alienation and lack of constructive identity-development cannot be helped by the vast professional network and that such youth are driven even further away by professional approaches. The recent AMA convention in Atlantic City in June 1971 erupted over charges that doctors today have generally contributed to youthful rejection of medical services.

A Hotline can guarantee one protection that no other face-to-face service can offer. The telephone itself is a surrogate "confessional booth," leading paranoid and scared youth to its use, instead of the more threatening frontal approach for help. Such frontal approaches conjure up instant prejudgment, unless carefully prepared in advance.

#### SOME OPERATING POLICIES

Policies of operations vary widely, but some underlying principles exist in most phone services where no other side operations are involved. These include:

- (1) Identity of the phone location is secret, keeping potentially disturbed persons from coming to the scene.
- (2) No tracing, taping of calls, or no attempts at identification are possible or permitted. No taping even for training and evaluation purposes is allowed.
- (3) No medical or legal advice from nonprofessionals.
- (4) No arrangement or referral for illegal or immoral purposes, though laws in such grey zones as abortion and drug emergencies are untested in legal challenges.

- (5) No face-to-face contact later between caller and listener.
- (6) No telling the caller what to do. They won't learn to resolve their own crises; and if the instructions are wrong, they might do more psychological harm than good.
- (7) At least two staff members on duty, able to back up each other, with one older staff member mature and cool under pressure.
- (8) No drug involvement while on duty; no advocacy of drugs or drug techniques while talking on the phone; no description of the listener's personal drug involvement just to win the caller's trust or confidence. Exceptions in case of tripping or crashing emergencies.
- (9) Staff may give only their first names, real or concocted, if they feel it necessary; but no other personal data.

#### STAFFING, SELECTION, AND TRAINING

The greatest problem is in selecting appropriate staff to man the lines. Manhasset's Hotline does not seek or accept volunteers, but instead selects only personally known candidates. Unknown volunteers are politely thanked for their interest and told firmly that no volunteers are accepted. As a result, staff selection is a very personalized procedure between the coordinator, or certain veteran staff members, and a wide circle of acquaintances through previous youth groups or activities. The required team of 25 staff volunteers is usually full, even for the heavy summer months. In general, parents and adults with no "street experience" are categorically avoided because of the near impossibility of untraining them from their preformed judgmental attitudes toward youth. Many other Hotlines must rely on the volunteer selection process since their immediate circle of concerned friends is too limited, or the task too broad, or the area to cover quite immense. These Hotlines must then add an initial psychological screening scheme, like the suicide line in Nassau County, "LIFELINE," where an advance psychological training course of 10 weeks tries to weed out undesirable candidates.

Staffs usually range from midteens to the sixties, depending on the local philosophy of whether callers, youth and/or adults, want to talk to youth or adults. Staff selection includes both sexes, since many callers choose to make the distinction to whom they wish to speak. Manhasset's four listeners each night usually consist of three males and one female. Membership involvement on the Hotline staff is not publicly announced and staff may not disclose their involvement, since many of them are from high schools which provide the most callers, such as Schreiber High School in Port Washington. Of the four on duty, three are youth or college age, and one, called the team supporter, is a professional, usually a clergyman, social worker, youth director, nurse, graduate student, *New York Times* reporter, or personnel director, all of whom qualify as knowledgeable of the "street scene" and whose credentials of trust with alienated youth have been proved before coming on the lines.

Many institutionalized Hotlines, sponsored by hospitals or mental health clinics, must use paid staffs made up largely of nonjudgmental graduate students, in order to man a round-the-clock operation. The pay at Los Angeles Hotline, for example, is \$2.50 an hour. Salaries for staff listeners are usually based on such needs as the requirement for professional standards and full-time schedule where volunteer variables are not acceptable.

Many Hotlines use a 3- or 4-hour shift. The nighttime-only Hotline might keep the same staff for the whole shift (from, say, 6 p.m. to 2 a.m.) or split the shift in half.

The first question in public meetings about Hotlines is "what training do Hotline listeners have," as if training was a panacea for dealing with the caller's problems. This is a misleading question that requires the retort that Hotline listeners must have inherent capabilities that no amount of training could provide or inspire. The training process for such staff is then really orientation toward phone techniques, phone referrals, phone psychology, and other procedural matters. The real "training" must be done with preoriented people. After the initial orientation phases, the bulk of ongoing training usually deals in staff awareness through role-playing, demonstration, case analysis, problem call evaluation, and staff encounter or awareness training. Here is where an experienced and knowledgeable psychologist can be a major service as a consultant during this orientation and ongoing training program for the staff.

The Manhasset staff and training procedure includes several steps:

- (1) Evaluate selection of candidates.
- (2) Two 2-hour orientation meetings to discuss phone techniques, staff responsibilities, philosophy, phone procedures, call records, referrals and emergency procedures.
- (3) Short "encounter" (5 to 10 minutes) at the monthly staff meeting between the candidate and the assembled staff.
- (4) A 3-month probation period working on the phones with "buddies" and a team supervisor, mutually evaluating the progress.
- (5) A final short "encounter" after the 3 months at the next staff meeting, with a final acceptance determined then.
- (6) Monthly 2-hour staff meetings with outside consultants analyzing call handling, problem calls, situations, and referral techniques.
- (7) When a listener starts to slip, either a repeat probation period, or a firm release from the lines.

Staff supervision rests with the coordinator who must combine the needs for a mutual cooperative spirit among the staff with a firm and gentle authoritarianism in dealing with the vibrant and unique personalities that each listener presents. This is hard to do in a Hotline owned and operated by a Town Government, and is especially difficult in a real mutual cooperative where personalities and power struggles are natural partners.

A rapidly growing feature of the services is the "burnt-out" staff phenomenon noticed at the recent Monterey conference in May 1971. Some staff have been working (for little or no pay to afford vacations) for months or years without respite, losing their original dedication for the pressing onslaught of tragedy, dilemma, and confusion constantly approaching them on the phones. Hotline staff planners must be awake to the trend of listeners getting bored or stale after a few months or a couple of years.

#### REFERRALS AND CONSULTANTS

Behind the phone listener is a group of selected referral consultants, such as doctors, lawyers, or psychologists, who have agreed to accept referred calls dealing with specialized problems such as pregnancy inquiries, legal aid needs, and many more. These consultants have usually proved themselves socially aware of the needs of alienated youth, and are available at the Hotline and may give reduced or free services to such callers. Otherwise, agency or institution referrals are just "routine referrals," where Hotline may give out the agency phone number without followup or where Hotline can actually arrange an appointment or followthrough with confirmations.

#### ALL TYPES OF CALLERS

Each Hotline has its own statistical record and no attempt is now planned to correlate these nationally or locally. According to mutual understanding at various conferences, girl callers predominate over boys between 2 to 1 and 5 to 1. This may reflect the greater ability of girls to relate their emotional needs, albeit less specifically than boys, and are thus more likely to use a phone counseling service. On the other hand, the specificity of a boy's problem may be dealt with openly between friends, or repressed without any desire to relate.

Not every Hotline call is "real" or "substantive." Gag or goof callers range from 5 percent to 25 percent in some areas, with a large number of "hangups" when the phone is answered. The Manhasset line finds that 75 percent of its calls are "substantive," with girl callers at 70 percent. The average caller's age, based on a 60 percent sampling, is 16.2 years; and the average length of the call ranges about 20.5 minutes. Many of the callers, mostly girls, are "repeaters" or "chronic callers," seeking consistent companionship through periods of depression or loneliness.

A smaller percentage of calls than most people realize come from drug problems, though many calls dealing with other prime subjects have peripheral involvement with drugs. Usually 10 to 20 percent of the Hotline calls deal directly with drug use and drug emergencies, such as tripping, crashing, or overdosing. Drug Hotlines, of course, have a higher percentage because of their special image and service nature.

Call frequency varies in cycles. In 1970, in Manhasset, the heaviest night was Saturday (24.3 calls nightly) over Friday (20.4 calls), but the trend is reversing

with Friday leading the way. The single busiest hour is between 10 and 11 p.m. on Saturday nights.

The vast majority of calls deal with social peer-level problems, family disputes or hangups, drug emergencies, drug involvement, psychological problems, loneliness, pregnancy or abortion questions, drinking alcohol, smoking tobacco, runaway counseling, school and community problems, draft and political matters, V.D. tests, inter-Hotline referrals, and a rising degree of suicidal callers. Many other types of Hotlines, especially in urban centers, deal with runaways, need or intercity travel and rides, places to house overnight, and urgent medical attention. Many neophyte Hotlines find their original glamorous predictions of "action on the phones" melting under the feet when the phones don't ring for a couple hours, or when gag callers from a party somewhere "bug" our listeners, or several "hangups" come in a row. Many Hotline listeners find such "action," and the danger of being judgmental to weak callers two of their most frustrating staff problems.

On the basis of limited sampling, the most important methods of advertising for Hotline is "word-to-mouth" through friends, posters, wallet-sized cards distributed through schools, or AM/FM rock music station announcements. The telephone operator, or a listing in the phone book, is important for travellers. But adult-oriented news stories and other traditional approaches have little effect with the youth.

#### FORMING NEW SERVICES

Communities forming new Hotlines or crisis centers have many pitfalls to avoid before undertaking their service. The most serious danger is that the service is being planned by "do-gooders" who have no street experience or relationship with alienated youth. Organizations planning to open up drug Hotlines whose staff of planners have seldom been emotionally involved with heavy drug-users, may find their Hotline expenditures a colossal white elephant and a sad target of sick humor from drug-abusers. The second most serious pitfall is the selection of a capable and empathetic staff, described above. Most of the remaining decisions must be based on real, not imaginary, needs of the alienated potential clientele, though very few community adult groups seem to understand what those needs are these days. Hiring an experienced and successful group from another area to come into the local community to consult may be the wisest, in the long run.

#### COMMUNICATION AND INFORMATION NETWORKS

After the 1970 Los Angeles conference, delegates asked the crisis center in Minneapolis to undertake a limited international information network. Since then, additional regional networks have sprung up, sometimes overlapping, sometimes in fits and starts.

The national information network is headed by Ken Beitler, director of the Youth Emergency Service, 1423 Washington Avenue South, Minneapolis, Minnesota 55404. They publish a national Hotline directory (contribution of \$2) and a periodical information newsletter, the *Exchange* (contribution \$3). They have limited ability to advise on setting up new services and publish a small outline on starting new Hotlines.

In addition, the Los Angeles Hotline under former administrator Myldred Jones, now coordinating the Western Hotline region, has hosted the first two international conferences in 1970 and 1971 at Los Angeles and Monterey, California. In addition, the Western Hotline region has held two regional workshops. The busiest activity east of the Rockies comes from the East Coast, where simultaneous conferences were held on April 3, 1971, in Amherst, Massachusetts, and Westport, Connecticut. Since then, the Amherst planning meeting resulted in a conference at College Park, Maryland, in June 1971. Coordinating Northeastern United States and Eastern Canada information is the Manhasset Hotline, 1355 Northern Boulevard, Manhasset, New York 11030. Coordinating New England efforts and crisis services is "Project Place," 37 Rutland Street, Boston, Massachusetts. Both the Manhasset and Boston services publish newsletters.

#### NATIONAL STANDARDIZATION TRY

Efforts of groups at the recent Monterey conference to form a set of nationwide standards and certification committees were vigorously turned down, mainly because of the autonomous nature of individual Hotlines which outweigh the

natural tendency to make the Hotline network a national bureaucracy despite the many rampant local divergences of philosophy and procedure. Also, the conference participants felt the most urgent need was expansion of the limited information network so that the work of success and other activities could be spread further. There was also no hope of many to adequately control such bureaucracy, and a desire to avoid a national office as long as possible.

Because of the many attempts at groundswell coordination, and partly to avoid the "empire-building" attempts of some Hotline "freaks" and power-playing fanatics, individual Hotlines have been cautioned to avoid universal entanglements, political or financial, that jeopardize the primary import of phone listening, though a nationwide mutual coordinating network, for runaway counseling and cross-country travelling clientele is a very useful service.

The Hotline technique is diffused into so many other overlapping systems such as free clinics, runaway houses, drug centers, and crisis services, many of which have their own nationwide coordinating system. In the foreseeable future those Hotline and crisis staff members who want to maintain an even keel, until a suitable nonthreatening nationwide service structure can be built with or without federal funds, should avoid the natural tendency to create regional, area, or national groups in multiplicity or duplication, which may be largely fronts for ego-trips or mutual staff sensitization, relishing the new found power in the "street community" that Hotline or crisis center participation gives to its staff members.

#### A HOTLINE TELEPHONE SERVICE FOR YOUNG PEOPLE IN CRISIS

(By Dale C. Garell)

One of the major reasons that young people today find themselves alienated from what they call the "establishment" of the "system" may be the increasingly wide gap between them and the helping agencies. Long waiting periods, unavailability of service when needed, the categorizing of persons by their complaints, and the fragmentation of services make it difficult for many adolescents to use the services that do exist for them. Added to these deterrents to the use of service are young people's characteristic reluctance to regard themselves as problems, their unwillingness to wait for help if it is not immediately available when crises arise, and their general lack of knowledge about existing services.

In an effort to help young people break through these obstacles to securing help when they need it, the Children's Hospital at Los Angeles is providing an emergency telephone service for adolescents and young adults under 25. Called the Hotline, the service was established in April 1968 as a resource for helping young people in a time or crisis by making an understanding, objective, and informed listener as close as the nearest telephone. Over 7,000 telephone calls were received from young people during the service's first year.

When the Hotline was first proposed, several questions arose. Would young people use the service? What types of problems would they present? Could all the phone calls be answered? Who should answer the phones? How would the telephone answerer be trained for the task? What about followup, community resources, and funding? Through a series of meetings with representatives of other services in the community, the hospital established an advisory board to consider these questions. This committee still meets monthly to discuss policy issues and program needs.

Support for the program was obtained from the California Department of Health, the Rosenberg Foundation, and private donations. To man the telephones, persons were sought who could communicate easily with young people in an open and sensitive way, who were not easily put on the defensive, and who were not authoritarian or judgmental in their responses. Each applicant was interviewed independently by two professional members of the advisory board.

When the staff was selected and the service was ready for operation, four young people, with approval of the school authorities, distributed 10,000 cards calling attention to the Hotline to young people on the campuses of four local high schools. A local newspaper also carried a notice of the program.

The service operates every night of the week, including Sunday. The usual hours are from 6 p.m. to 12 midnight, but on Friday and Saturday nights the hours are extended until 2 a.m. At all times during the service hours, three staff members are on duty to answer calls on four incoming lines, which are linked

to a rotary mechanism. The switchboard is also equipped to permit an incoming call to be transferred to consultants available in mental health, medicine, probation, religion, community resources, or law. In this way, a three-way conversation (or "patch-in") is possible when indicated by either an emergency situation or a staff member's wish to consult a specialist. The telephone numbers of several consultants in various fields of service are kept in the Hotline office, as well as the numbers of community agencies that serve as resources.

#### A HOTLINE CONVERSATION

*Listener:* Hello, this is Hotline. My name is Linda. Can I help you?

*Caller:* Well, I've been thinking lately that I'd like to try some "pot" (marijuana). Do you think I should?

*Listener:* I take it you're not so sure whether you want to or not?

*Caller:* Well, I don't see what's wrong with it. All the other guys are; they've been taking it a long time.

*Listener:* How's it happened you've gone along this far without having tried it yet?

*Caller:* I've thought about it a lot.

*Listener:* What are some things you've considered that make you hesitate?

*Caller:* I read somewhere that you can get hooked or it could change my brain. What do you think?

*Listener:* Well, right now I'm wondering about other things you may have thought of that make you uneasy about trying it.

*Caller:* Well, it seems like everybody's doing it and I want to be an individual.

*Listener:* Do you think it's real important to be an individual?

*Caller:* Yea, like it's really hard not to do what everyone else is doing. Do you know what I mean?

*Listener:* Yes, I think I do—like drugs, for example, seems like a lot of people are taking them and that this would be particularly difficult to stay away from—there could be a lot of pressure.

*Caller:* What would you think if I told you I've already taken drugs?

*Listener:* Well, then I might wonder if this has been bothering you.

*Caller:* Well, actually that's really why I called. Can you help me?

*Listener:* Do you mean you'd like to stop?

*Caller:* Yea.

At this point, the listener asked the caller if he had tried to stop, and, if so, how. The reasons these attempts had failed were explored and other possible approaches were considered by the two of them together in an extended discussion between them.

In addition, the clinic employs an answering service that takes messages from young people when they call outside regular hours. These calls are referred to members of the clinic staff during the day or members of the Hotline staff when they come on duty, and, if the situation seems urgent, a worker contacts the caller. Thus, 24-hour coverage is achieved.

The staff consists of 30 young persons, most of them in their 20's, who have various types of background. A number of them are graduate students in medicine, social work, or psychology. Working in teams of three persons per shift, they are paid \$15 each for 6 hours of work. All staff members receive some preliminary training as well as training on the job. Before beginning work, each staff member attends two formal 3-hour sessions. Subjects discussed in these sessions include the youth culture, the drug and hippie scene, venereal disease, laws relating to juveniles, and community resources for providing help. The new staff members are helped to understand general principles of interviewing and of crisis intervention through role-playing and answering simulated telephone calls.

Training is a continuous process. All staff members attend regular meetings with the program's supervisors to learn techniques of dealing with callers, review the principles of the service, and discuss actual calls that raise questions or that exemplify problems for the staff. In addition, the training supervisors make periodic visits to staff members on duty to provide individual consultation.

At all times the caller's desire for anonymity is respected. He is not asked to give any information about himself. However, callers frequently describe themselves voluntarily in presenting their problems. The staff's approach to assisting callers is based upon a number of assumptions:

1. Those who call the service do so because they face some conflict or uncertainty that they have not yet been able to resolve on their own.
2. Effective resolutions of problems can only evolve out of the context of the individual's own experience.

3. Persons with problems benefit little, if at all, from direct advice, readymade solutions, or any kind of action that displaces responsibility.

4. Unconditional concern and respect for the caller, effectively communicated to him, are prerequisites for constructive interaction between the staff member and the caller.

A directory of community agencies—hospital, police, public health, and mental health—is kept on hand in the Hotline room at the hospital to help the staff refer the caller to the best place for securing the kind of help he needs. A catalogue of resource material, including information about frequent problems among teenagers and current fads in teenage language, is also kept there. Information on every call is recorded; all completed data forms are kept on file in sequence, and a separate file is kept for frequent callers.

#### CALLERS AND PROBLEMS

The data obtained from each call are coded and fed to a computer through the facilities of the Youth Study Center of the University of Southern California. We have recognized from the start that our attempts at evaluation will be limited by the anonymity of the callers, the program's emphasis on service rather than research, and the problems encountered in getting such a program underway. Therefore, in analyzing the results of our first 3 months of operation, we addressed ourselves to two basic questions: Would adolescents use an emergency telephone service? What kinds of problems would they present?

The answer to the first question was a decided "yes." During its first 3 months of operation, the service received 1,071 calls from 872 persons—an average of 19 calls a day. The busiest times were on weekends when the average was 25 calls a day. The calls lasted from 1 minute to 3½ hours. The average duration was 20 minutes, but the most frequent duration was about 10 minutes.

No information is routinely requested during the Hotline calls. However, a great deal of data is frequently volunteered. Of the first 872 callers, 516 gave their age. They ranged in age from 13 to 35 years, but most of them were between the ages of 13 and 20. The average age was slightly over 17. It was 16.8 for females and 17.7 for males. There were nearly twice as many females as males—a ratio of 1.7 to 1.

In regard to our second question, the analysis showed that the callers had presented 31 different kinds of problems or requests. The most frequent by far were problems related to boy-girl relations (nearly 21 percent of the problems mentioned) and problems related to parental conflict (nearly 19 percent of all). Other problems frequently brought up by the callers related to drug use (nearly 7 percent of all), school (nearly 5 percent), social isolation (over 3 percent), social inhibition (3 percent), and pregnancy (3 percent). A scattering of miscellaneous problems comprised 27 percent of the problems or requests recorded.

Many of the calls were concerned with information only—about the Hotline itself (nearly 6 percent of the "problems" recorded) and with other types of information (over 3 percent). Some of the problems brought up by the callers were "put-ons" (3 percent).

The following brief illustrations show some of the specific problems that prompted young people to use the Hotline:

A 17-year-old youngster who had shot heroin and missed a vein was in a panic as to what to do. Through the "patch-in" service, he was able to talk directly to a physician, who assured him that he was not in immediate danger.

A 14-year-old girl who had run away from home wanted to know the legal implications of her action. Through the "patch-in," she was put in contact with a juvenile public defender who gave her the information she sought and discussed various alternatives with her.

A 19-year-old girl called in a panic because she thought she might be pregnant. Frantic at the prospect, she was alternately contemplating marriage, suicide, or abortion. She was referred to a local public health agency for a medical examination and pregnancy test. Later she called back to say that the examination had revealed that she was not pregnant.

A 14-year-old boy and his mother called in together on extension phones asking the Hotline operator to mediate a heated argument. After some discussion, they saw how ineffective it was for them to be talking to each other by phone from separate rooms when they could be talking out their differences face to face.

In instances of acute medical emergencies when the life of the caller may be at stake, as in contemplated or attempted suicide, efforts are made to find out the location of the caller and to intercede.

## CONCLUSIONS AND QUESTIONS

On the basis of our first year's operation of the Hotline, two facts stand out clearly:

1. Adolescents will use the emergency telephone service to discuss their personal problems in detail. We suspect that the main reasons why they do so is because of the anonymity it allows them and because the service is available to them immediately when a crisis occurs in their lives. The fact that the service is located in a hospital may also appeal to young people in trouble because of the objectivity, neutrality, and confidentiality traditionally associated with medical services. Another reason for the frequent use of the service may be that most social agencies that help people with interpersonal and social problems do not provide service in the evening or on weekends.

2. The types of problems for which adolescents use an emergency telephone service primarily relate to interpersonal relations, especially boy-girl problems and family conflicts.

Our experience to date has raised several questions that we are planning to explore:

Does the emergency telephone service reach young people who would not ordinarily seek help from existing community agencies?

Our impressions are that in some instances the Hotline may serve as young people's treatment for problems that are subclinical in nature, such as early pre-delinquent behavior or situational crises of adolescence that, if unresolved, might require professional therapeutic intervention. In other instances, the Hotline may help the young person identify his own needs and then direct him to the appropriate community resource for dealing with them.

Can an emergency telephone service to teenagers also serve as a listening post for learning about pressing problems in the teenage world?

Since the population served may include many persons not likely to use the resources of social agencies, the data generated by Hotline callers may provide more valid information on the kinds of problems that teenagers face today in large metropolitan communities than such agencies can provide. If so, such information would be of value in community planning for meeting the needs of teenagers.

How effective are our methods of dealing with the troubled teenagers who use the Hotline?

Impressions we have received from repeat calls (20 percent of the callers are repeaters) and unsolicited letters from callers suggest that the service may prove to be a valuable adjunct to other community resources for adolescents. We realize, however, that more precise information is needed to evaluate the effectiveness of our staff members' methods of helping teenagers cope with their problems and the utilization of the service by young people. Therefore, we are exploring several research techniques that promise to yield a more definitive answer to this question. We are now developing methods to analyze the interaction that takes place during calls and to relate the types of interaction noted to the result of the service as measured by followup reports requested of the caller and information received from the caller's school, family, and friends. Because the caller's anonymity and confidence must be respected, these approaches to evaluation cannot be made without the permission of the caller.

Is the emergency telephone service an effective training vehicle for professional persons in the health field?

Our use of graduate students to answer the incoming calls may indicate whether such experience is useful to students in developing skill in working with adolescents facing crises.

The Hotline Emergency Telephone Service represents an experiment in communicating with young people. The fact that so many people still in their teens have used the Hotline points to the need for services that reach out to adolescents who have problems without labeling them as problem adolescents. This response also suggests that the development of multipurpose youth centers patterned on the Hotline approach to the young might merit careful consideration. We know that the fragmentation of services often keeps people from using them. If our communities would provide centers where young people, merely by walking in, could get health supervision, personal counseling, job placement, legal aid, or recreation, according to their needs, many more young people might seek help for their problems before serious complications developed. Moreover, the communities might find that they had built effective two-way channels of communication between the "establishment" and the young.

## WALK-IN COUNSELING SERVICES

## DESCRIPTION

(Submitted by Gary Schoener, Walk-In Counseling Service, Minneapolis, Minn.)

Over the past 5 years many types of non-traditional counseling services have arisen, principally to meet the needs of young people. I will limit myself here to services which offer face to face counseling (thus distinguishing them from phone services). I will not discuss specialized services such as those which provide walk-in counseling for drug problems or pregnancy and abortion, even though such centers perform invaluable services for young people and that the problems they deal with have great overlap with the things dealt with by more general walk-in counseling services. These services are vital to young people in that they fill needs not typically dealt with in a useful fashion by established agencies.

At present most walk-in counseling services provide counseling free of charge with no red tape such as lengthy intake forms and psychological testing. (The only exception being the nominal registration fee at "community medical clinics," which is typically optional.) They are located in informal settings or connected to other youth-serving agencies (i.e. hotlines, drop-in centers, free medical clinics) and access barriers are greatly reduced. All allow walk-ins without an appointment, although an increasing number are beginning to use appointments where feasible. Some utilize an intake interview. Walk-in counseling services tend to be open in the evening (due to the use of volunteer staff), and many are open during the day and not infrequently on Saturdays. A few provide 24 hour service.

Walk-in counseling services tend to specialize in short term or crisis intervention counseling which is very goal-oriented and tends to expect considerable responsibility on the part of the counselee. While most do at least some longer term counseling or psychotherapy, this does not tend to be the emphasis. Many offer group therapy.

Staffing patterns vary widely, but most utilize a team approach with formal or informal supervision, often in the form of co-therapy, being done by the more experienced staff members. Many services have a group discussion of all cases at the end of the evening. Staff screening, as with traditional agencies, is not extensive. It tends to focus on personal warmth and sensitivity, although some groups require that a senior staff member sit in on sessions until the person is "cleared", or through other methods gather a work sample.

Except for coordinating staff and clerical help, most centers rely on volunteer personnel. (There are exceptions, but nationally speaking this is clearly the case.) While a growing group of radical therapy cooperatives pay all of their staff, each staff member is paid only a subsistence salary, and all staff are paid the same amount, regardless of level of training. Centers differ markedly in how much they utilize para-professionals, with most centers having para-professional receptionists or intake personnel, but only about half having any significant number involved in counseling. In many cases they go through training programs which are, if anything, more extensive than the ones designed for paraprofessionals such as "mental health aids" who are utilized in traditional agencies. Many centers rely heavily on graduate students in advanced degree programs in clinical and counseling psychology, social work, and related counseling fields. These are generally individuals who have some counseling experience and training. In addition, most centers have volunteer professional staff (psychiatrists, psychologists at the MA and PhD level, MSW social workers, etc.).\* The professionals involved typically come from a wide range of therapeutic backgrounds and other agencies, including many from private practice. Given such staffing patterns there is often a good deal of sharing of knowledge and cross-fertiliza-

\*A survey of free clinics was done by Jerome L. Schwartz in 1971 ("The National Free Clinic Survey" in *The Free Clinic: A Community Approach to Health Care and Drug Abuse* pp. 144-206 STASH Press, Beloit, Wisconsin, 1971). Of forty free clinics studied which had counseling services, 78% had psychiatrists (range=2-20, mean of 3.5 per clinic), 65% had Ph. D. psychologists (range=1-12, mean=3.0), 35% had MA Psychologists (range=1-5, mean=2.17), 75% had social workers (range=1-38, mean=6.2), 45% had professional counsellors (range=1-40, mean=6.8), and 65% had lay counselors (range=2-24, mean=8.1). From Schwartz's data I calculated that average time per month spent by various personnel to be: psychiatrists=6.6 hrs., psychologists=10, social workers=15. Professional counselors (i.e. school counselors, ministers) put in more time (up to 25 hours per month in "street" type clinics) as did lay counselors (up to 30 hours per week in "youth" oriented clinics).

tion of many therapeutic approaches. Much training of professionals and para-professionals occurs, especially in areas relating to youth and drug abuse problems. Such experience seems, at least in the Minneapolis area, to be helping professionals to become more useful and relevant to youths in trouble. Many professionals give this as the reason for their involvement in free clinics—to learn and become more relevant.

Many walk-in counseling services do a considerable amount of referral to other mental health agencies. In many instances a counseling session is necessary to help a person accept longer term help from an "establishment agency." Some centers carry on very active liaison with traditional mental health agencies, often providing them with feedback about their service and pushing them to meet the needs of the alienated. Through both active community involvement and the lack of institutional barriers, not to mention involvement with other youth serving agencies, the counselor in the walk-in setting is no longer insulated from client feedback. Thus, some centers have found themselves thrust into the role of a gadfly or conscience for the professional community. Another result of the lack of barriers is a humanizing of the delivery of care, with no white coats, titles, or desks to hide behind. This potentiates the need for more direct dealings with the client with a clearer definition of the therapeutic contract (i.e. "what are we here for, what's my role and what's your role?"). Many feel that this is an essential feature of successful counseling, and it is known to be something many clients claim was lacking in unsuccessful attempts at getting help from a counselor.

In addition to referral to other agencies, many walk-in counseling services have arranged for therapists in the community to take referrals from them on a no cost, or low cost basis. Again, many have found private practice professionals who were surprisingly willing to provide this public service. In addition, many walk-in counselors are quite accessible in their "off-duty" hours. Some clinics require all counselors to make their home phone numbers available to clients so that if a crisis occurs, another agency will not be left with the responsibility of dealing with it. Many feel that to set limits through artificial barriers is to continue the same interpersonal games the client is involved in outside of the counseling relationship. This guarantees a greater continuity of care, and in our experience at the Walk-In Counseling Center in Minneapolis, has not been abused by clients.

Walk-in counseling services often provide a great deal in the way of consultation, training, and outreach. In the past year, for instance, the Walk-In Counseling Center in Minneapolis provided consultation to over 50 groups who did not feel that they could go elsewhere for the help, including suburban police departments, city police precincts, hotlines and other youth services, non-traditional drug treatment centers, free medical clinics, some social service agencies, etc. This included providing training for volunteers and paid staff at other youth serving agencies and help in problem-solving when crises developed among the staff of these agencies themselves. Over 1,000 professional man-hours were logged in these endeavors. Input was also provided to planning agencies through representation on the Greater Minneapolis Drug Dependency Council and the Metropolitan Health Board's Mental Health, Mental Retardation, and Inebriety advisory committee. Many local, state, and federal research efforts depended heavily on such youth-serving agencies for survey studies of the drug scene in the United States.

Walk-in counseling services typically operate from an insecure funding base and on a shoestring budget. Their funding comes from everything from client contributions, benefit rock concerts, and local foundations to federal grants for service, staffing, or research (often LEAA or drug money). The principal budget item is usually salaries for staff to coordinate the efforts of the volunteers.

While walk-in counseling services are primarily oriented towards the delivery of direct service, some are engaging in applied research. The Haight Ashbury Free Medical Clinic (which includes walk-in counseling and heroin treatment programs) is studying a number of facets of heroin addiction. Both the Walk-In Counseling Center in Minneapolis and The Counseling Center in Milwaukee, Wisconsin, are studying the nature of their clients and the problems they are reporting through computerized analysis of their contact forms. The former, together with the Teenage Medical Service (which itself has systematic data collection), an innovative medical service for adolescents, is conducting a study of knowledge of sex, birth control, and personal hygiene, and desire to know more in these areas along with lifestyle variables. While some walk-in services would likely be amenable to systematic collection of data about their clientele, in the

near future I would expect most of these services to resist any more than a limited description of their clients.

Centers differ markedly in their target population or the groups they serve. Some serve only youth, or persons from a particular ethnic or cultural group, or a specific neighborhood. Some serve only one sex (i.e. women's counseling services) or those of only one sexual identity (i.e. gay counseling services).

Finally, there is a growing group of services which are actively political and generally radical (i.e. women's liberation counseling services, radical therapy centers, and some "community clinics") and which often do not want any sort of federal involvement in this area. Many other services are at least distrustful of federal or even local government involvement, even in funding.

#### ROLE IN THE MENTAL HEALTH DELIVERY SYSTEM

A central question which must be asked at this point is: are these walk-in counseling centers merely duplicating the efforts of traditional agencies? I do not feel that this is the case and will try to support this contention from a number of perspectives.

First of all, there are no indications that the appearance of walk-in counseling services has lowered the number of people being seen at traditional agencies or shortened the waiting lists. The number of persons receiving therapy or counseling at traditional agencies has continued to increase during the past five years, the period during which these centers have arisen. Had they not appeared we can only conjecture as to whether the traditional mental health agencies would have been more swamped than they currently are.

Some individuals, according to their self-report, would not have gone to the traditional agencies under any circumstances, due either to distrust or previous bad experiences with those agencies. Some thought that one had to be crazy to seek help at a "mental health center" or "psychiatric clinic," whereas "counseling" carried no negative connotations. Some seemed to feel that hospital-based services are for "sick," "crazy," or "mentally ill" people. This is part of the reason for the new national emphasis on community mental health programs which provide neighborhood counseling centers.

Walk-in counseling services try to maximize access while traditional agencies usually maximize efficiency for the professional personnel, usually creating access barriers in the process. If services are to be available to individuals when the crisis occurs, the time when many therapists feel the most can be gained from counseling, then efficiency will have to be sacrificed. It is important to remember that the numbers game with regard to number of clients seen is a double-edged sword—higher efficiency requires lowered access. Since distrust or fearfulness are common features of emotional crises and chronic emotional problems both, it would seem sensible to have at least one or two agencies in every community which have minimal institutional barriers to access. Through their referral work, the walk-in counseling services, like other innovative youth-serving agencies, often serve as springboards to further help via traditional agencies.

Beyond providing a gatekeeper service to the traditional agencies walk-in counseling services often provide crisis intervention services and complete the counseling contract before the client could have arranged for even one session at many traditional agencies. In addition, among those who need longer term help and want it there are some who feel alienated from traditional agencies and refuse referral to them. In many instances these are individuals who could afford, through the wealth of their parents, to obtain counseling from well-known and prestigious therapists. Furthermore, most agencies have a long way to go before their personnel is well enough acquainted with the youth subculture and drug scene to be able to relate to the problems these young people come in with. Beyond this limitation, there is a limitation in the personal attitudes of many professionals who take it upon themselves to morally judge young people, homosexuals, and other groups who seem different from themselves. Likewise, in some communities there are barriers to people of certain races. Many people say that they come to free clinics and walk-in counseling services because they feel that they will be accepted there.

Many clients come to walk-in counseling services because they offer free service. Community mental health centers, while they charge fees according to ability to pay so that many people pay no fee, are unknown quantities to the consumer. Many people seem afraid to go in for help because they are fearful of suddenly receiving a large bill. Many have difficulty asking about fees when going for help. A few clients report increased confidence in walk-in services

because the staff are volunteers and thus must be doing this work out of a sense of dedication. For some, high psychiatric fees raise immediate questions about the concern of the professional. Finally, it is important to note that the consumer knows less about what adequate mental health service is than he generally knows about other types of services and therefore often seems more suspicious of the product he is paying for.

Another important factor is that clients don't want to give information about themselves and don't want to give their names, although most will do this willingly after a session with a counselor. They are fearful of family members who oppose their getting help learning of their visit. Therefore, the procedure of elaborate intake and forms common to mental health centers and traditional agencies can be a barrier to someone getting help.

Another somewhat unique facet of walk-in counseling services is that they are usually open in the evening, and in fact may be open only in the evening. It is at this time, a time when crises occur in greater numbers than the rest of the day, that traditional agencies are usually closed. There are many cities where save for the free clinics and alternative agencies, only hospital emergency rooms are open at night. Most emergency rooms are sufficiently chaotic in most instances that even those in desperate straits emotionally will not go there. Furthermore, even when there are emergency room bypasses such as hospital crisis centers, the crisis intervention personnel do not provide continuing therapy, but instead refer the person to someone else. In the case of the walk-in service counseling begins at the time of first contact and continues with the same person.

Most walk-in counseling centers have considerable community input, and some are community controlled. All are close enough to the community and to other youth-serving agencies to get considerable direct and indirect feedback about their service. The healthier traditional agencies know the value of such feedback and greatly desire it, but are usually unsuccessful in getting it. The Walk-In Counseling Center of Minneapolis has found most agencies very receptive to feedback but has been amazed at how little feedback these agencies generally report getting from anyone but Walk-In.

Walk-in counseling centers often have excellent credibility with both youth serving alternative agencies and traditional agencies, in the area of drug abuse and the problems of alienated youth. Both types of agencies have asked the Minneapolis Walk-In center for consultation and training in these areas. This is something gained through three years of experience which could not be easily duplicated by a traditional agency. Nor do these agencies seem interested in picking up the work in these areas. They are not at all reluctant to refer to either Walk-In Counseling or some of the innovative youth-serving drug treatment programs run by paraprofessionals. It would also be difficult for them to develop sufficient experience to be able to meet the consultation needs of such services as hotlines (i.e. the volunteers we use to consult with hotlines have all logged many volunteer hours themselves on the phones at a hotline).

Walk-in counseling centers are considerably more flexible, on the average, than traditional agencies. They can experiment with different training programs, staffing patterns, and even therapeutic techniques. They can often alter their hours or the number of staff on relatively short notice. Many are providing a greater amount of training and supervision in the counseling itself than is supplied in the average graduate program. Having supervisors or peers do co-therapy, or allowing counselors to stop a session to get some help or advice are two procedures which are coming into more frequent use in the walk-in clinics which are not common in graduate programs.

So, in conclusion, it would appear that walk-in counseling services make a somewhat unique contribution to the community. They fit in well with the new national push for decentralization of services with increased community control and an emphasis on outpatient services. They can provide for some previously unmet needs and add to the effectiveness of traditional agencies by providing them with feedback and referral as well as consultation.

#### RELATIONSHIP TO OTHER YOUTH CRISIS CENTERS

The walk-in counseling services around the country often provide backup for other youth crisis services by being referral resources for them.

Hotlines and other phone services are the most frequent point of entry into the youth crisis center network. When a young person arrives in an unfamiliar locale,

whether it is only a few miles from his home or across the country, he or she would most likely go first to the local phone service for help.

Data on source of referral is difficult to evaluate because a large percentage of those who say that they are self-referred will often admit some specific source of referral if further questioning is done. A percentage who claim referral by family or friends have been referred by another crisis agency. Even given these attenuating factors, however, it is noteworthy that The Counseling Center in Milwaukee, Wisconsin reports that 14% of its referrals came from the Underground Switchboard or Switchboard Medical Clinic. With 37% self referrals, and 27% from family or friends, the accurate percentage of referrals from phone services could be much higher. Over a 7 month period during 1971-72, the Walk-In Counseling Center in Minneapolis got 21% of its referrals from Youth Emergency Service in Minneapolis and 2% from Pooneil Corner phone service in St. Paul. And again, these percentages are likely gross underestimates of the number of persons successfully referred for counseling. (It should be noted here that many individuals are also referred by phone services to traditional agencies or other youth crisis agencies which provide counseling, and that some are referred to private practice counselors who have agreed to act as a resource for the phone services.) From the vantage point of the counseling center end of things I would guess that many of those referred would not have come in for counseling had they not had contact with a youth crisis phone line.

Drop-In Centers, Runaway Houses, Free Medical Clinics, Drug Abuse Treatment Services, and other types of youth crisis centers often provide counseling themselves and thus would be making far fewer referrals to walk-in counseling centers than would the phone lines. Such services accounted for at least another 10% of the referrals made to the Walk-In Counseling Center of Minneapolis during the 7 month period cited above. The Pharm House Crisis Center, a drug crisis center, referred about 11% of its 90 clients per month who are referred to the Walk-In Counseling Center.

Crisis phone lines and other youth crisis centers serve as resources for walk-in counseling services. Drop-In centers help provide support and socialization experiences for lonely clients, and sometimes can provide ongoing counseling and group experience. Drug treatment programs can provide extended treatment for drug abusers. The Walk-In Counseling Center of Minneapolis routinely utilizes the Pharm House Crisis Center for clients having bad trips. Runaway clients are often sent to runaway houses such as the Bridge in Minneapolis.

Many young people in need of medical care are referred to medical resources by youth crisis centers. For instance, 13.7% of the clients served by the Teenage Medical Service, a Minneapolis Free medical clinic, indicated that they were referred there by Youth Emergency Service, a local phone crisis line. (A percentage of the almost 52% who said a friend referred them is likely to have come from the same source also.) So, from October 1971 to March 1972, at least 467 (and probably at least double that number) young people received medical attention from volunteer professionals as a result of a phone call placed to just one hotline.

Some of the staff of walk-in counseling services also volunteer at other youth crisis centers such as hotlines. In these settings both professional and lay people become more aware of the problems of alienated youth, learn listening skills, and hopefully become better able to respond to these problems. Receptionists at free medical clinics, drug crisis centers, and walk-in counseling services may receive formalized training from hotline volunteers. Drug crisis centers such as The Pharm House Crisis Center in Minneapolis provide training for most other youth serving agencies (both alternative agencies and traditional agencies) in handling drug emergencies. Walk-in counseling services provide training in dealing with emotional crisis for each of the other services.

#### CONCLUSION

Walk-in counseling services are one member of the rapidly growing and diversifying system of youth crisis centers. Together with other crisis centers such as hotlines, runaway houses, free medical clinics, and drug crisis centers they provide evidence that there are many people in both rural and urban communities throughout the United States who prefer to receive help through alternatives to existing institutions. Their existence also testifies to the needs of their countless volunteers, both young and old, both professional and lay, to contribute to the common good in a setting other than their jobs or homes.

It is likely that youth crisis centers are providing some response, be it inadequate as a full answer to the situation, to the growing sense of alienation and tragedy of not belonging. Not limited to the young, the growing number of older persons aided by youth crisis centers suggests that it is a phenomenon of our culture as a whole. No longer are just the children of successful businessmen and professionals coming to these centers. The parents are, too.

It would seem crucial, given the failure of existing institutions to meet many of the needs dealt with by youth crisis centers, to re-examine our methods of planning for the social needs of our community. It would be important to involve workers at youth crisis centers in future planning and implementation of local, State, and national programs in such areas as health, mental health, drug abuse, etc. At present, if involved, their involvement is a token one on task forces which rarely have decision-making power. Likewise the involvement of consumers in a meaningful manner would seem essential. Without such revamping of our system of planning it would seem that the situation would get worse, with existing institutions meeting relatively fewer and fewer of the needs of the community.

Some federal funding would seem necessary, if for no other reason than that it provides the credibility needed to compete for State and local money. If provided, it should be administered by some sort of a youth foundation or small grants procedure which would allow for small grants, given soon after the time of application, and requiring quite a bit of local matching. The funding process should reflect the community itself through involvement, at a decision-making level, of consumers (i.e. young people) and workers at youth crisis centers.

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EXCERPTS FROM "CRISIS CENTERS: THE COLLEGE AND THE COMMUNITY"

(The University of the State of New York, the State Education Department,  
Bureau of Inservice Education, Albany, N.Y.)

FOREWORD

The New York State Education Department has been working with and supportive of the crisis center movement through the College Volunteer Program To Combat Drug Abuse. This program was initially authorized and funded by the New York State Legislature in 1970-71 and will operate during 1971-72 with funds granted by the National Institute of Mental Health.

CRISIS CENTERS

Crisis-intervention centers are established primarily for serving individuals who are in situations where they need immediate assistance; i.e. short-term counseling, referral to a source of help, or information. Crisis situations are not those for which someone could or would necessarily appeal to the police, friends, family, or existing social agencies. Problems brought to crisis intervention centers, hotlines, or switchboards, are varied; e.g. suicidal thoughts, needed drug advice and/or help, an unwanted pregnancy, difficulty in relating to family or friends.

There are more than 75 youth-operated crisis centers, located on college campuses and in communities, in New York State.

The fulfillment of youth needs, expressed in the following statement by one of the original crisis centers in New York State, is fundamental to the role which most centers play:

Today's youth are often confronted with many problems, some of which are drug abuse, legal difficulties, pregnancy problems, emotional disturbances, family and peer group conflict. In seeking solutions to such problems, many young people:

- A. are unaware of existing forms of assistance
- B. distrust existing organizations and members, or
- C. find that there is no assistance available to them

We find that many of the youth we deal with feel discriminated against; they feel that proper forms of assistance are being denied or withheld. Such feelings

cause youth to reject the whole society. There is then a need for an agency or organization to bridge the gap between troubled youth and existing agencies, services, and appropriate professionals.

A unique feature of crisis centers related to the State Education Department is that they are organized and primarily operated by members of the *youth community*.

Many young people with problems having embarrassing legal or social implications simply do not feel that they can trust themselves to "straight" professionals. There is an unrealistic, often self-defeating tendency of some agencies to compartmentalize problems—speaking of a "drug-problem" or a "sex problem"—rather than to deal with the total context within which a young person finds himself in our society.

The peer approach to working with crisis problems, has therefore, gained widespread acceptance throughout the country. In a position paper dated February 27, 1970, the New York State Board of Regents has said in relation to the drug problem specifically:

We must recognize that the unwise exercise of adult authority in an attempt to break the connection of youth and drugs may have the opposite effect of that desired.

The most powerful influence over a youngster with regard to using drugs may well be the influence of his peers. The adult task is to help the young assist each other resist the temptation of drugs. They must trust that our youngsters can and will reject drug abuse. The desire of the young to be active, involved, committed and to have responsibilities sounds through our society at every turn. We know of no more important issue on which the claim for participation and responsibility can be better earned than in youth's assumption of leadership in solving the drug problem.

Peer-operated centers have succeeded mainly because of their nonjudgmental approach to problems and the trust that they generate in the youth community. Since society tends to label various forms of youth behavior as bad, many young people believe that establishment helping agencies have prejudged them. But young people believe that a youth-operated crisis center is there to help, not judge, and that a peer counselor or a community resource recommended by the center would be more willing to help them explore and understand their problems than to pass quick and harsh judgment.

Crisis centers have developed a sophisticated referral system of community agencies and professionals who are willing to assist young people in handling their own problems. Continual interaction between crisis centers and the referral system has provided a great deal of mutual learning. Crisis centers have been able to influence and educate many agencies and professionals in more effective ways of handling the problems of young people, while agencies and professionals have been able to provide training and expertise to the crisis centers. The referral system has therefore become a significant force for change in the provision for community social services.

Experienced staff in the crisis centers needs continuous feedback and self-examination. New volunteers need basic training in the techniques of crisis management, first aid, and the capacity to distinguish manageable anxiety states from medical or psychological emergencies. Regular inservice staff training fills this need.

The centers are also actively involved in the community as a resource for schools, hospitals, churches, and civic organizations. Center personnel are called upon extensively for speaking engagements, panel discussions, and workshops as well as to disseminate information through the media on youth and youth problems.

The crisis center concept is a unique contribution when traditional life styles and value systems are in question by growing numbers of youth and adults. The need to reestablish trust relationships and communication has a high priority. Crisis centers are helping to fulfill one of society's greater needs.

*For further information regarding crisis centers contact:* Armand H. Altman, Coordinator, College Volunteer Program To Combat Drug Abuse, Bureau of Inservice Education, New York State Education Department, Albany, New York 12210.

## EXCERPTS FROM "HOTLINE," A PUBLICATION OF YDDPA

## FOREWORD

In 1968, a telephone service called Hotline began operation in Los Angeles, California. The concept was planned and implemented by a committee made up of various representatives in the community in association with the Division of Adolescent Medicine, Children's Hospital of Los Angeles. Today, the Children's Hospital Hotline is one of over 300 existing throughout the country, with a steadily increasing number being created in other parts of the world. Designed mainly for young people as a *crisis intervention resource*, the Hotline provides an understanding, empathetic, yet objective "Listener," someone who is as immediately available to a troubled youth as the nearest telephone.

The idea for Hotline resulted from an awareness of the increasing alienation of youth and the relative lack of meaningful avenues of communication during periods of stress—stress which sometimes leads to anti-social and delinquent behavior. Perhaps the most unique and crucial features of the resource are its immediate availability and respect for the anonymity of the caller. The approach utilized is not one which presumes traditional professional training in psychotherapy or counseling on the part of those who answer the calls. Rather, it is based on the concept of "creative listening" and underpinned by a genuine regard for others and a special awareness of, and sensitivity to the world of young people.

This publication simply is a collection of ideas, a rough approximation of where one Hotline (that of the Division of Adolescent Medicine, Children's Hospital of Los Angeles) is now. Just as there are often no simple or final answers for those who call the service, there will never be a finality regarding what Hotline is or could be.

The publication was prepared by Betty Jo Johnson, Director of Special Projects, Division of Adolescent Medicine, Children's Hospital, Los Angeles, California.

ROBERT J. GEMIGNANI, *Commissioner,*  
*Youth Development and Delinquency Prevention Administration.*



## CREATING A HOTLINE

As the nation has come to realize the critical proportions of its mental health needs, communities have sought new methods to aid individuals in distress. One of these methods is the telephone crisis intervention service, including those commonly referred to as Hotline. The Hotline approach basically depends upon voice communication via the telephone to aid an individual by allowing him the opportunity to interact with a trained Listener. The number of Hotlines is steadily increasing, and many are designed with the adolescent in mind—his world and his needs.

The Hotline approach works with young people for several reasons. First, Hotline provides an outlet for the adolescent through a caring individual—the Listener who answers the phone. Most Hotlines are based upon the concept of “creative listening” and underpinning this are associated techniques, including a special awareness of and sensitivity to the world of youth.

Second, Hotline poses a minimum of red tape to the Caller; there are no limiting criteria for placing a call to Hotline. And, the service is immediate. As soon as a Listener picks up the phone, the Caller's communication with a caring individual has begun. The general policy is that of acceptance, and the approach is based upon helping people with problems, rather than solving problems to which people are attached.

Young people who call Hotline have already taken a big step by admitting that they are having difficulties—difficulties they can't seem to solve alone. Each Caller is exhibiting, in the most visible way he knows how, his desire to reach out. In many situations, this act of reaching out would not occur if the Caller had to reveal his true identity.

A third reason the Hotline approach works is that the service respects the anonymity of the Caller. Most adolescents have fears of rejection, of ridicule, of being judged. A call to Hotline carries no strings with it. Rather, the message is that assistance is standing by when the need to reach out is felt. The Listener is there to listen, to hear the Caller out, and to assist the Caller in finding possible ways of solving individual struggles and concerns.

The Hotline approach is aimed at reinforcing feelings of strength in an individual, to help him take positive strides in problem solving. If the crisis experience is to yield dividends in terms of growth, the main focus must be upon the Caller—his own resources and his own needs.

The tasks of the Listener, then, are not prescriptive, but to provoke inquiry, to aid the Caller in examining what he is experiencing, to help him reconsider or clarify his opinions about himself and his relationships with others. The goal is to counter the tendency to rely upon external agents of change and to build greater self-confidence in solving problems. It is assumed that this kind of interaction will have significance beyond the resolution of the immediate crisis which precipitated the call to Hotline.

The concept of Hotline has become a significant community youth-help effort across the nation. This chapter has been prepared to aid those in the process of creating or administering such a service. Through this type of communication, progress can be made from the point of what is known. Many of the questions used in this chapter are taken from “Operation: HOTLINE, Manhasset, New York.”

Many of the issues cannot be answered; you must rely upon your own insight and honest, the community in which you operate, and your knowledge of and sensitivity toward the population you wish to reach. Where opinions exist, they have been included in terms of the experience of Children's Hospital of Los Angeles Hotline. Nevertheless, anyone contemplating creating a Hotline or in the process of administering one should carefully consider each question and seek an answer.

## PURPOSE

Any community service cannot and should not operate within a vacuum. Hotline is no exception. The program's success or failure depends upon the relationship of the service to the Caller and to the various sectors of the community at large. Considering this, carefully review the following questions:

- *Would a telephone service really affect the stated needs? Or have you allowed yourself to be glamorized by the Hotline approach to problem solving?*
- *What age and type of population should you reach or can you best affect with a phone service?*
- *Sociologically, do you know what kind of people you are aiming to help in this new service?*

- *Do you really know what kinds of calls come in to a Hotline? And, are you prepared to deal with them—no matter what may come?*
- *Do you know the different types of Hotlines?*

Basically, Hotlines fall into the following general purpose areas: broad youth service covering all or most types of problems and educational information, with Listeners trained in a variety of areas and with appropriate community referral resources as back-up; emergency or crisis-response services dealing with aiding those with specific problems that have reached proportions that the Caller finds himself unable to handle; and education-information Hotlines which transmit education or community service information to those who call.

- *Can you honestly say (if you are planning a youth-oriented service) that you understand youth needs, have discussed thoroughly and in detail the reactions of youth to such a service, and have formed a youth advisory body or some other official body involving youth to advise or actively participate in the formation and administration of the service?*

It is not only important but extremely helpful for young people to have a voice in community services which hope to reach their peers. These youths can be a creative and dynamic asset and can aid in communicating the service to other young people.

Children's Hospital Hotline, as well as others throughout the nation, have gathered some information regarding these questions (for a list of Hotlines, write to Children's Hospital of Los Angeles, P.O. Box 54700, Terminal Annex, Los Angeles, California 90054). Don't hesitate to ask other services what they have learned during the course of their operation.

#### GEOGRAPHIC SERVICE AREA

*What geographic area would you like to serve? What geographic area can you service effectively?*

Very often service planners and administrators include too wide a geographic area or too large a target population in the delivery of their service. Then, if the service is not large enough to do the job, effectively diminishes. The important thing is to provide a good service, and "good" services are by no means synonymous with "large" services.

*What other Hotline-type services are already serving all or part of your target area? If there are other services, why do you feel it necessary to compete with them?*

Competition is not necessarily bad, but considering the limited mental health resources which exist—manpower, funds, etc.—it is wise to carefully consider whether you want to work at improving existing services or to begin a new one.

#### FUNDING

*How will you support the service?*

Funding, in fact, may be one of the first places that individuals wishing to begin might do their ground work. Funding can be taken care of in a number of ways, but be prepared to accept the fact that for most Hotlines fund raising consumes much energy and time.

One source is community support from various local organizations and civic groups. Another might be by affiliating with civic groups. Yet another way might be in terms of affiliating with a hospital, existing community service, or educational institution, or through a grant from a foundation or from city or county governments.

Regardless, it will be necessary for you to develop a budget before you approach any possible funding resources. Consider in the budget such things as rent, utilities, insurance, phones, consultants, staff (including Listeners if they are to be paid), office supplies, plus any extra materials you might require for training sessions, staff retreats, and answering services. Most Hotlines are pleased to pass along their budgetary experiences (and misadventures); having this information might be helpful if you intend to contact civic and commercial organizations, or granting and funding agencies.

Also look into getting a tax exempt status. State laws, vary, but in general this is a good idea. Hotline, like anything else, at an administration level has to run like any other business; therefore, in order to stay within one's budget, it is necessary to develop and maintain responsible accounting records.

## TAKE YOUR TROUBLES TO THE HOTLINE

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### FOREWORD

Currently operating in many communities around the country is a telephone service for youngsters who require instant help. Popularly termed **HOTLINE**, the service is a **crisis intervention resource**. A youngster simply dials a number and receives advice or help from a "listener," usually a specially-trained volunteer. Often the "listener" is himself a youth. The **HOTLINE** provides an invaluable resource for any community desiring to develop ways of helping youth. But it must be remembered that the **HOTLINE** is usually an **interim** service, that youth with serious problems need long-range, ongoing help. Thus, the **HOTLINE** can be a valuable **adjunct** to a larger, community or Statewide **comprehensive program** to aid boys and girls.

This article is authored by Joseph N. Bell and is published with the kind permission of SEVENTEEN Magazine.

ROBERT J. GEMIGNANI

Commissioner  
Youth Development and  
Delinquency Prevention Administration

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The frantic sixteen-year-old girl was calling from a Long Beach, California phone booth. She had hitchhiked thirty miles to reach a place where she could dial 666-1015—the Los Angeles area number—without paying a long distance toll. On the other end, a former teacher named Kathleen, now a mother in her mid-twenties, picked up the phone.

The words spilled out of the girl with a terrible urgency: "I'm on acid and pills. I want to get off but I don't know how. My boy friend got busted and I'm scared. I was making A's but now I'm flunking out of school. My parents don't know about the drugs yet. I want to get off before they find out . . . yet, I don't want off . . . They give me something . . . something I need . . . I'm so bored."

Carefully, Kathleen extracted information. The caller's name was Sandy, and she lived in an upper-middle-class suburb. She was totally turned in on herself, thinking about nothing but her own needs and problems. She still had some communication with her parents. But she felt they were totally ignorant of her desperate inner turmoil—and would simply be angry or impatient if she told them.

Almost imperceptibly, Kathleen turned the conversation. "Do you have any close girl friends? . . . Do any of them want to split the drug scene too? . . . Wouldn't that be a healthy association for you both? . . . Couldn't you draw strength from

one another? . . . Tell me some of your interests . . . How about politics? . . . You sound intelligent, like you have the resources within yourself to leave drugs and get involved in other things . . . Why don't you think over some of the things we've talked about? . . . Call us back. We'll talk some more."

Kathleen hung up the phone and sighed. "Maybe I helped," she said pensively. "So many of these kids feel they're being suffocated—by family, by school and by a lot of other things they can't put words to. It comes across so powerfully on that phone line."

In dozens of American cities, telephone centers have been established to provide emotional release valves—and, hopefully, some solid guidelines—for teen-agers in need of both. In Los Angeles, this telephone port of call for angry, frightened and frustrated young people was started as an experiment two years ago; now—after more than 17,000 calls for help—it is a model for similar services in dozens of other cities throughout the world.

Centers have been springing up so fast in recent months—in places like Pittsburgh, Milwaukee, Denver, Kansas City, Boston and Phoenix—that a count is outdated almost as soon as it is made. Although most of the listening is being done by concerned, empathetic adults, backed up by trained professionals in fields vital to youth needs, the latest trend has been the involvement of young people to talk with young people. An outstanding example is HELP, where youthful Philadelphia street people answer up to a thousand calls a week from their peers who are too alienated to take their problems to professional agencies.

The Los Angeles Hotline—the granddaddy of all these services—has compromised by using young people who are slightly older and more mature than most of the callers. Recently I was permitted to observe

Hotline for several evenings in a tiny, cluttered office on the second floor of the Adolescent Unit of Children's Hospital in Los Angeles. There was a hot plate with coffee bubbling, three desk tops piled with notes, books and clipboards, and walls garnished with urgent notes for Listeners on duty other nights to return calls. In addition to Kathleen, a husband-and-wife team was manning the phones this night: Chuck, twenty-three, is slight, mustached, soft-spoken; he teaches the sixth grade in a suburban Los Angeles school. His wife, Frida—a tiny blonde with wide, quizzical eyes—is a graduate student at the University of Southern California.

The troubled young people who dial 666-1015 in Los Angeles will get Chuck, Frida or Kathleen—or one of several dozen other trained Listeners who may be on duty. Who calls Hotline? The people who run it won't supply specific identification because one inflexible precept of the service is **absolute anonymity** for every caller. But they will say that two-thirds of their approximately twenty-five daily calls come from girls whose average age is 16.8 and whose problems range from chronic frustration with boy-girl relationships, to fears of homosexuality or social isolation.

Even though I could hear only one end of the conversation, I was able to sense much of the anxiety pouring in over the phone. Some of the calls last only a minute or two, some an hour or longer. The patterns vary, but the fabric is anger, confusion, frustration—and sometimes just loneliness.

Frida is saying: "You're only fourteen; do you feel you have to settle down with him now? . . . What do you think should be done? . . . That sounds pretty good to me; how does it hit you? . . . Do you think he cares about you? Does he want to go steady? . . . Okay, so what are the alternatives to the way things are now? . . . Then why do you want to break up with him completely? Don't you feel

your age it's good to have that kind of mobility?"

At another phone Chuck says: "She can't get pregnant in that manner, not in the manner you described . . . Is she normally regular in her periods? . . . I see. This is an emotionally upsetting experience, you know, and that tends to increase irregularity. . . . Tell her to hang loose. It hasn't been long enough . . ."

He cradled the phone, compressed his lips. "That was a sixteen-year-old girl," he said, "who was calling for a 'friend.'" She got into a hot petting session with her boy friend and he discharged close to her. Now she's scared out of her mind that she's pregnant.

Almost instantly Chuck's phone rang again. This time the conversation was brief. "This is Hotline. My name is Chuck. Can I help you? . . . I'm not sure what a forty-inch bikini means. Would you explain it to me? . . . But don't most girls your age like to have a large bust? . . . Then why are you concerned about being teased? . . . Would you ask your girl friends to turn down the record player so I can hear you?"

There was an audible click on the other end and Chuck hung up. "That was a put-on," he explained. "About one call in thirty is a put-on. But we don't treat them that way. We deal with them seriously and try not to cut them off, no matter how obvious it is. That way they'll call us back if they have a real problem—and we assume they wouldn't have called if they didn't secretly want to discuss something with us."

This attitude toward pranksters is typical of the cool approach of the people who man the Hotline phones. They are the survivors of five times as many applicants for the jobs they fill.

Most Listeners are young—but not all. About two-thirds of the training class I visited was made up of teachers in their

twenties or graduate students in sociology, psychology or medicine. The rest were older and represented a variety of occupations: computer analyst, probation officer, resident physician. They have survived a rigorous oral examination in role-playing with members of the Hotline Advisory Board, a pair of three-hour training sessions conducted by Hotline's chief psychologist, Gerald Bissiri, and several weeks of tandem phone duty with a "buddy" who is experienced with the Hotline. Only then are they turned loose to deal with callers themselves.

Since the pay is only fifteen dollars per night, Hotline is a labor of love. Generally a Listener is on duty one night a week, for six to eight hours. (Hotline phones are open from 6:00 P.M. to midnight on weekdays and until 2:00 A.M. on weekends.) The heaviest nights are during the school year on Friday and Saturday and when it's raining; the average length of a call is about fifteen minutes. A directory of community agencies is always at hand for the Listener, as well as a catalog of resource material that includes current teen-age language and facts and figures related to frequent problems.

"We've discovered," say psychologist Bissiri, "that adolescents will use the emergency phone service to discuss their personal problems in detail—mainly because of the anonymity it allows and because it is available to them immediately when a crisis occurs. We have only three hard-nosed policies: information is held in strict confidence; there can be no medical or legal advice from non-professionals; and no face-to-face contact later between caller and Listener."

Calls during off hours are either relayed to an appropriate agency or held as messages until the Listeners report for duty that night—depending on the urgency. Emergencies are dealt with by more direct and aggressive intervention. For this purpose, volunteer professional specialists in fields

relevant to youth (law, medicine, mental health, religion, community resources) are available for consultation—by means of a phone patch-in system that can hook up the specialist with the Listener, the caller, or both. The Listener must decide when a patch-in is required; usually it is for one of two reasons: If the Listener senses a clear and present danger—the possibility of suicide or external violence, for example—and feels the situation is beyond his ability to handle, he will request a patch-in with the appropriate authority or agency. Or if the Listener needs technical information for which he has no background, he will patch-in with an expert in that field.

Sometimes the nature of the emergency requires the Listener to deal with it immediately—and alone. I overheard two such calls.

One came from a seventeen-year-old girl barricaded in her own home. She was near hysteria, and I could hear her plainly across the Hotline office. Chuck, who took the call, was just beginning to calm her down when her small brother burst into the room and asked what she was doing. The phone went dead. She called back about five minutes later, from another room. When Chuck soothed her enough so that she was coherent, she told him she couldn't stand being repressed by her parents any longer and planned to run away. But she wanted to finish high school and in desperation had gone to the school nurse for help. The nurse had suggested she call Hotline.

At this point an extension phone was audibly lifted and an angry male voice began to threaten both the girl and Chuck. The girl screamed: "You can't run my life any longer." And her father shouted, "I'm going to get the police," and slammed down the receiver. While the girl sobbed convulsively, Chuck talked quietly and calmly, telling her there were things that could be done and they would talk about them when she had control of herself. It took ten minutes.

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Then he began to explore the problem with her, trying to determine the degree of repression. Together they discussed what alternatives were available—and there were alternatives beyond running away. Chuck described social agencies that could find her a foster home until she was of legal age if her present home situation was beyond saving. He suggested various consultants with whom she could talk, and they explored the circumstances under which she might stick it out at home. Calm now, she agreed to think over some of the alternatives Chuck offered and call back. She hung up quietly, pensively.

On another night, a Listener named Russ—a Hotline veteran—had a call from an eighteen-year-old girl in a midwestern state who was locked in the bedroom of her home in the midst of a bad acid trip. In a state of panic, she remembered jotting down Hotline's telephone number from an article in a magazine. She had begun to hallucinate when she called. For a half-hour she projected her hallucinations across two thousand miles of telephone wire. When Russ found out the girl was alone, he knew he would have to talk her down without help. (If there is someone else present when a caller is hallucinating, the Listener always tries to work through the other person.) Carefully, meticulously, Russ made the girl acknowledge the presence of stable things in her room, made her touch them, feel them, grip them. It was a tense, trying half-hour, but slowly the caller began to come down, to relax. When she began to feel sleepy Russ literally talked her into bed. She was beginning to doze off when she hung up the phone. (She called Hotline several nights later to thank them—and to talk about routes leading away from the drug scene.)

Few of the calls are this exotic. By far the largest number (about one-third) involve boy-girl relationships. Almost as many are inspired by family conflicts. Drugs and school problems each account for about one-tenth of the calls, while the remainder

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divide rather evenly over social isolation and inhibitions, suspected pregnancies, fear of unknown physical symptoms, sexual relations and birth control techniques, racial and ethnic problems, delinquency, sexual deviation, religion, with a scattering of callers seeking information on everything from the draft to a place to sleep for the night.

Information about all the calls is fed weekly into a computer at the nearby University of Southern California. Evaluation of the data is expected to give considerable insight into the problems of urban young people. And from this increased understanding, the administrators of Hotline hope to develop a model for preventive work that can be adapted to any community in the nation—and perhaps in the world.

Psychologist Jerry Bissiri—a youthful, intense man with a patient manner—created Hotline with the help of Dr. Dale C. Garell (director of the Division of Adolescent Medicine at Children's Hospital) and a committee that represented a number of concerned agencies in the Los Angeles central city.

The service started on a ten-week pilot basis in April, 1968. Cards announcing Hotline were distributed at four Los Angeles high schools and produced an avalanche of calls. The service got underway first by means of a foundation grant and later was financed by Los Angeles County. It is hoped that next year the Federal Department of Health, Education, and Welfare will help underwrite an expanded Hotline program. The demand for information about the center finally became so great that it held an international conference in Los Angeles in April, 1970, to share its knowledge and experience with representatives of youth agencies from all over the world.

Why do today's teen-agers so desperately need this sort of help?

Says Jerry Bissiri: "There's a general diluting of the family unit today and a

fuzzing of the guidelines we all need to get along in the world. Young people haven't yet developed their own means of replacing these diluted guidelines, and many of them feel lost. It has always been tough to make this change from adolescent to adult, because that's when a lot of comfortable values and traditions are challenged."

Shouldn't parents be doing more to help?

"Sure they should. But too many parents today are simply unavailable—doing their own thing. Dad's under pressure from work. Mom is involved in civic activities. You still see the old style of family life in rural areas, but not very often in the cities, and that's where most of our young people live. When a kid needs help, two things are absolutely essential: first, the help must be available at the time he feels the need—and that time can be very fleeting. And second, the young person in trouble will only go to someone he's confident will hear him out without being judgmental or putting him down. And through all this, the timing is absolutely critical. Hotline is as close as the phone, and troubled kids discover very quickly that we aren't going to put them down. So they are calling us in growing numbers.

"The crucial objective of Hotline lies well beyond the resolution of the immediate crisis. We want these young people who call in to become better problem solvers so they can resolve their own crises. That won't happen if we tell them what to do. Nor will they call again."

There are a good many Hotline callers who do call again and a few who, perhaps, call too often—this is one of the more serious kinks still being worked out (about seven percent of the calls are classed as repeaters). "At some juncture," one of the Listeners said, "they must be pushed off on their own or onto professional help. But when? What happens if they are cut off from us but don't get the help they need?"

One regular caller is a sixteen-year-old girl named Ruth whose parents are divorced; she was raised in a convent and now lives with her mother. She has been in repeated trouble with the police for panhandling, hitchhiking and curfew violations, and she needs psychiatric help but she "hates shrinks." In recent weeks, a group of Listeners, swapping notes during off hours, have become convinced that Ruth is calling in under other names and presenting different sets of problems to different Listeners.

Calls from boys are less frequent and more specific. "This isn't unexpected," says Bissiri. "In our society it is held up as a sign of weakness or inadequacy for a boy to call for help. As a result, there's a tendency for their problems—when they do call—to be more serious than those of the girls."

Recently, for example, a call came in from a seventeen-year-old boy who had shot heroin and missed a vein, and was in a panic about what to do. Through the patch-in telephone service, he was able to talk directly to a doctor who assured him that he was in no immediate danger. Then he talked with the Hotline Listener about his need for drugs and the alternate ways those needs might be filled. ("All the emphasis today," says Jerry Bissiri softly, "is on the drugs per se and seldom on other ways of meeting the users' needs. This boy called back a few weeks later to tell us that he just wanted us to know he was trying some of the alternatives we discussed. That's

what we want—to reason with the kids without directing them, to help them think through and resolve their own problems.")

There are frequent calls from boys, fourteen through sixteen, who are concerned over what they consider an unnatural curiosity on their part about other boys in locker rooms—and have a pervading fear (usually combined with a profound misunderstanding) of homosexuality. There are also the curious boys, uncertain and uneasy about their own stirring sexuality,

who try to express it through the bravado of an anonymous phone call.

Hotline listeners are perpetually and impressively cool. As I watched them operate, I thought of Jerry Bissiri's advice to his training class: "In every call, clarify *some* aspect of the problem. Then cut it off if it is going downhill. Tell them to think about what you've just been discussing and call back in a week or so.

There's a fine line between permissiveness and authoritarianism. You must be something of a disciplinarian and at the same time a good listener. To do this, you must cultivate being a listener, every day, all the time. It has to become a way of life. We try to get across to every caller that life goes on, and working out its problems is a sort of ongoing task for every human being."

Not bad advice for all of us—whether or not we feel like calling our own particular Hotline.

## Specific Youth Crisis Service Programs

[From the Minneapolis Star, Photos by Wayne Bell]

RUNAWAYS OFTEN FIND NEW HOPE AT THE BRIDGE

(By Joe Blade)

"How can you live with hate" asked the 15-year-old girl. "With people just yelling at you all the time?"

She couldn't, so she ran away. Through part-time jobs she paid for her half of an apartment shared with a girl friend in the same suburb where her parents live.

After three months she found out how much she missed school. And that "when you can do anything you want, there isn't anything you want to do."

So she called a policeman she knew and he recommended she try The Bridge, where help is offered to runaway youths.

"You can lean on people here," she told a reporter several days after moving into the old frame house at 608 20th Av. S. "You grab them and they'll really talk to you."

Eventually they ask how much the runaway is responsible for his or her problems. And then, the girl said, she had to face the fact that she bore at least half the blame.

Perhaps not in her case. The Bridge could not even get her parents to show up for a conference. Another home is being sought for her.



The Bridge—an inconspicuous Minneapolis house containing alternatives for the disenfranchised.



Sister Marlene Barghini (background) talks to a runaway. The staff always is available.

The Bridge was started by Sister Rita Steinhaugen, a free spirit in the West Bank community who saw a desperate need for a runaway facility while she was running the Free Store on Cedar Av.

A long-vacant house and remodeling money were donated by Cedar Riverside Associates, Inc., which is developing the area.

The name was chosen to symbolize the goal of bridging the gap separating runaway children and their parents.

The first two functions of the house are easy to provide: shelter and a cooling-off period.

The next step is "a lot of serious talking, opening up and listening on our part to create an atmosphere where they can talk, where they know they won't be punished for what they say," says Greg Anderson, the associate director.

A 24-hour period is allowed for notifying parents. "Sometimes it's too threatening right away," Anderson says.

If a runaway won't call his parents, he can't stay.

"The initial agreement is that The Bridge is for straightening out your own problem, and we're here to help you," Anderson declares. If a youth won't confront his parents and face his problem, the facility can't help him.

Not many refuse to contact their parents, although on one day last week five left The Bridge for just that reason.

Parents are asked to come in to thrash problems out with their child and workers at the house.

From there, help may go in any direction needed. Sometimes counseling is enough. Sometimes other agencies must be called in. Perhaps a trusted person may be found in the child's home community.

Occasionally there is nothing to do but find another home for the child.

Much of the talk is throwing out possible alternatives that a runaway—or his parents—may not have considered. And suggesting some serious thought about what they really want to do.

The Bridge's eight full-time employees include three nuns from the Order of St. Joseph. There also are about 30 volunteers, many of them students at the University of Minnesota.

The average stay of a runaway is one to three days. There are nine beds on the second floor and some convertible couches downstairs. The youngsters help prepare meals.

Does The Bridge do its job? A sampling of opinions among 581 youths served in the 13 months after its opening Dec. 1, 1970, was taken by the research department of the Community Health and Welfare Council.

Of the youths contacted, 86 percent, rated the Bridge "good" or "excellent" and two-thirds felt they had been helped with their problems.

More of the parents felt they had been helped, but somewhat fewer approved as strongly of the institution. Anderson finds this understandable, because the youngsters stay, but parents travel there to confront difficult problems.

One parent responded to the survey by saying: "Don't publish The Bridge's existence, so as to not attract youth."

When the underlying problem was found to be with the parents, it usually was improved, the survey discovered. When the children were the cause, problems remained the same or worse, according to responses.

The most important single precipitating cause for runaways is alcoholism or drug dependency in the family, says Sister Marlene Barghini, director of The Bridge.

About 60 percent of the children seen at The Bridge are from chemically dependent families, says Anderson.

Lack of ability to communicate on a "feeling level" is another major problem, he adds.

Sister Marlene feels this stems from the tradition that American men should not show their feeling. That can play havoc within families, she said.

The Bridge is now independent; in its first year it was associated with St. Joseph's Home for Children in south Minneapolis.

Workers at The Bridge felt they should use a less clinical approach, while St. Joseph's was unhappy about having responsibility without control over operations. So an amicable separation was worked out.

Relations are good with most local social agencies, but there is hostility at one important institution: the Minneapolis Police Department.

Suburban police work effectively with The Bridge, bringing in children and establishing contacts within the community. Although cooperation from Minneapolis juvenile officers is even more important, says Sister Marlene, only a few individuals will work with The Bridge.

The future of the organization is distinctly unsettled. There are continuing problems with that old devil, money. The Bridge is chronically short of funds—employees went unpaid for six months at one point.

A \$28,597 grant for a year's operation is being sought in federal anticrime funds. The current budget is much less, said Sister Marlene.

U.S. Senator Birch Bayh, D-Ind., is sponsoring a Runaway Youth Act in Congress to appropriate \$10.5 million a year for institutions like The Bridge.

If The Bridge weren't available, where would runaway kids go for help? A third responding to the survey said they didn't know; another quarter said "stay on the streets."

The research committee concluded that The Bridge not only was needed but was "an important link" among services in the community.

"The main thrust of The Bridge," said Sister Marlene, "is to cause reconciliation through family crisis. Most people won't do anything until there's a crisis. "And running away is a crisis that affects everyone in the family."

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EXCERPT FROM HOTLINE MANUAL: CRISIS INTERVENTION BY TELEPHONE

(Division of Adolescent Medicine, Childrens Hospital of Los Angeles,  
July 1969, Revised: August 1970)

D. STRUCTURE AND PROCEDURE

1. *Hours*—The service operates from 6 p.m. to 12 midnight Sunday through Thursday, and from 6 p.m. to 2 a.m. on Friday and Saturday. Twenty-four hour coverage is provided by an answering service taking messages at other times. These messages are picked up by the Hotline staff at the beginning of each evening shift.

2. *Equipment and Materials*:

a. *Telephone Facilities*—The Hotline utilizes four phones with five incoming lines linked to a rotary mechanism. The telephone exchange service, which provides 24-hour coverage, utilizes standard switchboard equipment.

b. *Data Forms*—Pertinent information on each call is recorded on forms especially designed to facilitate data recording.

c. *Resource Directories*—A Directory of community agencies (e.g., hospital, police, public health, mental health, etc.) is maintained in the Hotline office. In addition, there is a catalogue of resource material including current teenage language, facts and figures related to frequent problems encountered, etc.

NOTE.—The already established policy of the Hotline is to investigate carefully each potential referral agency. Only those agencies which have met the criteria of the program staff and Hotline Advisory Board will receive referrals from Hotline. There is a constant need for new referral resources, particularly in outlying communities, and a significant thrust of the program is the discovery, evaluation, and utilization of all such resources. Where obvious resource gaps exist, this is called to the attention of the appropriate agency and community leadership.

3. *Staff*:

a. *Schedule of Staff*—Four workers are on duty during each shift. Each staff person normally works one shift per week so that the total regular staff contingent is twenty-eight. In addition to this number, a small pool of reserve "stand-bys" are maintained and fill in for assigned staff when the latter cannot work the shift by reason of illness, vacation, etc. or when permanent vacancies occur.

b. *Selection and Composition of Staff*—Any individual is free to apply for a position on the Hotline staff. Usually such application is prompted by a keen interest in the program, by a desire to gain experience in working with young people and/or develop professional skills, by the feeling that the individual has something to offer and would enjoy assisting youth in dealing with their problems.

In general, applications come from individuals who have been recommended to the service by various graduate schools in local colleges and universities (e.g., Depts. of Psychology, Social Work), by members of the professional Advisory Board or by Hotline staff members themselves.

Selection criteria are weighted heavily by factors other than formal professional training and experience although such a background is obviously not disregarded. Primarily emphasis is placed on judgments of the applicants' capacity to engage in effective communication with young people. This is felt possible where there is a minimum of defensiveness and need to be judgmental and authoritarian, where there is an openness and sensitivity to minimal but significant cues in the verbal exchange, where there is skill in enlisting the caller's resources toward the end of evolving possible solutions to the problems presented and where unconditional warmth and regard are comfortably and spontaneously communicated.

The selection criteria are judged and the staff chosen by means of a series of evaluative procedures. The first step involves a written application which, among other things, asks the applicant to indicate his reasons for wishing to join the Hotline staff and what he feels he would bring to it by way of assets. Secondly, veteran staff members make informal observations of the applicant during the latter's visit to the service. Following this, two independent interviews are conducted by professional members of the Advisory Board and by Hotline staff. These interviews take approximately 45 minutes and make use of role-playing techniques along with open-ended questioning and other more conventional means of inquiry. If the applicant has proven acceptable up to this point, he and others who have done likewise, participate in two introductory training sessions. These sessions are discussion oriented and cover topics related to contemporary youth and common problems, community resources and referral practices, crisis theory and intervention approach and technique. Members of the staff not serving in a training capacity sit in on these sessions and observe the candidates as they have an opportunity to demonstrate more clearly their capacity to engage in the "creative listening" process underlying the Hotline approach.

Following these introductory training sessions the applicant is assigned a "buddy" on the veteran staff. The latter acts as supervisor for one month (four shifts) while the applicant takes live calls for the first time. The final selection is made after the month's supervision and those accepted take places in the reserve standby crew.

To the extent possible a balance of male/female is maintained on the staff. Age is not a selective criterion although those who pass the screening procedure tend to fall within the range of 21-40 years.

#### 4. *Training:*

Training is seen as an ongoing process. In addition to the introductory sessions for new staff, regular training meetings are held once a month for all workers. These are informal and deal primarily with technique: reviewing principles and drawing heavily upon Hotline experience that raise questions or have constituted special problems. Training vehicles are continually being explored and tested out, particularly those that have relevance to the development of listening skills. These monthly sessions are also used as one means of deepening staff awareness of community resources by exposing them to persons associated with other programs.

An additional avenue of training is on the job. Members of the training faculty make periodic visits to the Hotline during working shifts and provide individual consultation. This has proven to be a most effective training mode, no doubt because of the combination of one-to-one exchange and the opportunity for the immediate translation of theory into practice via live calls.

#### 5. *"On-Call" Professional Consultation:*

Professional specialists in fields relevant to youth (e.g., law, medicine, mental health, religion, community resources) are available to Hotline workers for immediate consultation. This is accomplished by means of a phone "patch-in"

system handled by the exchange switchboard. The primary function of the consultant is to assist the Hotline worker in the course of a difficult call. The "listener" may place the "caller" on hold while the worker and consultant discuss the matter; a three-way conference may be appropriate involving the consultant, listener, and the caller; or the caller may request to speak directly with a consultant himself.

#### 6. *Advisory Board:*

From its conception, the Hotline has had an Advisory Board of community leaders who actively participate in the program. The Advisory Board meets monthly to discuss policy issues and to evaluate program needs.

### IV EVALUATION—PRELIMINARY RESULTS

At this writing, over 20,000 calls have been received since the inception of the Service. Data is analyzed by means of the computer facilities of the USC Youth Study Center. Preliminary evaluation of the first 1090 calls has yielded the findings accompanying this report (Tables I, II, III). This material is obviously tentative and *not* for publication or general distribution. A thorough analysis of the data brought up to date is close to completion. In addition to single variable distributions such as those presented here, exhaustive multivariate treatments are planned.

### PERSONAL ASSISTANCE TELEPHONE HELP

The PATH Crisis Center is organized as an information, referral, and follow-up service to all persons in the Bloomington-Normal area. During 1970, students, university staff, and townspeople, through a combined effort, identified a need for a twenty-four hour crisis response telephone system in the community; and they prepared for PATH's opening on January 11, 1971.

In its first nine months of service, PATH has handled 7,700 phone calls ranging from crises, such as suicides and family quarrels, to requests for information. The Center, on the average, processes 856 calls per month, 197 calls per week, or 28 calls per day. It is estimated that the origin of calls is split 50-50 between the university and the community at large. Recently PATH has partially merged with HELP; HELP is a volunteer organization which provides transportation, baby sitting, housework, and many other services on an emergency basis. Approximately 31% of the total calls are for services rendered by HELP. This partial merger has resulted in a better coordinated service to the community.

No direct fee is charged for PATH's services. The Center is independent of any one organization, agency, or university; however, it works in cooperation with all people-serving agencies. PATH serves as a central point where community needs are recorded, channeled through community resources for help, and followed up. PATH is an attempt to meet the community's needs through a more efficient utilization of the community's resources (both human and institutional). When needs arise that cannot be met by existing resources, then PATH identifies and brings these needs to the attention of the community.

PATH's three phone lines are manned by volunteers specially trained to respond to various types of personal crisis as well as general information questions. Volunteers receive 15 hours of classroom education regarding community resources and the handling of different types of calls before they begin answering the phones. This classroom education is supplemented by nine hours of supervised on-the-job training. After completing the initial training, all volunteers participate in regular in-service training. Volunteers are actively involved in selecting both the manner of presentation and the content of this training program. In 9 months, PATH has trained 204 para-professional volunteers (67% from the university community and 33% from the non-university community). Currently, the Center has 65 regularly scheduled phone volunteers (40% from the non-university community). These para-professionals are assisted by the volun-

teer service of community professionals, such as mental health counselors, lawyers, etc. All professionals are on call 24 hours a day. Efforts are now underway both to increase the number of volunteers from the non-university community and to utilize volunteers in additional areas such as public education and clerical work.

Since its inception, PATH has been a joint project of university and community, approximately half of the financial and manpower support coming from each source. Significant financial contributors through Illinois State University have been the ISU Foundation and the General Revenue Account. Substantial contributors outside the university community have been the McLean County Mental Health Association, clubs and organizations through the Alcohol and Drug Assistance Unit, United Community Services, and the Ecumenical Campus Ministry. Illinois Wesleyan University is currently considering supplementing its volunteer support with financial support. To date, approximately one-half of PATH's first year operating budget has been raised. Although state and federal funding bodies are being contacted, local financial and volunteer support continues to be a vital need.

Major budget allotments for the first fiscal year (July 1, 1971, through June 30, 1972) are as follows:

1. Salaries (includes a full-time director and a part-time secretary) _____	\$12,000
2. Contractual (includes volunteer training, office rental, and telephone service) _____	3,600
3. Commodities (includes office supplies, publicity, and postage) _____	1,200
4. Printing (includes posters, tags, and stationery) _____	600
5. Equipment (office furniture) _____	350
6. Travel (staff travel for conferences and meetings) _____	250
Total _____	18,000

PATH is a non-profit corporation governed by a nine member Board of Directors comprised of university and non-university volunteers and non-volunteers. An Advisory Board that will assist the Board in interpreting the function of PATH to the community and secure community support is in the process of being selected.

#### BOARD OF DIRECTORS

Dr. William Arnold, Illinois State University; non-volunteer.

Dr. Stanley Escott, Illinois State University; non-volunteer.

Miss Elaine McCann, Student; volunteer.

Mr. James Pruyne, Alcohol and Drug Assistance Unit; non-volunteer.

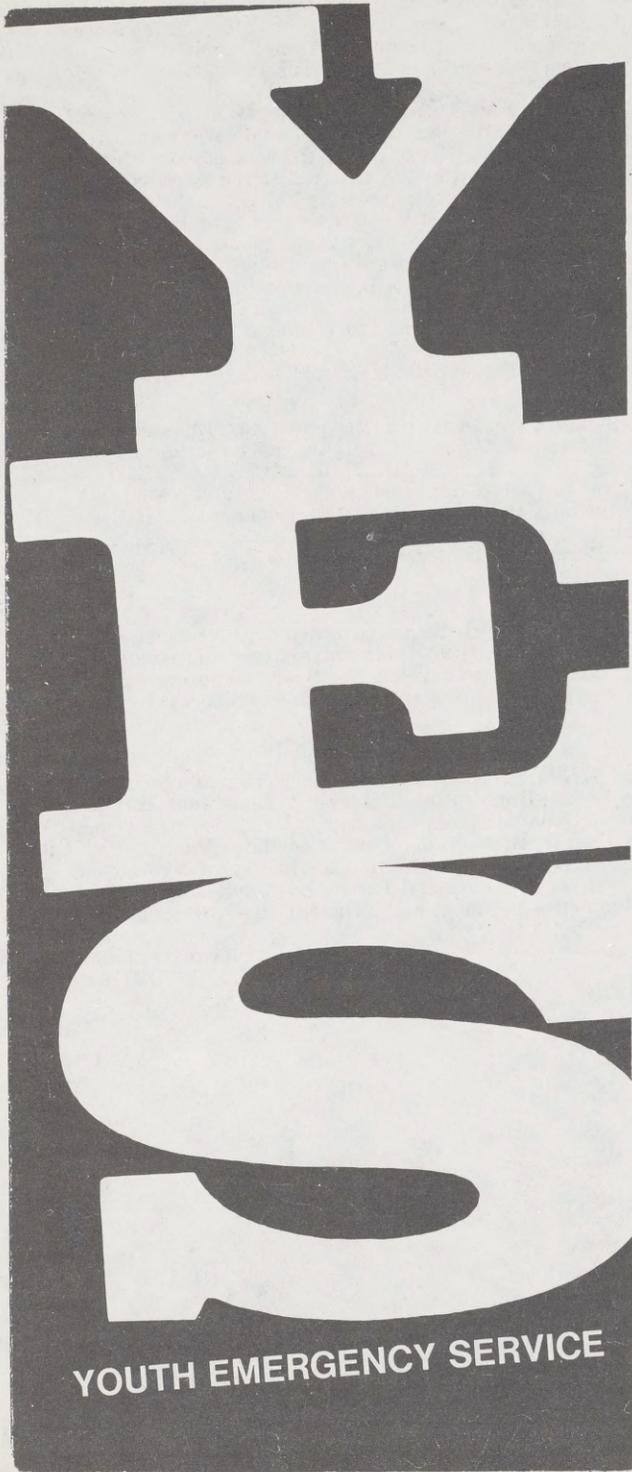
Dr. Robert Rumery, Ecumenical Campus Ministry; non-volunteer.

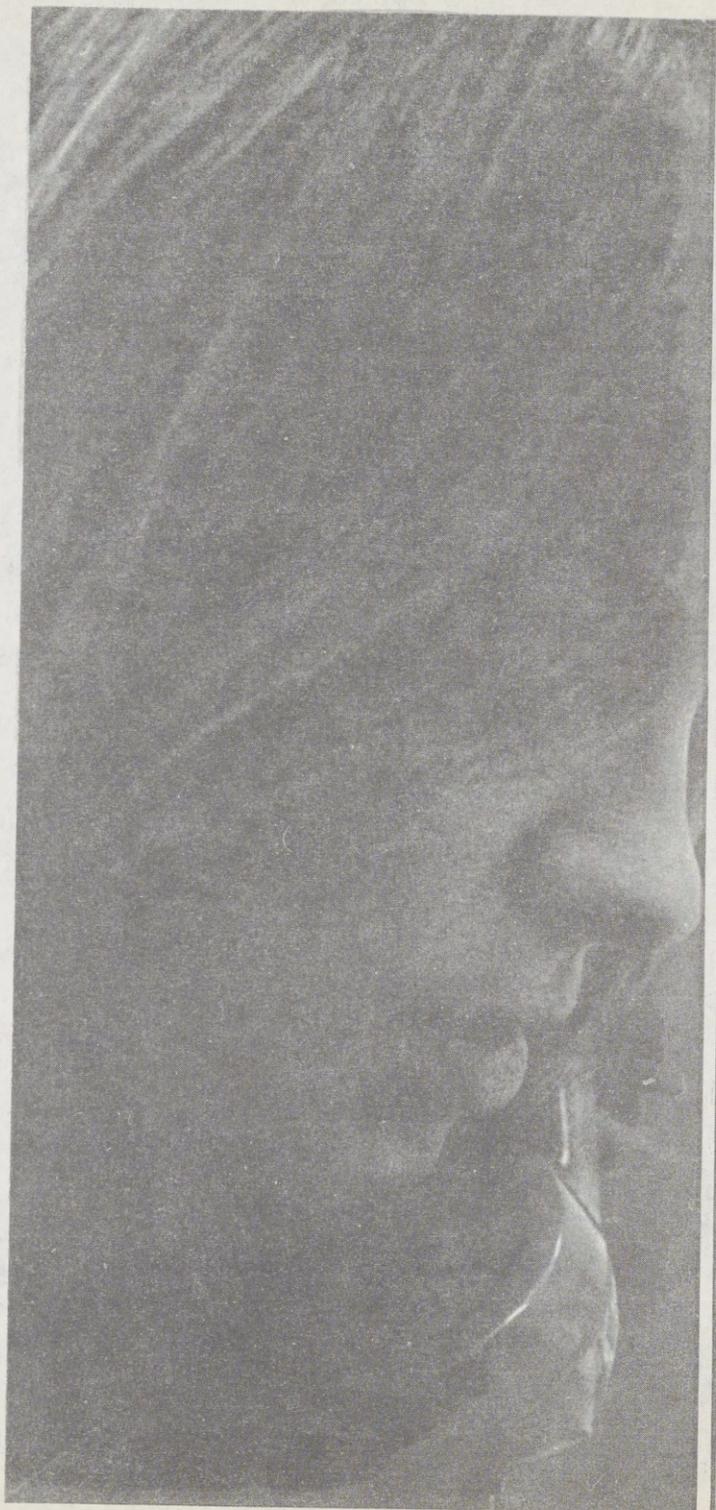
Mr. George Taylor, Alcohol and Drug Assistance Unit; non-volunteer.

(Three volunteers—1 student and 2 community—will soon be elected to fill the three Board vacancies.)

RANDALL J. SCHAEFFER,  
*Executive Director.*

OCTOBER 1971.





## 339-7033. The crisis phone

At this number, Youth Emergency Service volunteers are available 24 hours a day, seven days a week. They will relate to a caller's problem immediately or refer him to one of nearly 300 trusted clinics, helping programs, or professional persons who serve as YES resources

Calls come in on an average of 200 a day from young people with urgent problems. Potential suicides. Drug trips. Pleas for medical, legal or psychiatric assistance, for counsel or information about sex, drugs, housing, jobs, the draft, etc. A sample of one week's calls is evidence of the range of youth problems.

22.0%	Medical
9.5%	Legal
28.5%	General Counsel
16.0%	Drugs
24.0%	General Information

YES is meeting an urgent need. In the first 2 years of operation, we have handled more than 50,000 "crisis" calls. Currently the rate is running at some 6000 per month.

### WHO CALLS FOR HELP ?

Over half the callers whose age is known are between 18 and 24. Another one third are 17 and under. YES also occasionally receives calls from parents or other concerned adults.

Where the location of the callers can be identified, some 30% come from the Twin Cities suburbs, 37% from South Minneapolis, 20% from St. Paul, and 12% from North Minneapolis.

### WHO ANSWERS ?

Because we believe that youth can best help youth, most YES telephone volunteers are young themselves. Many are college students, others are recent graduates, high school students, and working people. All are carefully and thoroughly screened and trained before being assigned to "crisis" phone service. Currently, some 150 regulars work at least one four-hour shift per week, aided by a shift supervisor.

Behind them stand YES resource specialists, medical, legal and social service professionals who have agreed to serve on an occasional or emergency basis. YES also has available crisis intervention teams of young clergy for late night crisis visits. With the exception of the directors, the full YES staff serves voluntarily, without pay. As a non-profit service organization, we would welcome your personal or financial support. Donations are tax deductible.

YOUTH EMERGENCY SERVICE  
1423 Washington Avenue South  
Minneapolis, Minnesota 55404

### STAFF

Kenneth Bietler, Director  
Michael Groh, Assistant Director

### BOARD OF DIRECTORS

The YES Board is a group of interested and supporting people who were invited by the YES staff to help YES stabilize its business and funding aspects. By taking corporate responsibility the Board has freed the staff to specialize in their creative areas; training, community education, program development, and constructive social change. The Board includes professional and business people as well as youth representatives from the YES volunteer staff. Chairman is Mr. Douglas Smith, Investment Annuity Administrator.

# YES

Community Education Program has been functioning to increase awareness of YES in the communities we serve and to share with others the insights, information and helping skills we have gained in direct contact with young people and their problems.

The Community Education Program (CEP) has been divided into three areas:

1) Basic Presentations.

One shot programs for schools, church, civic or fraternal organizations. There is no specific charge for this service, yet it is an important source of funds for our basic expenses, and we would welcome the opportunity to solicit a modest donation.

2) Comprehensive Courses.

Courses will offer exposure to areas such as drugs, communication skills, youth values, education today, youth and counter culture, and the resources and alternatives available to Twin City youth and their parents. Arrangements for these courses are made through the YES office.

3) Consultation to professional and community groups:

Key YES staff and volunteers are willing to consult with a variety of groups. It is our hope to provide current data on both the types of problems facing youth and their solutions. If you are setting up a drug education program, starting a drop-in center, phone service, etc. YES can help with ideas and experience. Calls for information about our Community Education Program will be answered Monday through Thursday between 10 a.m. and 2 p.m. Please plan to call at least two weeks in advance of your program date. Do not call the crisis telephone number. The CEP number is 339-0895.

**YES**  
answers the calls  
of young people  
with problems.

# SECOND MILE

*"Youth Resources Center"*



## **PURPOSE**

To establish a Youth Resources Center (Runaway House) for Prince George's County adolescents who are not disposed to resolve their concerns through available county services. The main thrust of the Youth Resources Center will be to offer crisis-intervention counseling by trained staff and affect a family reconciliation whenever possible and as soon as possible.

## **WHAT DO WE DO?**

The immediate nature of the Second Mile House is to engage in counseling youth (12-18 years old), especially runaways in Prince Georges County.

The Center will be open twenty-four hours a day, seven days a week, with phones manned on the same basis. The runaway house will supply the basic physical needs and shelter for admitted youth.

Youth will be expected to receive parental permission in order to stayover night. The personnel of the Center will be in touch with and be knowledgeable about the various established services available to teens and parents in conflict. The reconciliation process, which is begun in the house can be continued with the aid of community facilities. In the event reconciliation does not seem immediately possible, the house staff will aid the runaway in deciding and planning the next course of action, such as living with relatives, in group foster homes, etc.

## **WHO MANS THE HOUSE?**

Les Ulm and Joel Wilcher, are co-directors of the house, with the aid of two full time persons, will man the house twenty-four hours a day. We are looking for two college age persons with an open-minded attitude and general knowledge of young people to be the House Managers. Being a staff person allows one to express himself with peers and help meet the needs of our runaways. Volunteer staff persons perform many tasks as secretaries, interviewers, "rappers", cooks, and street workers. These persons will help man the house from 8:00 AM-10:00 PM every day. Telephones will be manned on the same basis. If you want to become a staff person, contact the co-directors.

## **OUR REFERRAL SERVICES**

We plan to refer young people to Health and Legal Aid agencies in the community. Prince Georges Free Clinic has offered us aid in the way of minor medical attention and counseling. Two lawyers have volunteered their time. Young runaways will need legal assistance and advice about their rights. We hope to make legal problems as few as possible.

## **PRESENT PLANS**

Les and Joel are beginning regular counseling hours (3:00-9:00 P.M.) every day in their office, room 112, at the First United Methodist Church, Queens Chapel and Queensbury Roads, Hyattsville, Maryland. During this time we will receive phone calls at the following number: 927-1386. Anyone with a problem can come or call us during the stated hours.

## **WHAT THE FUTURE HOLDS**

With the beginning of the limited counseling service the Second Mile House marks the start of a new help agency in the county. Our plans are to operate under this limitation until we have a house ready for more complete service to the community. We hope to house emergency cases in the homes of consenting persons during March, just as a temporary measure, so as to remove the teen from the problem situation.

**WHO CAN CONTRIBUTE?**

Anyone can contribute to the Second Mile House, Youth Resources Center. Let us note that our non-profit status makes all donations tax deductible. Even if all you have is time, this will be a tremendous contribution. There have been several persons already, who have just volunteered a few hours a week to help us follow through on many leads we get. We need many more volunteers of time. Many persons have helped in different ways. Some people have been gracious enough to give money. Individual and small group donations have been keeping Second Mile House in operation these past few months. Other persons have donated furniture and other equipment. This is a very necessary item for the physical plant. Remember all donations are deductible and can be made to:

**Second Mile House**

**Youth Resources Center, Inc.**

**c/o First United Methodist Church**

**Queens Chapel & Queensbury Roads**

**Hyattsville, Maryland 20782**

**or call**

**927-1386**

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Member, Administrative Board,

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Businessman, Member of Session,

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Social Worker, Community Development Center

Representing

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Specialist in Shelter Care Programs, NIMH

Board Member,

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**REV. JACK EWALD**

Associate Minister,

First United Methodist Church, Hyattsville

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Institute for Child Study

University United Methodist Church

**DELTA REED**

English Teacher,

Parkdale High School

**DANI RITTER**

Chairwoman, Commission on Social Concerns,

First United Methodist Church, Hyattsville

**DOT SAWTELLE**

First Baptist Church, Hyattsville

**JIM SCHMIDT**

Student, High Point High School,

Prince George Hot Line Representative

College Park United Methodist Church

**BILL UBER, III**

Student, University of Maryland

First United Methodist Church, Hyattsville

**SPONSORED BY****Youth Resources Center, Inc.**c/o **First United Methodist Church****Queens Chapel & Queensbury Roads****Hyattsville, Maryland 20782**



WE HELP  
PEOPLE  
HELP  
THEMSELVES

## WHAT IS LOOKING GLASS?

We are a better alternative for young people with problems. We are a center for teenagers seeking help and willing to help themselves. Looking Glass is professional counseling for youth and their families with whom they are often in conflict. Through discussions with social agencies, hospitals, and police, the concept grew — a constructive flexible service for young people and their families, inviting to the young and acceptable to adults.

## WHY ARE WE NEEDED?

It is estimated that approximately one million young people will run away from their homes this year. Chicago Police alone pick up and hold an average of 16,000 runaways each year.

Most juvenile officers agree that sending runaways to institutional agencies does not resolve the problems that caused them to leave home.

Drug abuse, educational difficulties and emotional problems leave the young person unable to help himself.

Many traditional agencies are overloaded with casework. They are unable to provide young people with the type of help needed, when it is needed.

Young people facing their first delinquency problems need social and psychological help. The courts and police recognize this, but often cannot find community-based organizations suitable to handle their referrals.

News media, government agencies, our own welfare and police organizations have documented the alarming growth of drug abuse among our youth. Drug use often leads to criminal activities. Looking Glass offers an alternative to the drug cult and encourages healthy participation in our society.

## WHAT DO WE DO?

Looking Glass can provide:

Immediate counseling in times of crises.

Follow-up counseling and guidance for the run-away child and his parents.

Emergency temporary housing with parental permission.

Immediate medical care.

Legal counseling.

The center focuses on teenagers on the verge of running away. These confused youngsters often can be helped by someone outside the home experienced in dealing with emotional problems faced in adolescence.

What do we do about runaways? Once they consent to notifying parents as to where they are, runaways are offered overnight housing with parental approval. A family meeting is also arranged, if possible, so that parents, the runaway and a staff member can begin to explore the problems that triggered the runaway situation. Later the family is referred to a service in their own community, though they also may continue to work with the Looking Glass.

### WHERE ARE WE LOCATED?

We have recently opened a new and fully equipped center — a home of our own.

The Looking Glass  
1968 West Wilson  
Chicago, Illinois 60645  
Phone: 334-2601  
Project Director: Gerda Flanigan

Our service is open seven days a week, twenty-four hours a day. Professional and/or volunteer staff are at the center from 10 a.m. to 2 a.m. An answering service responds during the remaining hours.

### WHAT ARE OUR CREDENTIALS?

Looking Glass has a professional core staff, including four full-time caseworkers, and a group of 35 volunteers, who receive in-service training monthly through workshops and seminars conducted by volunteer faculty.

We are a division of the Travelers Aid Society of Metropolitan Chicago, an agency that has been offering counsel to runaways for some fifty years. We are licensed by the State of Illinois.

Looking Glass receives Federal and State funding through a grant administered by the Illinois Law Enforcement Commission. Federal funds are provided by the LEAA.

Our more than 20 foster homes are licensed by the Illinois Department of Children and Family Services.

We receive referrals from a broad spectrum of agencies, including Juvenile Courts, Cook County Hospital, the Chicago Police Department, Family Service Agencies and church and civic groups.

## HOW CAN YOU HELP?

You can be a very important friend to the Looking Glass Center. We would like to apply for state and federal grants available to this area. In the meantime, we are in need of financial backing from friends in the community. As soon as we can provide a sound financial base we will be licensed as a child placement facility. Your tax-deductible contribution can help us achieve this goal. Won't you help?

For further information about our program:

Looking Glass  
1968 W. Wilson  
Chicago, Illinois 60604

Attn: Gerda Flanigan  
Phone: 334-2601

A division of Travelers Aid Society  
of Metropolitan Chicago



**Looking Glass**

1968 WEST WILSON AVE.  
CHICAGO, ILLINOIS 60604

PHONE: 334-2601

FOLLOW-UP STUDY OF RUNAWAY  
YOUTH SERVED BY THE BRIDGE

Undertaken at the  
request of  
the Runaway Youth Committee  
of the  
Family and Child Welfare Committee

by the  
Research Department  
Community Health and Welfare Council of Hennepin County, Inc.  
February 1972

P R E F A C E

The following report on runaway youth served by The Bridge constitutes the final evaluation of the experimental phase of the program by the Community Health and Welfare Council's research department and Runaway Youth Committee. Conclusions concerning effectiveness of the program's policies and evidence for continuance of The Bridge have been made with the approval of the Family and Child Welfare Committee; and thus, completes the Runaway Youth Committee's established planning objectives as designated in the original mandate.

Between the writing of this report and acceptance of the report by the Board of Directors of the Community Health and Welfare Council, The Bridge was incorporated as an agency independent of Catholic Welfare Services. The conclusions as drawn in this report only relate to the organizational structure of The Bridge, staff and characteristics of runaways admitted between February 1 and August 31, 1971; the report does not include information upon which to base an endorsement of the present auspices.

link in the provision of health and welfare services in the community, the committee recommended the establishment of a Youth Service House on a time-limited and experimental basis. With the help of the Cedar-Riverside Associates, a house was found at 608 20th Avenue South and was named "The Bridge". This area was particularly suitable in that the neighborhood is adjacent to the west campus of the University of Minnesota, (the "West Bank"), and has been noted as an area through which many runaways pass. The Bridge has been operated and supervised by St. Joseph's Home for Children. In addition, several substantial donations have been made for operational expenses by the Rotary Club of Minneapolis, the Minneapolis Star and Tribune and others. In the first thirteen months since The Bridge was officially opened on December 1, 1970, a total of 581 boys and girls were served. This is an average of approximately 45 young people per month.

#### The Bridge's Functions

For many, the running is to protest the situation they were living in and hopefully bring to the attention of someone the necessity of resolving the problem either with their parents, themselves or society. The Bridge is especially designed for these youth who are running for help because of personal or family problems. Its primary therapy is "crisis counseling" which is designed to help redirect the runaway rather than necessarily resolving all of the detailed portions of his or her problem. Staff social workers serve as a liason in this function. The following five functions have been established for The Bridge:

1. A temporary emergency shelter for those youth who want to quit running.
2. To provide an accepting, sensitive, stable environment or neutral ground at the fringe of society which gives the youth time to "cool off" and "put the brakes on" before making any commitment to leave their present residence.
3. Crisis counseling to help the youth perceive problems more clearly, phone or contact his or her parents, and involve the parents in the process of the youth returning home; thereby using the runaway crisis to help families evaluate the reasons for running and to suggest treatment plans and/or make referrals to appropriate social agencies.
4. To provide services to the youth who are already under the jurisdiction of an official agency in the community.
5. To find other appropriate shelter if the youth is not able or ready to return home.

C. The Bridge's Program

The Bridge has both a house management staff and a qualified family counselor. House staff consists of three day and two night house managers who serve on a twenty-four hour basis. The family counselor must: 1) process each youth admitted, 2) keep the resident staff aware of the youth's problems and 3) inform the youth that the staff must contact his or her parents within

twenty-four hours. Volunteers are used to complement the full-time staff.

To be served, the runaway youth must follow The Bridge's policies and cooperate in a prescribed treatment program. No force of any kind is used to keep the youth at the runaway house. If the youth gives the runaway counselor his or her parent's names the parents will be notified regardless of whether the youth decides to stay or not because the parents are probably anxious and concerned about their son or daughter's whereabouts.

The intake policy requires that there be two steps accomplished with each youth. First, that as much data as possible be gathered concerning the youth and family, especially the name and address of the parents so that they can be contacted. Secondly, the youth must be willing to be counseled with his or her parents and cooperate with the persons at The Bridge by abiding by all of the rules and regulations such as helping to prepare meals.

The crisis counseling includes the identification of the problem, a review of this problem with both youth and parents and a suggestion for treatment and possibly a referral to an appropriate social agency. The treatment program also includes small group counseling and a few recreational activities provided in the runaway house. When a youth is admitted, he is given any medical attention and care necessary.

Information about the youth comes from both the case records and the daily progress materials on the operation of the house.

Within the records, both background materials and progress of the case at the house are available. In addition, there is a group log, a morning report and changes of shift conferences which allow communication among staff members about the individual youth. All of these serve as a means of coordinating information among the staff.

D. Purpose of the Case Records and Follow-Up

The Research Department of the Community Health and Welfare Council was asked by the Committee on Runaways to assist them in evaluating The Bridge during its experimental stage. Two means were employed to collect the necessary data for the evaluation - creation of case records and a follow-up study. The case record system was established at the opening of The Bridge in December of 1970 with three functions in mind: 1) to aid the staff in rendering effective and efficient services to the youth, 2) to collect administrative data for periodic progress reports, and 3) to develop a resource for obtaining more detailed descriptions of runaways as a whole than was previously possible.

Secondly, after sufficient time had elapsed, a follow-up study was conducted in order to acquire information on the status of the youth and the attitudes of the youth and parents towards the services received from The Bridge. This, together with selected variables from the case records, form a basis for determining the usefulness and importance of such a runaway house.

## CHAPTER IV

ConclusionsA. The Role of The Bridge

It was concluded from the findings that The Bridge can be an important link in the provision of health and welfare services in the community. The information supports the need for a temporary emergency shelter for runaway youth who want to quit running. Most of the clients generally supported the counseling service but differed in their feelings about whether the youths or the parents should receive the benefit of the doubt. The information emphasized that only qualified counselors should counsel the youth and volunteers should remain in the less sensitive functions of the house's operation.

B. The Bridge's Effectiveness

In summary, a majority of the youth and their parents thought the operation of the house, the manner in which they were treated, the individual and group counseling, and the staff's referral of the family to other social agencies were services for which they thought The Bridge should be commended.

From the information gathered in the records and through the follow-up study, it is concluded that The Bridge has generally been correct in its assumptions about the type of person they want to serve and are prepared to serve coming to the house. This is particularly true for first-time runners. The staff's

assumption that many of these first runners are acting out their need for help and desiring a solution to their difficulties with their parents has been largely proven correct. Consequently, it appears that The Bridge is more successful if the youth wants to stop running, and if the parents or other significant adults are able and willing to work out the problems. On the other hand, The Bridge is much less successful with youth who have little interest in returning to their family of origin, have committed criminal acts, or are already under the jurisdiction of an official agency. The Bridge is also unable to force parents to listen to the youth, discuss each other's feelings and to change enough to bring about constructive factors which will afford a positive relationship between the youth and adults. The Bridge also has no power to force a youth or family to receive help from the social service agencies or health services to whom they are referred by The Bridge. Thus, long-term resolution of the problem is greatly reduced.

SUMMARY OF FINDINGS AND CONCLUSIONSA. Description of Runaways

1. Three-fifths of those admitted between February 1 and August 31, 1971 were females.
2. Fourteen and fifteen years olds were the most frequent guests in the house.
3. Most of the youths were white.
4. Over three-fifths of the youths came from homes in Hennepin County and approximately 95% came from Minnesota.
5. About 77% of the persons who came to The Bridge had been living with both parents and some brothers and sisters.
6. About 80% were first runners who had been running alone.
7. Over two-thirds of the youth expressed their problem in terms of parent-child relationships.
8. Over three-fourths of the youth admitted to The Bridge remained three days or less.
9. Almost 50% of the persons admitted to The Bridge were recorded as eventually going home. Of the approximately 23% who went back out on the streets, most of the girls responded to the questionnaire from home.
10. Over 71% of the youth who responded were living at home. On the average it had been six or more months since they had left The Bridge.
11. The youths' recall of the problem which precipitated the run matched closely with The Bridge's case records.

12. Over 60% of the youth and parents combined stated that their primary problem had improved and approximately 15% said it was resolved. Most of the other youths and parents said there was no improvement.
13. All of the cases of alcoholic parents, the youth's emotional instability and/or use of drugs were improved; 75% of the communication and cooperation problems were improved or resolved; all of the youth with school or racial problems felt their problem had remained the same, and two-thirds of the youth whose behavior was disapproved of by the parents thought the problem had remained the same or gotten worse.
14. Approximately 54% of those families which could be contacted by mail have been referred to a health or welfare service by The Bridge. About 71% actually contacted the agency after leaving The Bridge.

B. Youths' Opinions of Services Received from The Bridge

1. In general, those youths who returned the questionnaire were more positive and better informed about The Bridge than the parents.
2. Most of the youth who returned the questionnaire saw almost no realistic alternative to The Bridge except returning home or receiving help to acquire some other stable living arrangement under adult supervision.
3. About 86% of the youth rated The Bridge as "excellent" or "good" and 93% felt The Bridge had given them some kind of help.

4. The youths were most complimentary with regard to the manner in which The Bridge helped with the problem and treated the youth.
5. About 83% of the youths rated The Bridge more highly than the services they received later from other health and welfare programs.
6. Over half of the youths' suggestions related to new services at The Bridge and improving operational procedures. The other suggestions fall into the areas of recommending new facilities or additional specialized staff.

C. Parents' Opinions of Services Received from The Bridge

1. The services at The Bridge which seemed the most important to the parents were: counseling, sheltering, informing parents and referral to other agencies.
2. In general, the parents rated The Bridge's service slightly lower than the youths. They also tended to report receiving services in more structured social service settings which a few parents rated higher than The Bridge's services.
3. Most of the parents' comments when asked for suggestions concerning new services at The Bridge were general compliments or criticisms of the current services. Of those who made specific suggestions, they were primarily concerned with improvements in counseling and referrals.

D. Conclusions

1. From the information available, The Bridge seems to have been a successful demonstration project and should be

- continued on a permanent basis.
2. There seems to be a sufficient number of runaways coming to The Bridge to warrant the operation to continue at this address.
  3. The primary functions and program have generally remained close to the original design and appear to be what many runaway youth need as a link back to a stable living arrangement.
  4. The intake policy and house rules seem to have been functional to the program and especially effective with youth who want to quit running.

## Hotline and Runaway House National Conferences

### THIRD INTERNATIONAL HOTLINE CONFERENCE EXPLANATION OF AGENDA

Because there are nearly 1,000 telephone help services, and we anticipate registrations from so many of these, this year's International Hotline Conference is being organized differently than the previous two.

Our present plan is to have one overall conference, with three sub-conferences taking place during the day on Friday and Saturday. These divisions are flexible, so that it will be possible to move between sub-conferences.

At other times during the conference we will be meeting with the whole group, or breaking down into small groups to discuss special interests.

Please read through these explanations, then indicate on the registration form what seminars and special interest groups would be of the greatest interest to you. If you think of something that is missing, let us know so we can try to include it.

#### SUBCONFERENCE A: NEW AND DEVELOPING HOTLINES

For both young hotline operations, and groups interested in setting up such a program. People with limited experience should attend these sessions. Qualified group leaders will provide information in an informal lecture-discussion style.

1. Organizational structure
2. Philosophy and purpose
3. Staff recruitment, selection and training
4. Fund raising, proposal development
5. Promotion-P.R. and publicity
6. Call procedures--suicide, bad trips, repeat callers, etc.
7. Community (referral) resource development
8. Other

#### SUBCONFERENCE B: REFINING AN EXISTING OPERATION

Many groups that have been in existence for some time will be attending this conference in order to gain new information and insight so as to improve their programs. This subconference is for them.

1. Handling problem callers--chronic repeater, manipulator, etc.
2. Evaluation and analysis--research, data collection
3. Organizational structure--staff conflict and other growing pains
4. Revising publicity and other public relations
5. Funding crisis, and how to avoid it
6. Improving community resource (referral)
7. Staff selection and training
8. Other

#### SUBCONFERENCE C: BEYOND HOTLINE--A LOOK AT ALTERNATIVES

Many conferences are attended by staff people who are looking for a new direction for themselves and their programs. Hopefully we can provide ideas for the burnt-out, or about-to-be-burnt-out staff person.

1. Developing alternative economic models (co-ops, etc.)
2. Community organizing--youth advocacy
3. Alternative funding for alternatives
4. Alternative vocations counseling--Vocations for Social Change
5. Political action models
6. Community development (working with other youth oriented programs--Coalitions)
7. Other

## SPECIAL INTEREST GROUPS

These are not broken into sub-conference groups. Special resource people will lead informal discussion groups on the following:

1. Runaway houses
2. Planned parenthood--birth control
3. Free clinics
4. Youth alcoholism
5. Suicide prevention
6. Women's health care
7. Drug abuse trends
8. Sexuality (limited enrollment)
9. Venereal disease control
10. Gayness

CONFERENCE AGENDAThursday

12 noon-10 p.m.	Registration
12 noon-5 p.m.	Informal Discussion Groups
	Supper
7 p.m.	Welcome, Announcements
7:30 p.m.	Evening program--Overview
8:30 p.m.	Response to Opening Remarks (after breaking into sub-conf. groups)

Friday & Saturday

8-9:30 a.m.	Breakfast
9:30-11:30	Seminars in each sub-conference
11:30-1:30	Lunch
1:30-3:30	Repeat seminar groups
3:30-4:00	Break

Friday only

4-5:00	Special interest groups (see options)
5:30-7:00	Supper
7:00-8:30	Special interest groups repeated or free time
8:30-??	Free time

Saturday only

4:00	Business meeting (only if needed, otherwise free time)
5:30	Supper
7:00	Special Guest Speaker
8:30-??	Free time

Sunday

8:00-9:30	Breakfast
9:30-10:30	Sub-conf. A & B together--panel on role-playing, improved listening
10:30-11:30	Sub-conf. C--Panel discussion
11:30-1 p.m.	Lunch
1 p.m.	Check out of rooms

## Third International Hotline Conference Attendance

June 22-25, 1972 Carleton College Northfield, Minnesota

Questions - Write to: The Exchange  
311 Cedar Ave. S.  
Minneapolis, Minn. 55404

ATASKA

Barbara Carlson  
Box 80437  
College 99701  
Fairbanks Crisis Line

Karen B. Coady  
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College 99701  
Fairbanks Crisis Line

Betty Haynes  
Box 80437  
College 99701  
Fairbanks Crisis Line

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Los Angeles 90045  
THE PROSPEROS, Santa Monica

Joan S. Bell  
12054 Sylvester St.  
Los Angeles 90066  
Inglewood Hotline

Pietro J. Caporusso  
2715 E. Hill St.  
Signal Hill/Long Beach 90804  
Long Beach Hotline

L. Almeda De Cell  
2715 E. Hill St.  
Long Beach 90804  
Long Beach Hotline

Wayne R. Foster  
2700 MacDougal #27  
Modesta 95350  
Drugs - SOS

Marilyn Irene Majack  
1642 West 204 Street  
Torrance 90501  
Inglewood Hotline

F. J. Mann  
Box 185  
Eldridge 95431  
544-HELP, INC. Santa Rosa

Maureen Mullins  
1126 South Flower Street  
Inglewood 90301  
Inglewood Hotline

Kathleen S. Schmuch  
19213 Four Oaks St.  
Saugus 91350  
Hotline-We Care - Newhall Saugus Area

COLORADO

Joseph C. Arnold  
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Denver 80201  
Hip Help Center & Denver Free Clinic

Eugene Holder  
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Arvada 80004  
Arvada Open Line

Marilyn Huffman  
Box 636  
Denver 80201  
Hip Help Center & Denver Free Clinic

Barb Peavey  
2801 W. Horsetooth  
Ft. Collins 80521  
Roadhouse

Frank Newmark  
11220 W. Colfax Ave.  
Lakewood 80215  
Jeffco Crisis Center

CONNECTICUT

Hap Dunne  
1081 Post Rd.  
Darien 06820  
Centre Stone

- 2 -

Joe Fiorelli  
28 Relihan Road, Box 2229  
Darien 06820  
(Films)

Sheila Fox-Gage  
New Haven  
Number Nine

Ed Hayden  
120 Brushy Plain Road  
Branford, 06405  
Help Line

Dennis Jaffee  
New Haven  
Number Nine

Jane D. Miller  
131 Northfore Road  
Branford  
Helpline

Ralph Niece  
New Haven  
Number Nine

Greg Wolfer  
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Helpline

FLORIDA

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Miami, 33142  
Switchboard of Miami

I. Jeffrey Pheterson  
Florida Atlantic University  
Boca Raton, 33432  
Crisis Line South

Michael Warner  
FAU c/o UCM  
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GEORGIA

Stephen Eyers  
1013 Peachtree Street  
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North Decalb Center for Youth

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Hotlines in Idaho

Beth Bolles  
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- 3 -

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Thomaw Latimer Brinton  
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PATH

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Park Forest Youth Commission

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Gregory Shallenberger  
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Lemonaide

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Highland Park 60035  
North Shore Help Line

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Blue Gargoyle/Changes

Robert L. Whitney  
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Debbie Wilson  
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Mrs. L. E. Flanders  
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CFP Referral Service

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Desmoines 50309  
Dommunity Youth Line

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Larry Ludewig  
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Chris Huehnergarth  
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Phyllis Kadlec  
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Sioux City Drug Abuse Program  
Goodwill-SIMPFO Youth Outreach  
Sioux City Hotline Organization

Herb Notch  
905 1st St. North  
Newton, 50208  
Jasper County Mental Health Comm.

Steve Petersen  
2225 Walnut  
Cedar Falls  
Joynt (Drug Council)

Roger L. Pickering  
707 7th Ave. North Apt. #5  
Fort Dodge, 50501  
Fort Dodge Help Line

Kathy Szymoniak  
RR 3 Box 245 D.  
Iowa City, 52240  
Crisis Center

Michael Thirlby  
800 ½ Kimball Rd.  
Iowa City, 52240

Ted Thirby  
800 ½ Kimball Rd.  
Iowa City, 52240  
Iowa City Crisis Center

Jainy Trieweller  
566 ½ W. 17th  
Dubuque, 52001  
Dubuque Youth Services System

Bill Zimmerman  
4212 Garretson Ave.  
Sioux City, 51106  
Sioux City Hot Line Org.

KANSAS

Judy Forbes  
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Augusta, 67010  
Rapline

Bill Greer  
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Emporia, 66801  
Youth Mobilization Center

Bing Hart  
Route 2 Box 194  
Lawrence, 66044  
Headquarters

Ron Mullin  
1013 Ohio St.  
Augusta, 67010  
Rapline  
Ric Silber  
1632 Ky St.  
Lawrence, 66044  
Headquarters, Inc.

MARYLAND

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Ruxton, 21204  
Comprehensive Drug Abuse  
Baltimore County Health Dept.

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American Institutes for Research

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Keyhole Hotline and S.E. Baltimore  
Drug Abuse Program

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6204 Windsor Mill Rd.  
Woodlawn, 21207  
Hotline for Youth Inc.

Shari Huene  
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Lutherville 21093  
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Clyde Misterka  
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Baltimore 21234  
Brotherhood of Man

Marsha Misterka  
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Terrie Pagnotta  
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1101 Old Fallston Rd.  
Fallston 21047  
Harford County Hotline

Ruthellen Quillen  
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Help Center

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Adelphi, 20783  
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Lorna Robinson  
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Kathy Shirley  
Baltimore  
Brotherhood of Man

MASSACHUSETTS

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19 Fox St.  
Fitchburg, 01420  
LUK

Bill Bianchi  
32 Rutland St.  
Boston 02188  
Project Place S.B.

Boyd S. Boynum  
19 Fox St.  
Fitchburg, 01420  
LUK Crisis Center, Inc.

Diane E. Cook  
19 Fox St.  
Fitchburg, 01420  
LUK

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Boston, 02118  
Project Place

Michael Hennessey  
32 Rutland St.  
Boston, 02188  
Project Place S.B.

Mike Hodas  
32 Rutland St.  
Boston, 02188  
Project Place Switchboard

Zach Klein  
32 Rutland St.  
Boston, 02188  
Project Place S.B.

Punky Pletan  
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Fitchburg, 01420  
LUK Crisis Center, Inc.

MICHIGAN

Susan Ankrom  
18165 Kinross  
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Mike Caza  
Port Huron  
Aid Crisis Center

Robert Faust  
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Rochester, 48063  
Hotline

Mike Hurry  
Port Huron  
Aid Crisis Center

Rich Kabbel  
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Detroit 48201  
Detroit Urban Corps

Joanne M. Lindensmith  
4535 DeWolf  
Troy, 48084  
Hotline

Rick Richards  
632 Romeo St.  
Rochester, 48063  
Hotline

MINNESOTA

Van Ableidinger  
1410 East Ave.  
Reel Wiccy, 55066  
Diversion Project

Martene Borghini  
Minneapolis  
The Bridge

Michael Poaizerman  
2226 Scudden St.  
St. Paul, 55108  
U. of M. Center Youth Development

Sheila Bennett  
1225 West Center Street  
Rochester, 55901  
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Mitch Berdie  
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Minneapolis, 55455  
CYDR

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Minnesota State Health Dept.  
Minneapolis,  
Minn. St. Health Dept.

Frank Capriotti  
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III International Hotline Conf.

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Y.E.S./Minneapolis

Steve Culpepper  
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Minneapolis, 55414

John Desteian  
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Minneapolis, 55409  
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Duluth, 5804  
Duluth, 55804  
Duluth Contact Center

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Rosemount, 55068  
If-A-Lone Caring Center

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St. Paul, 55119  
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Minneapolis, 55414  
CAC

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Y.E.S.

Evan G. Gay  
907 West First St.  
Northfield, 55057  
Carleton College

Denise L. Gilbert  
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Minneapolis, 55404  
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Lark Hapke  
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Dan Imler  
15 SW Irving  
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550 Cedar St. #104 Capitol Sq. Bld.  
St. Paul, 55155  
Governor's O.E.O.

Bonnie Kay  
Minneapolis  
YES

Keith G. Kruse  
112 Douglas St.  
St. Paul 55107  
Pooneil Corner  
Toby Kimbell  
Norman Park  
Austin, 55912  
YES

Merriebeth Klein  
427 Westwood Village  
Roseville, 55113  
Pooneil Corner

Jim Kraemer  
P.O. Box L  
New York Mills 56567  
Wadena Hotline

Gary Larson  
Box 82  
Excelsior, 55331  
Mtka Hotline

Joyce Lepak  
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Duluth, 55805  
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Sue Lunde  
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Crookstern, 56717  
LUHY

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72 N. Oxford St. Apt. 6  
St. Paul, 55104  
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Catalim Mamali  
Goodwich 6606  
St. Paul  
U. of Minn. Center of Youth  
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Ann m. Moore  
124 Cedar  
White Bear Lake 55110

Eileen Mueller  
1753 Wellesley  
St. Paul, 55105  
Pooneil Corner

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Judy Newkirk  
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Thief River Falls, 56701  
TRF Hotline

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618 10th St. SE  
Austin, 55912  
Austin YES

Beth Pielow  
1423 Washington  
Minneapolis  
YES

John Preston  
Rm. 508, 122 N. Franklin  
Minneapolis, 55404  
Gay Comm. Services

Dolores Prokes  
402 Division  
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Walk-In Counseling Ctr.

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YES

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Mpls.  
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1313 Radisson Rd.  
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NW Mental Health Center  
LUHY Hotline

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Crocketon, 55716  
LUHY Hotline

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202 Gibson St.  
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MISSOURI

Jean M. Bohlinger  
2075 Barcelona  
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GROK

Audrey Goldstein  
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YES

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Nomostay

James J. Moriarity  
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Crestwood, 63126  
GROK

Rochelle R. Nevels  
1278 Hafner Place  
University City, 63130

Dennis Newport  
6221 Delmar  
St. Louis, 63113  
YES

Robert Schreve  
St. Louis  
Nomastea

Robert Schreve  
St. Louis  
Nomastea

Ed Shamski  
2023 Big Bend  
St. Louis 63117  
Acid Rescue

Tom Sims  
St. Louis  
Nomastea

Hal Waidmann  
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St. Louis, 63119  
GROK

Kathleen A. Williams  
1118 Hampton Ave.  
St. Louis, 63139  
Drug Information Center and  
V. D. Information

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Lincoln, 68506  
Personal Crisis Service

Ellie Iozacchini  
1320 C Street  
Lincoln, 68502

Kathleen M. Kavan  
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Lincoln, 68508  
Crisis Health Aide

NEVADA

Lorraine Anderson  
341 Pine Place  
Incline Village, 89450  
U. of Utah Helpline

NEW JERSEY

Deborah Coleman  
232 E. Front St.  
Plainfield, 07060  
CRI Hotline

Donald Fell  
232 E. Front St.  
Plainfield, 07060  
CRI Hotline

Cynthia Kammer  
47 Woodland Ave.  
Woodbury, 08096  
Together Inc.

Gutchie  
130 Mountain Ave.  
Warren, 07060  
CRI Hotline

Deborah Knight  
232 E. Front St.  
Plainfield, 07060  
CRI Hotline

Carol Moran  
311 Chilton St. Apt. 4A  
Elizabeth  
Newark State College Hotline

Tom O'Donnell  
311 Chilton St. Apt. 4A  
Elizabeth  
Newark State College Hotline

Wanda Sandfire  
476 Oldhook Rd.  
Emerson, 07666  
Friends Hotline

Cyrrelle Singher  
232 E. Front St.  
Plainfield, 07060  
CRI Hotline

Chris Stagg  
Friendhouse 111 Godwin Ave.  
Wyckoff, 07481  
Friends 24 Hr. Hotline

NEW YORK

Armand Altman  
2 Kent St.  
Albany, 12206  
New York State Ed. Dept.  
College Comm. Vol. Program

Steven Ballan  
2 Broad St.  
Potsdam, 13676  
Switchboard

Jackie Batbe  
2 Broad Street  
Potsdam, 13676  
Switchboard

Fred Berger  
RR #1 Mexico  
Mexico

Jed Berliner  
412 Linn St.  
Ithaca, 14850  
Open House

Rev. Daniel E. Clark  
910 Ferry Ave.  
Niagara Falls, 14305  
Hotline

Raphael Flores  
Hotline c/o Union Settlement Asso.  
237 East 104th St.  
New York  
East Harlem Hotline

Stephanie Gourdine  
237 E. 104th St.  
New York 10029  
East Harlem Hotline

Sharon Guy  
237 E. 104th St.  
New York 10029  
East Harlem Hotline

Douglas L. Hazen  
412 Linn St.  
Ithaca, 14850  
Open House

Francis Hatcher  
237 E. 104th St.  
New York 10029  
East Harlem Hotline

Tim Koelle  
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New York 10003  
N w Way Center

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Syracuse, 13214  
Farnham Youth Development Center

Cathy McLaughlin  
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Switchboard

Martin Miller  
10 Bar Beach Rd.  
Port Washington, 11050  
Manhassel Hotline

Frank Nichols  
14 Satinwood St.  
Central Islip, 11722  
Islip Narcotic Guidance Council

Gus Potter  
220 Plandome Road  
Manhasset, 11030  
Youth Services Coordinator

Diane Pro se  
186 Baynes Ave.  
Buffalo, 14213  
Help Center

Anna Riley  
237 E. 104th St.  
New York, 10029  
East Harlem Hotline

Fran Rothman  
197 Lancaster Ave.  
Buffalo, 14222  
Help Center

Rose Marie Scampas  
1300 Elmwood Ave.  
Buffalo, 14222  
Help Center

Philip Stock  
910 Ferry Ave.  
Niagara Falls, 14305  
Hotline

Anthony Taliercio  
237 E. 104th St.  
New York 10029  
Hotline East Harlem

Michael Cowboy Vagguey  
522 E. 12th St. Apt. 5B  
New York, 10003  
New Way Center

Charles Williams  
697 Potomac Avenue  
Buffalo, 14222  
Help Center

NORTH DAKOTA

Lavonne Rae Pherson  
825 14 Street North Apt. 7  
Fargo, 58102  
Fargo-Moorhead Hotline

OHIO

Jar Aylesworth  
3620 Stettinius  
Cincinnati  
621-CARE

Bob Contadino  
33 Green St.  
Cincinnati, 45210  
621-CARE

Judy Doyle  
2239 Francis Ln. Apt. 3  
Cinti., 45206  
621-CARE

Rick Gomer  
807 Superior  
Toledo, 43604  
Family Tree

Laura Hasenstab  
1007 Paradrome St.  
Cincinnati, 45202  
621-CARE

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Kathy Kramer  
1007 Paradrome  
Cinn., 45219  
621-CARE

Dennis Moss  
635 N. Erie  
Toledo, 43604  
Toledo Crisis Intervention

David Scruggs  
807 Superior  
Toledo, 43604  
Family Tree

Chris Warner  
807 Superior  
Toledo, 43604  
Family Tree

OKLAHOMA

Laura Austin  
1815 N. Boomer Rd. D-8  
Stillwater, 74074  
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Marc Borish  
1012 S. College  
Norman, 73069  
U. of Oklahoma Crisis Center  
Dan Connor  
1010 College #7  
Norman, 73069  
Crisis Center

Mrs. John E. Kiley  
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Lanton, 73501  
Crisis

Mr. John E. Kiley  
924 N. 20th St.  
Lanton, 73501  
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Martha Muir  
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PENNSYLVANIA

Joe Bradley  
216 S. Church St.  
West Chester, 19380  
The Open Door

Larry Drexel  
2310 Locust St.  
Philadelphia, 19103  
Help, Inc.

Carolyn Forsman  
714 Filbert St.  
Pittsburgh, 15232

Robert E. Larson, Jr.  
Rm. 125 900 S. Arling on Ave.  
Harrisburg, 17109  
CONTACT Teleministry, Inc.

Sharon Lovell  
11 South Pitt St.  
Carlisle, 17013  
Youth Service Center

Alan McGinty  
11 S. Pitt St.  
Carlisle, 17013  
Youth Service Center

Marta Peck  
35 S. Queen  
York, 17403  
Tom Paine Society

Bill Reis  
422 W. Met. St.  
York, 17405  
Tom Paine Society

Jay Strunk  
216 S. Church St.  
West Chester 19380  
The Open Door

SOUTH CAROLINA

Kathy Bowden  
12 State St.  
Charleston  
Further, Inc.

David Browder  
818 Relyed  
Charleston  
Further, Inc.

Adrienne Furchgott  
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Charleston 29402  
Further, Inc.

David Furchgott  
P.O. Box 431  
Charleston 29402  
Further, Inc.

Scott Herndon  
2374 Erskine Ave.  
Charleston 29402  
Further Inc.

Niels Hubbell  
12 State St.  
Charleston  
Further, Inc.

David E. Keegan  
53 Hasell St. #9  
Charleston 29401  
Further Inc. Hotline

Michael Shisko  
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Charleston 29407  
Further, Inc.

#### SOUTH DAKOTA

Patrick Mills  
Cypress Courts, Apt. 15  
Vermillion 57069  
Vermillion Hotline

Dennis William Nagel  
303 West 34th  
Sioux Falls 57104  
Awareness House

#### TENNESSEE

Liz Aulsebrook  
203 Cherokee Road  
Nashville 37205  
Rap House

Tony England  
1223 16th Ave. S.  
Nashville  
Rap House

Miss Jim Ann Howard  
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Nashville 37204  
Rap House

Trudie Hutchins  
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Nashville 37212  
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Mike Stark  
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Rap House

#### TEXAS

Connie Day  
332 Bird  
El Paso 79935  
Hotline El Paso

Kathie White  
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Hotline El Paso

#### UTAH

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Salt Lake City 84103  
Help Line

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Salt Lake City 84108  
Youth Advisory Council

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Salt Lake City 84102  
Helpline

Donna J. Lee  
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Salt Lake City 84102  
Help Line

Dan Maldonado  
Salt Lake City 84103  
Help Line

Dan Maldonado  
278 "D" St.  
Salt Lake City 84104  
Help Line

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Rex Turner  
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Salt Lake City 84103  
Help Line

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Brenda Ann Ellis  
Bx 10155  
Hollins College 24020  
T.R.U.S.T. - Roanoke

Dr. Charles H. Holland  
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Bobbie Kuehn  
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Arlington 22205  
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Everett Ressler  
Room 207 Keezell Building  
Harrisonburg 22801  
Listening Ear

Ms. Lee Ann Slayton  
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Roanoke 24016  
T.R.U.S.T.

VERMONT

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Putney 05346  
Hotline for Help, Inc. (Brattleboro)

Peggy Watson  
RFD 2 - Box 180  
West Brattleboro 05301  
Hotline for Help, Inc.

WASHINGTON

Bryson Alden  
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Seattle 98155  
Youth Emergency Service

Chuck Fontaine  
608 N.W. 95th  
Seattle 98117 Y.E.S.

Wendy F. Hamai  
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Tacoma 98403 - Phoenix Youth Line

Joanne Johnston  
1710 S. "K" St.  
Tacoma - Tacoma Crisis Clinic

Shelley Wickman  
332 E.E. 151  
Seattle 98155 Y.E.S.

WISCONSIN

Larry L. Beeck  
6036 25th Ave.  
Kenosha 53140 - Switchboard

Jean Block  
6905 13th Ave.  
Kenosha 53140 - Switchboard

Anne E. Bolton  
819 E. S. River St.  
Appleton  
Friends, Inc.

George D. Bootz  
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Milwaukee 53212  
The Counseling Center

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West Bend 53095  
Wash. Col Drug Info. Center

Ardelle Friday  
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New Richmond 54017  
Rap, Inc.

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Appleton 54911  
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Racine 53403  
Innovative Youth Services

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River Falls 54022  
Rap, Inc.

Michael Jensen  
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Milwaukee 53211  
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Ferry McClellan  
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Milwaukee, 53211  
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Lloyd Wilson  
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River Falls 54022  
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#### WYOMING

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Thanks for this list, Dolores,  
Mitch, Karen, Nancy, Dan, Lynn,  
Lowell, Mark, Frank and Mary

For reprints: see page 1

FIRST NATIONAL RUNAWAY CONFERENCE<sup>1</sup>

## DISCUSSION TOPIC PREFERENCES

- |   |   |
|---|---|
| 1. Project religious/social/political/ philosophical rationalization. | 9. Project administration.                        |
| 2. Decisionmaking.  | 10. House management.                             |
| 3. Project expansion.   | 11. Group work (staff/younger people).            |
| 4. Group/foster homes   | 12. Staff training.                               |
| 5. Neighborhood/community relations.                                  | 13. Family counseling.                            |
| 6. Police/court/traditional agency relations.                         | 14. Fund raising.                                 |
| 7. Relationship with street groups.                                   | 15. Federal/state legislation affecting runaways. |
| 8. Relationship with project consultants.                             | 16. National coalition of projects.               |
|   | 17. Youth advocacy.                               |
|   | 18. Communication network.                        |

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- Number 9, 266 State St., New Haven, Conn., (203) 787-2127.  
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Pathfinders for Runaways, 924 F. Ogden, Milwaukee, Wis., 271-1560.  
Carolyn Harnett, 12, 15, 10.  
Mike Manowski, 2.  
Bridge Over Troubled Waters, 1 Walnut St., Boston, Mass., (617) 227-7114.  
Barbara Whelan, 13, 4.  
SHAC, 81 Maple St., Burlington, Vt., (802) 864-7423.  
Larry Cordaro, 4, 15, 5, 3, 13.  
Huckleberry House, 3830 Judah St., San Francisco, Calif., 94122, (415) 731-3921.  
Charles Kock.  
Hennepin County Court Services, 100 S. 6th St., Minneapolis, Minn., (612) 348-3627.  
Jack Hauer, 6, 13, 15, 4.  
Sheryl Dahlen, 915 S. 5th St., Minneapolis, Minn., 4, 6, 13, 18, 5.  
Karma House, 262 S. Bouquet St., Pittsburgh, Pa. 15213. 621-8555.  
Dick Mowry.  
Ted Scheuch.  
The Order of the Holy Family at St. Andrews Church, 2015 Glenarm Place, Denver, Colo. 80205. 825-5517.  
Brother Woodro, 1, 4, 13.  
Sister Therese 1, 4, 13.  
Youth Help Center, 555 West Belden, Chicago, Ill., (312) 929-3553.  
James Valluzzi, 17, 11, 18.  
Roger Searle, 18, 1, 13, 11, 3.  
John Hubbell, 4, 6, 11, 13, 2, 14.  
Second Mile House, Queens Chapel & Queensbury Rd., Hyattsville, Md.  
Joel Wilchen, 12, 13, 17.  
Paul Von Esson, 4, 10, 18.  
Green House, 3020 Magazine St., New Orleans, La., 895-2081.  
Donald M. Loving, 1, 2, 6, 9, 10, 12, 18.  
Somata Maiterva.  
The Bridge for Runaways, Inc., 455 Morris SE., Grand Rapids, Michigan, (616) 451-3001.  
Jim Butler, 3, 13, 16.  
Steve Peterson, 3, 13, 14.  
Contact Center, 633 SW Montgomery, Portland, Oregon, (503) 226-2507.  
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Sue Dickensheet, 8, 10, 12.  
Looking Glass, 1968 W. Wilson Ave., Chicago, Ill. (312) 334-2601.  
Gerda Flanigan, 9, 14, 15.  
Sue Barson, 5, 12, 13.

<sup>1</sup> Numbers following names below indicate which seminars conference participants attended.

- Focus Runaway, 1601 E. Sahara, Las Vegas, Nevada 89105, (702) 384-2914.  
 Raymond ven David, 6, 9, 12.  
 Peter Singletan, 15, 16, 17.  
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 Ozone House, 502 E. Washington St., Ann Arbor, Mich. 48108. (313) 769-6540.  
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 Joey Schwartz, 4, 10, 11, 15, 17, 13, 14.  
 Erica Paine, 4, 6, 11, 12, 13, 17, 10, 15.  
 Paul Price, 4, 13, 15, 17, 6, 10, 7.  
 1316 For Runaways, YMCA Runaway House, 1316 N. 42, Omaha, Neb., (402) 558-2665/558-2566.  
 Charles O. Taylor, 10, 12, 1.  
 YES, 48½ E. 7th. St., New York, N.Y., 10003, (212) 553-5200.  
 Patrick Golden.  
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 Project Place, 31½ Dwight St., Boston, Mass. 02118, (617) 426-5590.  
 Sherry V. Smith, 14, 2, 4.  
 Lillian J. Strandemo, 13, 6, 3.  
 Deane House, 6000 Wayne Ave., Philadelphia, Pa., (215) 438-6625.  
 Bob Pennington, 13, 4, 14.  
 Joan Mechlin, 13, 4, 14.  
 Youth Advocates, 1614 Melrose Ave., Seattle, Wash. 98122, 628-8810.  
 Kord Poosen-Runge, 1, 17, 14.  
 Refer Switchboard, 332 Hudson Ave., Albany, N.Y. 12210.  
 Thomas Heckman, 17, 2, 4.  
 National Catholic Conference for Interracial Justice, 1307 S. Wabash Ave., Chicago, Ill. 60605, (312) 341-1530.  
 Sister Ann Kenyon.  
 The Bridge, 65 11th St., Atlanta, Ga. 30309, (40) 892-1941.  
 Bruce Pemberton, 13.  
 Martin Sachs, 12, 14.  
 July Moore, 12, 11, 4.  
 Youth Alternatives, Inc., P.O. Box 2234, City Island, Daytona Beach, Florida.  
 Keith Roberts, 14, 6, 7, 5.  
 Fellowship of Lights, 222 W. Monument St., Baltimore, Maryland 21201, (301) 523-2330.  
 Ronald Haddad, 14, 13, 11.  
 L. Ann Sweeny, 6, 10, 15.  
 Voyage, 2031 Walnut St., Philadelphia, Pa. 19103, (215) 107-0991.  
 Jimmie Hoff, 5, 6, 7, 15, 11, 2.  
 Catholic Social Services, 117 N. Division, Ann Arbor, Mich. 622-4534.  
 New World Youth Hostel, 1209 8th Ave., Fort Worth, Texas, 332-0008.  
 Craig and Martha Ward, 6, 13, 17.  
 Bobby Sims, 1, 14, 17.  
 Judy Smith, 2, 10, 15.  
 Briar Patch, Inc., 222 N. Bassett, Madison, Wisc. (608) 251-1126.  
 Baxter Richardson, 1, 4, 6.  
 Terri Schmidt, 18, 14, 13.  
 Huckleberry, Inc., 1869 Summit St., Columbus, Ohio, 294-5553.  
 Doug McCoard, 12, 11, 17, 15, 9, 10, 14.  
 Joel Kalson, 2, 13, 15, 17.  
 YES, 9307 Olive Street Road, St. Louis, Mo. 63132, (314) 993-2292.  
 Joe Palazzolo, 6, 10, 17.  
 Dennis Newport, 1, 2, 11.  
 The Bridge for Runaways, 2525 "a" St., San Diego, California 92102, 234-2154/234-7696.  
 Kathy Armogida, 4, 14, 15, 3, 9.  
 Nancy Smith, 11, 12, 3, 7, 5, 17.  
 Runaway House, 1743 18th St. NW, Washington, D.C., 462-1515/462-5210.  
 Karen Zerneke, 1, 3, 15.  
 Kurt Seibold, 3, 5, 1.  
 Family Connection, 806 Branard, Houston, Texas, (713) 523-6825.  
 Pat Corrigan, 9, 17, 14.  
 Kris McCarthy, 11, 12, 13.

The Bridge for Runaway Youth, Inc., 608 20th Ave. So., Mpls, Minnesota  
55406, (612) 333-5401.

John Kari, 15, 10, 11, 18.

Ricki Tufte, 15, 11, 10, 12, 13, 6.

Tim Mullaney, 12, 13, 16.

Barb Jenson, 1, 3, 10.

Marlene Barghini, 13, 9, 12, 14, 17, 11, 7.

Jim Fleetham, 12, 10, 3, 2, 13, 5, 14.

# YOUTH in MINNESOTA

## CHARACTERISTICS OF THE POPULATION, 1970

UNIVERSITY OF MINNESOTA

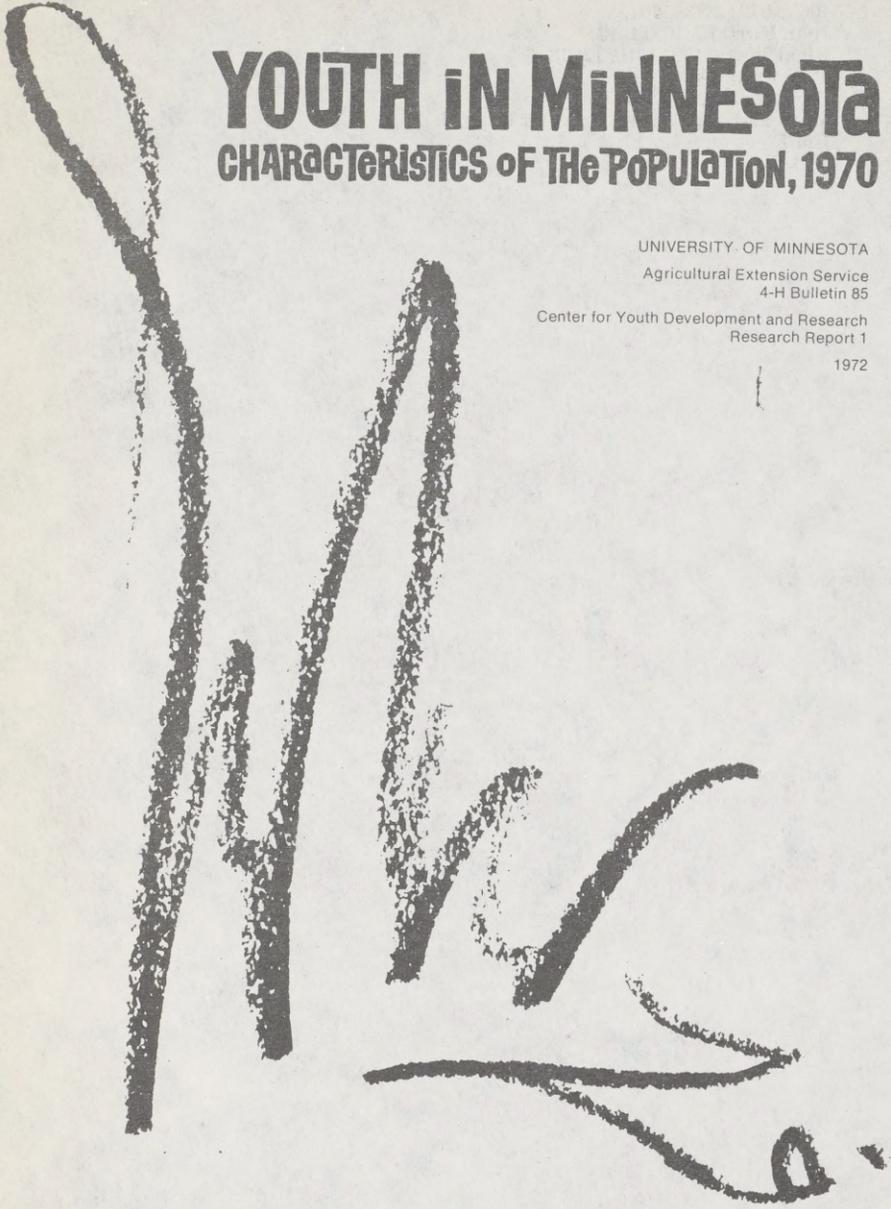
Agricultural Extension Service

4-H Bulletin 85

Center for Youth Development and Research

Research Report 1

1972



## FOREWORD

In discussions regarding the aspirations and problems of young people, the fallacy of generalization is constantly evident. This publication is a beginning effort to bring together statistical material about young Minnesotans, particularly those 12 to 22 years old.

The statistics are presented in numerical and verbal form so they can be easily read. We have purposely refrained from interpretation; this must be the task of the thoughtful reader and practitioner. We hope this effort will be helpful to all those concerned with young people and to the young themselves.

Since statistics are not kept uniformly, the search was not easy. Mitchell Berdie, of the Center for Youth Development and Research staff, and Stanley Meinen, of the 4-H staff, spent many months gathering relevant material. Mitchell Berdie was responsible for writing the narrative and organizing the publication. Stanley Meinen assembled the data on Minnesota youth compiled by the Minnesota Analysis and Planning System. The Agricultural Extension Service also provided the editorial and technical assistance necessary to bring the work to publication.

This report was jointly sponsored and financed by the Center for Youth Development and Research, University of Minnesota, and the Agricultural Extension Service, University of Minnesota, through its 4-H program. Both groups see as their major task constructive community work with youth based on solid knowledge.

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## Introduction

This publication concerns specific topics that are useful in identifying needs and presenting characteristics of the youthful population of Minnesota.

Data were gathered from two main sources. Basic demographic information pertaining to residence, work status, and income was obtained from the 1970 U.S. Census. Retrieval of this information from the fourth count census tapes was completed through the Minnesota Analysis and Planning System. Definitions of terms used by the U.S. Census Bureau appear on page 32.

Several agencies supplied information about specific areas. Without their cooperation, a large part of this publication could not have been compiled. These areas and sources included:

Public School Attendance: Minnesota Department of Education; Research, State Aids, and Statistics Section

Marriage: Minnesota Department of Public Health, Division of Vital Statistics

Public Welfare Recipients: Minnesota Department of Public Welfare, Division of Research and Statistics

Unwed Mothers: Minnesota Department of Public Welfare, Division of Research and Statistics, and Minnesota Department of Public Health, Division of Vital Statistics

Delinquency: Minnesota Department of Corrections, Division of Research and Planning

State Mental Hospital Admissions: Minnesota Department of Public Welfare, Division of Medical Services, Statistics Section

Veneral Disease: Minnesota Department of Public Health, Division of Disease Prevention and Control

Among the major obstacles in gathering uniform data is the fact that many agencies do not distinguish youth as a unique age group. Also, each agency gathers statistics on different age groups. The age groupings used in agency data (e.g., 9-14, 11-15, 12-17) often are incongruous with the age groupings used to discuss and study such subjects as maturity, education, or interest patterns. Agencies often change age categories from year to year. All of these factors suggest the difficulty of comparing and interpreting agency data.

Besides information on youth 12-22 years old, we have included some statistics on younger children to allow more accurate projections of youth services in the future.

Whenever possible, ages were categorized as:

- 1-5 years (preschool)
- 6-8 years (primary grades)
- 9-11 years (intermediate grades)
- 12-14 years (junior high school)
- 15-18 years (senior high school)
- 19-22 years (post high school)

These groups have roughly similar characteristics, needs, social sophistication, and educational development.

There are gaps in the information published; hence, the data presented do not present a complete picture of the state's youth. Such a picture could be drawn if public and private agencies collected and presented data in a uniform way.

## Age Distribution of the Youthful Population in Minnesota

In 1970, there were 870,937 young people in Minnesota between the ages of 12 and 22 (table 1). They accounted for 23 percent of the total state population. There were 906,348 children under the age of 11 in the state, representing 24 percent of the total population.

Table 1. Age distribution, Minnesota, 1970

	0-22 years old	12-22 years old	0-11 years old
	1,777,285	870,937	906,348

## Age Distribution by Place of Residence

Table 2 shows that 569,555 people between the ages of 12 and 22 lived in urban areas in Minnesota in 1970 (see page 32 for Census Bureau definitions). There were 585,436 children 0-11 years old living in urban areas. In each case, 65 percent of the population lived in urban areas.

Table 3 describes specific age breakdowns for individual counties.

Table 2. Age distribution, by place of residence, Minnesota, 1970

Residence	Age		
	0-22	12-22	0-11
Urban .....	1,154,991	569,555	585,436
Rural nonfarm .....	369,717	171,979	197,738
Farm .....	252,577	129,403	123,174
Total .....	1,777,285	870,937	906,348

Table 3. Age distribution, by place of residence, by county, Minnesota, 1970

AGE	0 - 5		6 - 8		9 - 11		12-14		15-18		19-22	
	URBAN RNF FARM	TOTAL										
STATE	268779 89714 48792	407245	155582 53642 34813	244037	161075 54382 39569	255026	153465 51777 40050	245292	200063 61181 49466	310710	216027 59621 39887	314935
COUNTY NAME												
AITKIN	*** 643 252	895	*** 412 218	630	*** 468 276	744	*** 494 274	768	*** 607 330	937	*** 704 345	1049
ANOKA	20243 2574 335	23152	11812 1389 256	13457	11312 1370 301	12983	10022 1186 328	11536	10226 1117 397	11740	7288 697 249	8234
BFCKER	480 1292 698	2460	306 821 539	1666	398 824 553	1775	398 740 640	1778	398 860 758	2104	486 912 666	2011
BFLTRAMI	831 1181 532	2544	483 741 433	1657	521 701 473	1695	496 611 470	1577	496 1301 524	2623	1301 798 695	3000
BFNTON	1240 870 668	2778	624 465 378	1467	580 412 532	1524	534 407 563	1504	534 407 637	1789	695 457 345	1469
BTG STONE	224 219 254	697	198 109 241	548	197 121 225	543	171 123 192	486	231 159 259	649	233 250 204	687
BLUE EARTH	2411 1488 834	4733	1370 788 581	2739	1438 871 694	2913	1453 894 592	2939	3185 970 843	4998	4712 855 840	6407
BRDWN	1782 379 829	2990	1086 213 509	1808	1210 187 625	2022	1162 178 625	1965	1509 154 606	2373	1714 205 780	2412
CARLTON	904 1633 289	2826	526 1162 277	1965	582 1189 303	2074	585 1104 263	1952	585 1413 366	2414	760 1110 315	2185
CARVER	1454 828 ***	3451	894 514 808	2035	868 549 905	2093	781 537 856	1924	780 677 1151	2369	912 453 1263	1857
CASS	1124 258 579	1382	627 170 360	978	676 252 369	1157	606 264 332	1120	780 677 536	1482	780 453 537	1536
CHIPPWEA	444 *** 1460	1384	317 *** 933	946	364 *** 922	1005	380 *** 960	991	428 *** 1037	1312	518 *** 916	1317
CHISAGO	330 3058 988	1790	268 1759 724	1201	318 1889 685	1240	361 1892 589	1341	282 3344 617	1319	352 3900 613	1268
CLAY	540 *** 562	4586	356 *** 303	2839	370 *** 281	2944	370 *** 272	2894	585 *** 347	4546	585 *** 367	4950
CLEARWATER	228 790	790	189 492	492	260 541	541	249 521	521	271 618	618	324 691	691

Table 3 (continued). Age distribution, by place of residence, by county, Minnesota, 1970

AGE	0-5		6-14		15-17		18-14		15-19		20-22	
	URBAN RNF FARM	TOTAL										
COOK	***		***		***		***		***		***	
	260		170		171		155		200		267	
	51	311	64	234	54	222	32	187	48	257	63	330
COTTONWOOD	373		246		204		181		254		282	
	480		357		366		332		400		438	
	585	1436	332	935	376	946	357	870	532	1195	474	1174
CROW WING	1104		597		705		827		1006		1001	
	1772		1261		1230		1173		1379		1518	
	441	3287	293	2151	342	2267	370	2230	450	3045	425	2945
DAKOTA	1547		932		955		827		848		684	
	2472		1277		1358		1225		1254		6854	
	655	19714	431	11110	603	11320	640	10243	577	10412	753	8601
DODGE	***		***		***		***		***		***	
	886		547		589		527		501		541	
	962	1348	373	925	376	968	333	880	451	1062	432	973
	409		370		368		405		760		640	
	964		578		617		570		768		684	
FARIBAULT	593	2061	300	1304	521	1506	549	1524	671	2139	947	1975
	595		362		600		410		947		631	
	653		383		409		470		567		555	
	600	1858	313	1356	574	1363	556	1438	596	1712	614	1674
FILLMORE	285		136		130		140		213		172	
	1771		950		619		592		753		919	
	813	2169	549	1376	695	1344	643	1375	809	1775	657	1768
FREEBORN	2036		1099		1233		1156		1476		1477	
	1179		702		769		773		927		1771	
	474	3889	401	2198	554	2556	648	2587	666	3271	630	2878
GOODHUE	876		702		603		662		1073		787	
	1795		952		1075		1059		1203		1115	
	767	3348	625	2068	698	2376	658	2309	840	3116	692	2598
GRANT	***		***		***		***		***		***	
	224		208		233		212		***		***	
	262	586	240	498	242	475	277	489	252	633	286	601
HENNEPIN	36607		52523		57871		55432		644		82658	
	2156		1020		948		824		841		595	
	325	69088	271	56344	331	98870	326	56591	324	71832	372	83626
HOUSTON	415		387		417		391		424		531	
	652		405		410		469		536		482	
	632	1899	791	1144	474	1310	167	1185	254	1446	486	1401
HUBBARD	250		140		175		147		390		254	
	374		369		338		317		233		271	
	161	955	128	610	179	692	216	706	233	867	254	1009
ISANTI	263		169		216		237		702		625	
	1230		743		659		307		384		337	
	537		450		462		514		703		634	
ITASCA	2579		1666		1791		1722		2310		2104	
	136	3232	185	2281	282	2555	292	2538	447	3456	326	3058
JACKSON	261		155		194		217		338		311	
	382		230		242		253		336		287	
	655	1298	415	801	598	964	583	1053	580	1307	594	1192
KANABEC	293		118		187		151		160		233	
	469		253		258		213		336		316	
	351	1073	194	567	286	691	317	691	418	771	316	847
KANDIYOH	1221		764		783		504		1313		997	
	982		509		606		756		590		898	
	690	2873	556	1829	665	1934	724	1984	854	2757	723	2516
KITSON	***		***		***		***		***		***	
	433		291		250		236		406		323	
	159	592	139	420	165	424	158	397	276	676	376	527
KOOCHICING	585		389		399		368		565		576	
	1059		543		760		737		893		681	
LAC QUI PARLE	104	1748	75	1707	99	1228	110	1219	130	1592	145	1372
	515		287		298		340		375		411	
	470	985	326	611	418	717	472	812	573	948	439	850
LAKE	763		591		598		575		774		521	
	487		384		401		436		397		361	
	71	1321	52	1037	59	1054	41	1052	44	1215	18	958
LAKE OF THE WOODS	***		***		***		***		***		***	
	269		164		172		197		238		197	
	24	363	71	235	83	255	60	277	126	373	104	293
LE SUEUR	998		266		283		296		376		346	
	1202		586		613		600		657		796	
LINCOLN	784	2586	462	1396	517	1413	479	1373	666	1701	426	1773
	***		***		***		***		***		***	
	269		171		133		133		209		261	
	440	329	372	543	389	522	380	513	442	691	356	617
LYON	1137		681		744		696		1357		1296	
	854		313		408		436		482		453	
	624	2415	388	1382	521	1673	565	1635	377	2416	410	2159
MCLEOD	1280		696		680		723		960		1123	
	1023		519		551		502		599		644	
	664	2907	519	1728	651	1744	651	1744	780	2159	544	2411
MAHONEN	***		***		***		***		***		***	
	315		169		162		178		186		270	
	327	642	226	423	268	430	253	431	256	442	254	524
MARSHALL	***		***		***		***		***		***	
	853		402		431		352		476		506	
	525	1373	405	807	490	921	583	985	631	1107	496	1374
MARTIN	1046		612		626		589		802		690	
	578		359		385		369		436		473	
	669	2255	476	1647	551	1370	577	1527	692	1938	607	1947
MPEKER	466		253		234		380		367		372	
	782		371		407		410		507		523	
	598	1666	417	1049	569	1250	555	1315	751	1626	578	1481

Table 3 (continued). Age distribution, by place of residence, by county, Minnesota, 1970

AGE	0 - 5		6 - 8		9 - 11		12-14		15-18		19-22	
	URBAN RNF FARM	TOTAL										
NITELLEACS	211		198		192		170		209		167	
	490		549		529		458		587		650	
	498	1610	116	1062	340	1061	330	998	491	1287	379	1198
MORRISON	756		449		521		521		497		423	
	1196		658		676		683		678		707	
	1175	3117	888	1995	867	2066	783	1968	1156	2457	864	1913
MOWER	2367		1466		1638		1747		2374		1920	
	1251		818		894		732		910		782	
	651	4268	521	2805	609	3051	621	3100	866	4150	634	3336
MURRAY	530		392		487		455		454		448	
	509	1148	426	818	531	938	595	1051	677	1171	516	964
NICOLET	1906		732		831		802		1474		1777	
	518		274		297		297		183		263	
	584	2608	394	1400	464	1532	500	1495	448	2137	470	2510
NORLES	1018		538		602		648		829		767	
	591		342		361		394		392		522	
	802	2411	481	1361	617	1840	677	1762	761	1982	565	1854
NORMAN	418		290		294		286		399		477	
	664	882	266	356	314	608	325	611	357	744	357	875
OLMSTED	4857		3885		3704		3461		4170		5010	
	2490		1462		1326		1159		1135		1040	
	731	10287	596	5943	661	5781	667	5272	774	6079	483	6523
OTTER TAIL	1078		633		734		780		1205		1426	
	1451		800		938		989		1607		1862	4110
	1587	4076	1124	2647	1260	2932	1274	3027	1607	3841	1692	4110
PEENINGTON	778		415		457		441		524		526	
	223		116		125		114		142		144	
	292	1293	222	773	278	860	277	795	297	1193	207	1176
PINE	873		687		644		602		821		760	
	625	1528	419	1046	499	1343	520	1122	686	1507	596	1356
PITESTONE	490		287		342		364		442		418	
	316		158		152		156		268		337	
	420	1226	352	797	376	870	388	906	430	1120	263	1018
POLK	1626		1015		1073		1090		1480		1260	
	875		497		567		607		664		823	2842
	748	3249	892	7204	708	2328	708	2335	670	3034	196	335
POPE	214		146		157		133		130		156	
	272		236		236		220		292		335	
	448	534	333	715	329	722	342	596	467	889	471	1002
RAMSEY	52177		29267		29961		28063		36407		41029	
	197		130		117		110		131		31	41067
	152	52386	8	29405	11	30084	8	28181	8	36544	8	35785
RFD LAKE	375		195		166		197		197		184	
	264	639	204	399	222	388	235	392	285	482	214	399
RODMOND	4659		267		309		323		335		430	
	729		395		394		382		480		578	
	894	2084	676	1308	702	1405	722	1407	815	1630	569	1577
ROSEVILLE	278		170		173		148		187		186	
	854		355		505		513		721		789	
	896	2028	415	1341	721	1489	744	1505	851	1750	756	1931
RICE	2205		1302		1462		1520		2721		2948	
	1002		518		446		337		530		526	
	839	4046	584	2404	629	2637	593	2850	758	4017	578	4052
ROCK	468		238		280		324		326		316	
	237		188		161		131		118		185	
	402	1107	319	745	333	780	345	800	524	968	394	855
ROSEAU	251		183		184		180		232		194	
	466		257		269		226		300		395	
	465	1210	335	775	381	834	350	736	394	1628	460	1034
ST LOUIS	14246		8806		9593		9585		13140		15062	
	5610		3775		4243		4405		5135		4860	
	645	20571	469	13110	511	14347	506	14196	649	18924	565	20187
SCOTT	1880		906		920		810		944		865	
	1935		1085		1004		893		892		837	
	855	4530	642	2633	641	2565	654	2357	724	2560	465	2165
SHERBURNE	331		164		180		180		267		315	
	1410		697		864		814		793		812	
	370	2111	242	1303	229	1263	230	1250	336	1396	200	1331
STALEY	889		510		516		484		575		632	
	677	1526	511	1079	547	1069	519	1003	709	1284	706	1338
STEARNS	3364		2130		2347		2277		4211		4786	
	4993		2955		2844		2850		3311		2799	
	2824	11195	1708	6873	1821	7012	1753	6580	2128	9650	1225	8780
STEELE	1488		1048		1002		897		1266		1251	
	762		463		449		456		421		408	2077
	566	2816	326	1817	408	1860	392	1745	649	2236	408	2077
STEVENS	456		264		290		314		655		618	
	240		138		191		181		186		174	
	367	1073	219	621	232	713	254	749	380	1221	269	1061
SWIFT	233		183		199		196		291		263	
	523		282		263		286		330		447	
	494	1350	367	832	393	855	407	889	504	1125	235	1045
TAND	184		156		170		170		242		209	
	1824		897		973		830		701		733	
	1801	2209	731	1454	803	1546	819	1498	1036	1979	676	1618
TRAVERSE	445		203		208		198		305		355	
	221	564	203	406	237	445	240	444	225	534	183	538
WAPASHA	249		176		228		217		253		202	
	839		575		663		618		840		719	
	949	1747	367	1122	443	1189	432	1112	520	1413	301	1322

Table 3 (continued). Age distribution, by place of residence, by county, Minnesota, 1970

AGE	0 - 5		5 - 8		9 - 11		12-14		15-18		19-22	
	URBAN RNF FARM	TOTAL										
WADENA	452		298		300		391		357		344	
	521		305		320		335		282		421	
WASECA	343	1316	237	832	249	869	258	984	263	902	304	1069
	710		386		461		415		587		512	
	532		287		250		255		308		279	
WASHINGTON	546	1788	359	1032	418	1129	407	1077	583	1478	519	1309
	8081		5079		4925		4313		4287		2930	
	2666		1694		1639		1567		1623		1085	
WATONWAN	562	11307	437	7128	487	7951	506	6286	523	6433	339	4365
	366		185		239		245		274		337	
	331		203		286		309		350		378	
WILKIN	477	1174	312	700	402	927	421	975	506	1132	386	1101
	329		235		245		246		367		318	
	166		119		128		127		152		129	
WINONA	417	912	269	623	402	863	421	856	422	947	293	740
	2088		1214		1277		1216		2604		3242	
	1484		865		833		785		894		843	
	570		186	2556	186	2627	540	2541	708	4206	521	4606
WRIGHT	333	4142	477		214		184		278		234	
	3417		1794		1805		1736		1905		1652	
	1115	4885	848	2828	915	2934	876	2796	1023	3210	836	2716
	206		138		173		193		407		170	
YFELLOW MEDICINE	486		322		355		383		260		398	
	597	1289	369	829	468	996	471	1047	699	1366	542	1110

Age Distribution by Race

Table 4 shows that in 1970 there were 14,918 nonwhite Minnesotans between the ages of 12 and 22 and 20,270 nonwhites between the ages of 0 and 11. These groups accounted for 2 percent of their respective age groups. The category Negro encompassed roughly half of the nonwhite population of each age group. There were 7,898 youths 12 to 22 years old and 10,066 children from 0 to 11 years old included in the category Negro.

There were 11,318 nonwhite young people 12 to 22 years old and 15,783 nonwhite children 0 to 11 who lived in counties in Standard Metropolitan Areas (Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, St. Louis, Scott, and Washington Counties), as defined by the U.S. Census Bureau (table 5). In each case, approximately 77 percent of the nonwhite population lived in urban areas.

Table 4. Age distribution, by race, Minnesota, 1970

Race	Age		
	0-22	12-22	0-11
White	1,742,099	856,020	886,079
Negro	17,964	7,898	10,066
Other	17,222	7,018	10,204
Total	1,777,285	870,936	906,349

Table 5. Age distribution, by race, by county, Minnesota, 1970

AGE	0 - 5		6 - 8		9 - 11		12-14		15-18		19-22	
	WHITE NEGRO OTHER	TOTAL										
STATE	397455		238761		249863		240488		305153		319380	
	4956		2542		2568		2489		3008		2401	
	4074	407285	2736	244039	2594	255025	2314	245291	2549	310710	2155	314936
COUNTY NAME												
AITKIN	864		612		731		759		933		1041	
	0		0		0		0		0		0	
ANDKA	11	895	20	632	12	743	8	767	8	937	0	1050
	22927		13335		12894		11487		11664		8170	
	57		20		9		7		20		19	
BECKER	168	23152	193	13458	83	12984	40	11534	56	11740	46	6235
	2297		1569		1664		1659		2017		1963	
	0		0		0		0		0		0	
BELTRAMI	163	2460	99	1668	113	1777	116	1774	87	2184	49	2012
	2011		1283		1378		1296		2324		2803	
	0		0		0		0		0		0	
BENSON	533	2544	376	1659	316	1694	266	1576	299	2623	201	3001
	2772		1457		1517		1497		1786		1471	
	0		0		0		0		0		0	
	0	2778	12	1469	7	1524	5	1502	5	1789	0	1471
BIT STONE	697		550		543		484		649		688	
	0		0		0		0		0		0	
	0	687	0	550	0	543	0	484	0	649	0	688

Table 5 (continued). Age distribution, by race, by county, Minnesota, 1970

AGE	0 - 5		6 - 8		9 - 11		12-14		15-18		19-22	
	WHITE NEGRO OTHER	TOTAL										
BLUE EARTH	4721		2742		2908		2933		4980		6381	
	5		0		0		0		8		26	
	7	4733	0	2742	4	2912	4	2937	10	4998	6	6407
BROWN	2982		1811		7020		1964		2377		2413	
	0		0		0		0		0		0	
	8	2990	0	1811	0	2020	0	1964	0	2373	0	2413
CARLTON	2727		1921		2002		1877		2385		2150	
	0		0		0		0		0		0	
	99	2826	46	1967	71	2073	74	1951	29	2414	36	2186
CARVER	3445		2032		2092		1923		2369		1858	
	0		4		1		0		0		0	
	6	3451	4	2036	0	2093	0	1923	0	2369	0	1858
CASS	1190		809		958		927		1312		1457	
	0		0		0		0		0		0	
	192	1382	171	980	199	1157	191	1118	170	1482	79	1536
CHIPPEWA	1384		948		1004		985		1312		1317	
	0		0		0		0		0		0	
	0		0		0		0		0		0	
CHISAGO	1790		1202		1236		1336		1317		1266	
	0		0		0		0		0		0	
	0	1790	0	1202	4	1240	4	1340	0	1319	0	1268
CLAY	4569		2833		2921		2874		4514		4938	
	0		0		5		6		16		5	
	17	4586	7	2840	19	2945	12	2892	16	4546	7	4950
CLEARWATER	678		431		479		468		558		666	
	0		0		0		0		0		0	
	112	790	63	494	60	539	53	521	60	618	27	691
COOK	304		224		215		181		248		328	
	0		0		2		3		3		1	
	7	311	11	235	5	222	2	186	9	257	1	330
COTTONWOOD	1425		934		945		868		1195		1169	
	0		0		0		0		0		0	
	11	1436	3	937	1	946	0	868	0	1195	5	1174
CROW WING	3273		2148		2260		2219		3036		2935	
	0		0		4		6		4		0	
	14	3287	4	2152	6	2270	6	2226	5	3045	10	2945
DAKOTA	19478		11034		11025		10162		10314		7951	
	79		20		21		21		40		0	
	157	19714	60	11114	70	11116	60	10243	58	10412	42	8002
DODGE	1348		920		965		870		1056		974	
	0		0		0		6		6		0	
	0	1348	0	920	2	967	2	878	0	1062	0	974
DOUGLAS	2055		1306		1507		1521		2199		1977	
	0		0		0		0		0		0	
	6	2061	0	1306	0	1507	0	1521	0	2199	0	1977
FARIBAULT	1853		1258		1382		1433		1712		1667	
	0		0		0		0		0		0	
	5	1858	0	1258	2	1384	2	1435	0	1712	8	1675
FILLMORE	2169		1375		1343		1369		1775		1767	
	0		0		0		0		0		0	
	0	2169	0	1375	3	1346	3	1372	0	1775	2	1769
FREEBORN	3889		2192		2547		2579		3243		2873	
	0		0		0		0		20		0	
	0	3889	0	2200	9	2556	6	2585	8	3271	6	2879
GOONHUF	3333		2070		2374		2299		3067		2599	
	0		0		0		5		17		0	
	15	3348	0	2070	2	2376	3	2307	32	3116	0	2599
GRANT	581		446		472		489		633		600	
	0		0		0		0		0		0	
	5	586	3	449	2	474	0	489	0	633	1	601
HENNEPIN	94231		54101		56647		54496		69550		81575	
	2998		1551		1449		1400		1519		1295	
	1859	99088	893	56545	774	58870	694	56590	763	71832	757	83627
HOUSTON	1899		1144		1308		1184		1466		1402	
	0		0		0		0		0		0	
	0	1899	2	1146	1	1309	0	1184	0	1446	0	1402
HURBARD	905		585		667		674		849		989	
	0		0		0		0		0		0	
	50	955	27	612	26	693	23	697	18	867	20	1009
ISANTI	1783		1159		1162		1069		1421		1229	
	0		0		0		0		0		0	
	6	1789	3	1162	1	1163	0	1069	6	1427	5	1234
ITASCA	3267		2191		2436		2436		3379		3002	
	0		0		0		0		0		0	
	105	3372	93	2284	118	2554	100	2536	79	3458	57	3059
JACKSON	1298		804		961		1053		1307		1193	
	0		0		0		0		0		0	
	0	1298	0	804	0	961	0	1053	0	1307	0	1193
KANABEC	1073		566		684		675		765		848	
	0		0		0		0		0		0	
	0	1073	3	569	6	690	5	680	6	771	0	848
KANDIYOHI	2864		1831		1934		1982		2757		2613	
	0		0		0		0		0		0	
	9	2873	0	1831	0	1934	0	1982	0	2757	6	2619
KITTSON	588		418		422		396		678		528	
	0		0		0		0		0		0	
	4	592	3	421	2	424	0	396	0	678	0	528
KOOCHICHIING	1713		1094		1209		1193		1587		1352	
	0		0		0		0		0		0	
	35	1748	14	1108	19	1228	21	1214	5	1592	21	1373
LAC QUI PARLE	985		609		714		811		943		850	
	0		0		0		0		0		0	
	0	985	4	613	2	716	0	811	5	948	0	850
LAKE	1321		1020		1051		1045		1211		956	
	0		0		0		0		4		2	
	0	1321	10	1030	2	1053	5	1050	4	1215	2	958

Table 5 (continued). Age distribution, by race, by county, Minnesota, 1970

AGE	0-5		6-8		9-11		12-14		15-18		19-22	
	WHITE NEGRO OTHER	TOTAL										
LAKE OF THE WOODS	358 0 0		231 0 0		251 0 0		271 0 0		365 0 0		294 0 0	
LF SUEUR	2563 0 0	363	1388 5 0	236	1403 4 0	255	1357 5 0	276	1701 0 0	373	1771 0 0	294
LINCOLN	21 725 0	2584	11 545 0	1399	9 521 0	1412	14 512 0	1371	0 691 0	1701	0 617 0	1774
LYON	4 2404 0	729	0 1380 0	545	0 1672 0	521	0 1625 0	512	0 2394 0	691	0 2146 0	617
MCLEOD	11 2963 0	2415	4 1722 0	1384	0 1743 0	1474	0 1743 0	1632	7 2157 0	2415	9 2412 0	2160
MAHONEN	4 530 0	2967	0 384 0	1722	0 407 0	1743	0 397 0	1743	0 386 0	2159	0 446 0	2412
MARSHALL	112 1373 0	642	41 601 0	425	23 913 0	430	0 950 0	429	0 1107 0	442	0 1063 0	524
MARTIN	0 255 0	1372	0 1646 0	867	0 1571 0	921	5 1525 0	955	0 1930 0	1107	14 1969 0	1077
MEEKER	0 1843 0	2255	0 1051 0	1448	0 1290 0	1571	0 1313 0	1525	0 1618 0	1930	0 1482 0	1969
MILLELACS	0 1573 0	1846	0 1033 0	1051	0 1029 0	1290	0 930 0	1313	7 1259 0	1625	0 1152 0	1482
MORRISON	37 3101 0	1610	31 1997 0	1064	31 2061 0	1660	27 1958 0	957	20 2446 0	1267	0 1908 0	1197
MOWER	16 4258 0	3117	0 2804 0	1997	4 3049 0	2665	0 3093 0	1967	0 4144 0	2457	0 3338 0	1913
MURRAY	11 1163 0	4269	3 819 0	2007	0 936 0	2051	0 1047 0	3098	0 1104 0	4150	0 945 0	3338
NICOLLET	5 2586 0	1148	0 1401 0	819	0 1533 0	938	0 1493 0	1050	0 2132 0	1171	0 2468 0	968
NORLES	0 2379 0	2608	0 1344 0	1401	0 1614 0	1533	0 1739 0	1493	0 1977 0	2137	7 1839 0	2510
NORMAN	16 882 0	2411	19 555 0	1364	4 606 0	1639	5 604 0	1760	0 749 0	1982	0 875 0	1855
OLMSTED	0 10224 0	882	0 5903 0	558	0 5743 0	688	0 5253 0	609	0 6089 0	749	0 6476 0	875
OTTER TAIL	18 43 25	10287	10 32 0	5949	28 2934 0	5791	10 3018 0	5270	0 3036 0	5079	0 4103 0	6534
RENNINGTON	0 1294 0	4076	0 775 0	2649	0 860 0	2934	0 793 0	3023	5 1193 0	3841	3 1172 0	4111
PINE	0 1519 0	1293	0 1037 0	775	0 1132 0	860	0 1111 0	793	0 1406 0	1193	0 1345 0	1177
PIPESTONE	0 1220 0	1528	0 795 0	1046	0 870 0	1143	0 933 0	1122	0 1116 0	1507	0 1019 0	1356
POLK	0 3230 0	1226	0 2260 0	796	0 2325 0	872	0 2333 0	903	0 3634 0	1120	0 2835 0	1019
POPE	0 927 0	3249	0 705 0	2295	0 716 0	3327	0 691 0	2335	0 882 0	3034	0 1003 0	2843
RAMSEY	0 50328 1480	934	11 28364 778	717	6 28873 926	722	3 27045 583	694	7 35085 1108	889	0 39944 867	1083
RED LAKE	578 626 0	52386	265 396 0	29407	282 383 0	30883	252 387 0	26100	1108 354 0	36544	867 257 0	41068
REDWOOD	13 2079 0	639	4 1304 0	400	6 1387 0	389	0 1388 0	390	0 1605 0	462	0 1543 0	408
RENVILLE	5 2028 0	2084	0 1335 0	1310	18 1490 0	1405	0 1503 0	1405	0 1759 0	1630	14 1725 0	1577
RYCE	0 4040 0	2028	0 2492 0	1342	0 2634 0	1490	0 2644 0	1503	0 3974 0	1759	0 4021 0	1732
ROCK	6 1107 0	4848	5 747 0	2407	3 780 0	2637	0 798 0	2647	0 966 0	4017	11 631 0	4052
ROSEAU	0 1203 0	1107	0 744 0	747	0 922 0	780	0 784 0	798	0 1081 0	968	0 1034 0	836
ST LOUIS	7 20218 179	1210	0 12889 60	776	14 14151 77	836	9 14013 85	733	25 18725 84	1026	0 19990 63	1039
SCOTT	190 4525 0	20571	144 2625 0	13113	114 2560 0	14367	95 2339 0	14193	0 2560 0	18924	0 2161 0	20187
	5 4530		10 2635		17 2567		14 2353		0 2568		5 2166	

Table 5 (continued). Age distribution, by race, by county, Minnesota, 1970

AGE	0 - 5		6 - 8		9 - 11		12-14		15-18		19-22	
	WHITE NEGRO OTHER	TOTAL										
SHERBURNE	2101		1305		1247		1243		1382		1325	
	5		0		0		0		8		0	
	5	2111	0	1305	6	1253	5	1248	6	1396	7	1332
STURLEY	1526		1081		1062		1002		1284		1338	
	0		0		0		0		0		0	
	0	1526	0	1081	0	1062	0	1002	0	1284	0	1338
STEARNS	11175		6865		6992		6542		9584		8743	
	0		0		0		0		25		19	
	0	11185	10	6875	21	7013	26	6577	41	9650	20	8782
STEELE	2810		1820		1858		1744		2236		2078	
	0		0		0		0		0		0	
	0	2816	0	1820	0	1858	0	1744	0	2236	0	2078
STEVENS	1058		600		707		743		1215		1063	
	0		0		0		0		0		0	
	0	1073	0	623	0	715	2	745	6	1221	0	1063
SWIFT	1337		824		851		887		1125		1046	
	0		0		0		0		0		0	
	0	1350	11	835	3	854	0	887	0	1125	0	1046
TODD	2204		1455		1548		1495		1979		1618	
	0		0		0		0		0		0	
	0	2209	0	1455	0	1548	0	1495	0	1979	0	1618
TRAVERSE	554		384		431		432		529		533	
	0		0		0		0		0		0	
	0	564	23	407	15	446	10	442	0	534	0	538
WARASHA	1787		1120		1189		1109		1413		1322	
	0		4	1124	1	1190	0	1109	0	1413	0	1322
WADENA	1304		824		857		976		890		1068	
	0		0		0		0		0		0	
	0	1787	0	1124	0	1190	0	1109	0	1413	0	1322
WASECA	1788		1032		1131		1075		1473		1309	
	0		0		0		0		5		0	
	0	1788	0	1032	0	1131	0	1075	5	1478	0	1309
WASHINGTON	11225		7080		7024		6374		6380		4316	
	11		0		0		0		5		14	
	0	11307	42	7122	26	7050	11	6385	48	6433	16	4346
WATONWAN	1168		702		928		972		1132		1101	
	0		0		0		0		0		0	
	0	1174	0	702	0	928	0	972	0	1132	0	1101
WILKIN	907		626		662		654		942		741	
	0		0		0		0		0		0	
	0	912	0	626	0	662	0	654	0	947	0	741
WINONA	4130		2558		2624		2535		4200		4603	
	8		0		3		4		0		0	
	0	4142	0	2558	1	2628	1	2538	0	4206	0	4607
WRIGHT	4845		2830		2934		2779		3187		2710	
	0		0		0		0		0		0	
	0	4865	0	2830	0	2934	0	2794	0	3210	0	2717
YELLOW MEDICINE	1264		832		989		1038		1366		1110	
	0		0		0		0		0		0	
	0	1289	0	832	6	995	7	1045	0	1366	1	1111

Family Income

For 20 counties, families earning less than \$3,000 a year accounted for less than 10 percent of the county's population in 1970 (table 6). Table 7 presents the distribution of families by their income. Even though some counties (Hennepin, Ramsey, and St. Louis) had small percentages of families earning less than \$3,000 per year, the actual number of families earning this amount may have been considerable.

In eight Minnesota counties, more than 20 percent of the families earned less than \$3,000 a year. A cursory examination of other topics presented in this publication indicates that counties with a high proportion of low income families also are relatively high in rates of school withdrawals, delinquency, and other correlates of low income.

Of children under 18 years old, 129,804 were living in families with incomes below the poverty level (table 8), representing 9 percent of all children in this age range in the state. Of these children, 67 percent were living in families with both parents present; 33 percent, a minority, lived in one-parent families.

Table 6. Percentage of families in county earning less than \$3,000 per year, Minnesota, 1970

Less than 10 percent		
Anoka	Freeborn	Rice
Blue Earth	Hennepin	St. Louis
Carlton	Lake	Scott
Carver	Mower	Sherburne
Clay	Nicollet	Steele
Cook	Olmsted	Washington
Dakota	Ramsey	

Table 6 (continued). Percentage of families in county earning less than \$3,000 per year, Minnesota, 1970

	10-19 percent		
Aitkin			Kanabec
Becker			Kandiyohi
Beltrami			Kitson
Benton			Koochiching
Big Stone			Lac qui Parle
Brown			Lake of the Woods
Chippewa			LeSueur
Chisago			Lyon
Cottonwood			McLeod
Crow Wing			Martin
Dodge			Meeker
Douglas			Millie Lacs
Faribault			Morrison
Fillmore			Murray
Goodhue			Nobles
Grant			Norman
Houston			Ottertail
Isanti			Pennington
Itasca			Pine
Jackson			Pipestone
	20 percent and over		
Cass			Lincoln
Clearwater			Mahnomen
Hubbard			Marshall
			Red Lake
			Todd

Table 7. Count of families, by income, by county, Minnesota, 1970

STATE	UNDER \$ 2,999		\$ 3,000- \$ 4,999		\$ 5,000- \$ 6,999		\$ 7,000- \$ 8,999		\$ 9,000- \$ 11,999		\$ 12,000- \$ 14,999		\$ 15,000- \$ 24,999		OVER \$25,000	
	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT
MINNESOTA	82836	8.99	89126	9.67	100080	10.86	126930	13.78	175701	21.44	137880	14.97	147028	15.96	39951	4.34
COUNTY NAME																
AITKIN	662	21.77	570	18.74	527	17.33	402	13.22	474	15.59	210	6.91	174	5.72	22	.72
ANOKA	1218	3.35	1423	3.92	1628	4.55	1102	2.99	10455	28.79	8176	22.50	7837	21.57	1100	3.03
BECKER	1153	18.65	1029	16.65	972	15.73	929	15.03	1063	17.20	498	8.06	419	6.78		
BELTRAMI	992	16.61	942	15.77	1056	17.68	818	13.69	973	16.29	555	9.29	556	9.31	82	1.37
BENTON	541	11.21	550	11.40	700	14.51	836	17.33	998	20.68	604	12.52	474	9.82	122	2.53
BLUE EARTH	924	8.03	1229	10.68	1689	14.68	1643	14.28	2426	21.08	1532	13.31	1460	12.69	605	5.26
BROWN	895	12.83	806	11.55	1000	14.33	1203	17.24	1482	21.24	710	10.18	1460	12.69	659	9.45
CARLTON	624	9.23	586	8.67	682	10.05	1292	19.11	1804	26.69	794	11.75	655	9.69	123	1.82
CARVER	526	8.96	577	8.26	618	8.85	985	14.10	1447	20.72	1151	16.48	1217	17.42	364	5.21
CASS	957	22.07	886	20.43	726	16.74	605	13.95	628	14.48	196	4.52	260	5.99	79	1.82
CHIPPENAW	578	14.77	659	16.84	721	18.43	554	14.16	557	16.79	400	10.22	292	7.46	52	1.33
CHISAGO	350	12.55	483	11.02	349	7.96	694	15.83	1049	23.93	610	13.91	575	13.12	74	1.69
CLAY	831	7.91	1017	9.68	1248	11.88	1639	15.60	2394	22.79	1482	14.11	1515	14.42	379	3.61
CLEARWATER	492	24.12	416	20.39	342	16.76	277	13.58	258	12.65	85	4.36	124	6.08	42	2.06
COOK	90	9.85	120	13.13	173	18.93	129	14.11	187	20.46	84	9.19	102	11.16	29	3.17
COTTONWOOD	1167	13.38	1281	14.57	1275	14.41	1577	18.08	1615	18.52	375	9.56	314	8.01	210	5.35
CROW WING	1192	13.59	1414	14.26	1949	5.87	3257	9.81	8522	25.66	6777	20.41	8141	24.51	1959	5.90
DAKOTA	445	13.39	464	13.95	465	14.11	541	16.28	714	21.48	367	11.04	262	7.88	62	1.87
DODGE	1033	17.81	922	15.90	1014	17.49	957	16.50	118	15.83	461	7.95	367	6.33	127	2.19
DOUGLAS	694	12.83	770	14.23	959	17.73	891	16.47	1006	18.60	439	8.11	474	8.80	175	3.23
FARIBAULT	877	15.54	1089	19.30	861	15.26	948	16.80	913	16.18	430	7.62	434	7.69	90	1.60
FILLMORE	882	9.19	1119	11.65	1340	13.96	1614	16.81	2216	23.08	1394	14.41	832	8.66	215	2.24
FREEDORN	920	10.50	1004	11.45	1020	11.64	1381	15.75	2007	22.90	1295	13.75	1049	11.97	180	2.05
GOODHUE	375	18.52	416	20.54	172	18.37	279	13.78	290	14.32	139	6.86	121	5.98	33	1.63
GRANT	12364	8.29	15376	6.57	17329	7.41	25646	10.96	49556	21.19	42669	18.24	54030	23.10	16940	7.24
HENNEPIN	440	10.31	612	14.34	514	12.04	673	15.77	859	20.13	496	11.62	509	11.53	365	3.87
HOUSTON	603	21.61	527	18.88	423	15.16	428	15.34	439	15.73	144	5.16	204	7.38	21	.75
HUBBARD	432	11.46	359	9.52	354	9.39	567	15.06	1991	22.11	1005	11.16	585	6.28	124	1.38
ITASCA	1152	12.80	1179	13.10	1258	13.97	1729	19.20	934	24.77	566	15.01	504	13.37	54	1.43
JACKSON	640	12.77	614	17.04	580	16.10	563	15.63	563	15.63	103	12.00	219	8.67	58	2.30
KANABEC	387	15.33	391	15.49	363	14.38	387	15.33	417	16.51	303	12.00	742	9.85	195	2.59
KANDIYOH	911	12.09	974	12.92	1171	15.54	1146	15.21	1564	20.75	833	11.05	742	9.85	213	1.85
KITSON	297	16.16	297	16.16	374	20.35	266	14.47	341	18.55	164	8.92	76	4.13	23	1.25
KOOCHICHING	441	10.38	519	12.22	549	12.92	792	18.64	956	22.50	493	11.61	419	9.86	79	1.86
LAC QUI PARLE	584	18.49	519	17.64	556	19.24	483	16.42	443	15.06	177	6.02	177	6.02	33	1.12
LAKE	240	6.38	240	7.29	427	12.97	857	26.03	834	25.33	366	11.12	290	8.81	68	2.07
LAKE OF THE WOODS	179	17.60	189	18.58	194	19.08	148	14.55	183	17.99	67	6.59	40	3.93	17	1.67
LE SUEUR	624	11.79	700	13.23	746	14.10	798	15.08	1035	19.56	614	11.60	522	9.87	252	4.76
LINCOLN	430	20.73	477	23.00	389	18.76	264	12.73	289	13.93	121	5.83	91	4.39	13	.63
LYON	691	12.23	720	12.74	855	15.13	1010	17.88	1120	19.82	619	10.96	489	8.65	146	2.58
MCLEOD	759	10.59	808	11.43	941	13.31	1153	16.31	1454	20.57	927	13.85	772	10.80	214	3.03
MILLIE LACS	324	24.42	237	15.60	211	15.90	172	12.96	168	12.66	103	7.76	124	9.34	18	1.36
MARSHALL	678	20.91	549	16.23	596	18.38	587	18.11	344	10.61	233	7.19	196	6.05	59	1.82
MARTIN	760	11.69	798	12.27	1033	15.88	1142	17.54	1285	19.76	676	10.40	600	9.23	295	3.21
MAYNOMEN	873	18.16	760	15.81	732	15.23	711	14.70	768	15.98	455	9.47	389	8.09	118	2.46
MILL LACS	661	16.49	601	14.99	688	17.16	567	14.14	808	20.15	350	8.73	291	7.26	43	1.07

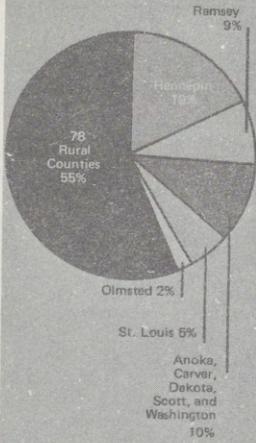
Table 7 (continued). Count of families, by income, by county, Minnesota, 1970

	\$ 2,999		\$ 3,000- \$ 4,999		\$ 5,000- \$ 6,999		\$ 7,000- \$ 8,999		\$ 9,000- \$ 11,999		\$ 12,000- \$ 14,999		\$ 15,000- \$ 24,999		\$ 25,000	
	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT	NUMBER	PCT
MORRISON	1207	19.49	682	14.24	987	15.93	978	15.79	1051	16.97	490	7.91	493	7.96	106	1.71
HOWER	1110	9.95	1183	10.60	1181	10.58	1512	13.55	2456	22.01	1740	15.59	1706	15.29	270	2.42
MURRAY	462	15.00	558	18.12	610	19.81	382	12.40	508	16.49	172	5.58	246	7.99	142	4.61
NICOLLET	436	8.04	563	10.02	793	14.63	782	14.43	1158	21.49	862	15.90	634	11.70	212	3.91
NOBLES	655	11.54	703	12.38	1095	19.29	918	16.17	1059	18.65	524	9.23	538	9.48	185	3.26
NORMAN	468	18.30	581	22.71	516	20.17	310	12.12	348	13.60	158	6.18	157	6.14	20	.78
OLMSTED	1297	6.53	1544	7.78	1703	8.58	2431	12.25	4596	23.15	3588	18.08	3580	18.04	1111	5.60
OTTER TAIL	2233	18.95	1954	16.58	1987	16.86	1660	14.09	1946	16.52	893	7.58	882	7.49	228	1.93
PENNINGTON	353	19.92	419	12.96	551	17.04	561	17.35	669	20.69	311	9.62	257	7.95	113	3.49
PIKE	687	16.81	577	14.12	695	17.01	649	15.88	730	17.86	401	9.81	295	7.22	53	1.30
RED LAKE	572	17.49	592	17.80	540	16.51	514	15.72	475	14.53	242	10.46	176	8.47	66	2.02
RFWOOD	1289	15.10	1279	14.98	1237	14.49	1282	15.01	1712	20.05	888	10.40	743	8.70	109	1.28
POLK	521	17.81	342	11.69	401	13.71	414	14.15	448	15.32	240	8.21	377	12.69	182	6.22
RAMSEY	6287	5.49	7983	6.97	9142	7.98	13837	12.09	26082	22.78	20941	18.29	24030	20.99	6193	5.41
RED LAKE	270	20.75	220	16.91	290	22.29	129	9.92	157	12.07	127	9.76	75	5.76	33	2.54
RENVILLE	737	14.73	740	14.79	886	17.71	855	17.09	872	17.43	392	7.83	399	7.97	123	2.46
RICE	815	9.12	797	8.92	1042	11.66	1509	16.89	1979	22.15	1216	14.73	1176	13.19	299	3.35
ROCK	467	16.22	416	14.45	437	15.18	498	17.30	534	18.55	238	8.27	244	8.48	45	1.56
ST LOUIS	4921	9.00	5669	10.00	6512	11.91	10454	19.12	12928	23.64	7250	13.26	5982	10.94	1186	2.13
SCOTT	581	7.57	567	7.65	601	8.11	1948	14.14	1801	24.30	1314	17.73	1222	16.48	299	4.03
SHERBURNE	395	9.24	356	8.33	470	11.00	718	16.80	1049	24.55	599	14.02	600	14.04	86	2.01
STALEY	363	15.89	546	13.58	564	14.02	770	19.16	686	17.06	365	9.08	330	8.20	122	3.03
STEARNS	2262	11.61	2321	11.92	2637	13.54	3426	17.59	4273	21.94	2112	10.84	1949	10.10	475	2.46
STEELE	595	6.71	781	11.43	894	13.08	956	13.99	1706	24.96	885	12.95	765	11.19	252	3.69
STEVENS	446	17.23	290	11.21	434	16.77	433	16.73	448	17.31	228	8.81	214	8.62	95	3.67
SWIFT	636	18.99	601	17.95	621	18.56	477	14.24	493	14.72	235	7.02	216	6.45	70	2.09
TAND	1413	25.91	1013	18.51	926	16.98	709	13.00	642	11.77	374	6.86	280	5.13	97	1.78
TRAVERSE	240	16.30	300	18.81	256	16.05	226	14.17	244	15.30	115	7.21	162	10.16	32	2.01
WARASHA	466	10.98	603	14.21	620	14.61	687	16.19	946	22.29	398	9.38	409	9.52	120	2.83
WARONA	568	18.57	569	18.61	448	14.65	492	16.09	480	15.70	237	6.21	201	6.57	67	2.19
WASECA	798	4.16	960	5.01	1272	6.63	2257	11.77	4996	26.06	3957	20.64	3976	20.74	958	5.20
WASHINGTON	479	13.97	445	12.98	550	16.04	633	18.47	855	19.11	644	17.1	244	7.12	95	1.60
WILKIN	324	14.00	362	15.64	437	18.88	421	18.19	433	18.70	172	7.43	158	6.83	8	.35
WINONA	1184	11.60	1166	11.60	1270	12.63	1567	15.59	2268	22.56	1246	12.40	1100	10.94	269	2.68
WRIGHT	1075	11.62	1070	11.56	1148	12.41	1375	14.86	2055	22.21	1218	13.16	1133	12.24	179	1.93
YELLOW MEDICINE	574	15.58	583	15.83	634	17.21	625	16.97	632	17.16	312	8.47	236	6.49	85	2.31

Table 8. Count of related children under 18 years old in families below poverty level, by county, Minnesota, 1970

STATE	LIVING WITH BOTH PARENTS		OTHER		COUNTY NAME	LIVING WITH BOTH PARENTS		OTHER	
	87222	42582							
AITKIN	664	169	MARSHALL	1308	183				
ANKA	1457	1114	MARTIN	501	271				
BEOCKER	1448	522	MEKER	813	198				
BELTRAMI	1585	536	MILLELACS	710	211				
BFNTON	797	304	MORRISON	1164	539				
BIG STONE	267	94	MOWER	835	117				
BLUE EARTH	1029	373	MURRAY	1144	166				
BROWN	1268	205	NICOLLET	616	91				
CARLTON	1445	994	NORMAN	1011	587				
CARVER	574	149	NOBLES	644	231				
CASS	1333	272	OLMSTED	479	226				
CHIPPEWA	776	227	OTTER TAIL	1419	339				
CHISAGO	267	87	PIPESTONE	483	137				
CLAY	828	488	POPE	3794	6454				
CLEARWATER	522	87	RAMSEY	406	74				
COOK	38	100	RED LAKE	1220	206				
COTTONWOOD	1078	368	RENVILLE	869	163				
CROW WING	1445	994	RICE	871	272				
DAKOTA	614	313	ROCK	422	103				
DODGE	902	313	ROSEAU	557	153				
DOUGLAS	1007	156	ST LOUIS	2724	3055				
FARIBAULT	1320	212	SCOTT	990	94				
FILLMOHE	690	415	SHERBURNE	282	118				
FREDERSON	977	229	STALEY	964	41				
GOODHUE	6583	13533	STEARNS	5180	776				
GRANT	620	221	STEELE	574	177				
HENNEPIN	615	143	STEVENS	420	64				
HOUSTON	101	87	SWIFT	814	187				
HUBBARD	1277	559	TAND	496	58				
ISANTI	680	26	TRAVERSE	672	135				
JACKSON	436	66	WARASHA	613	288				
KANABEC	1158	200	WARONA	568	66				
KANDIYOH	333	8	WASHINGTON	1097	697				
KITSON	508	233	WATONWAN	610	64				
KOOCHECHING	900	39	WASECA	411	64				
LAC QUI PARLE	121	176	WASHINGTON	1143	362				
LAKE	250	37	WATONWAN	610	64				
LAKE OF THE WOODS	817	268	WILKIN	1443	255				
LE SUEUR	877	11	WINONA	1443	255				
LINCOLN	1074	181	WRIGHT	782	125				
LYON	834	76	YELLOW MEDICINE						
MCLEOD	534	90							
MAHONNEN									

Figure 1. Students in secondary public schools, by county, Minnesota, 1970-71  
Total = 496,381



### Public School Attendance and Withdrawals

Enrollment in state public secondary schools shows that 45 percent of the students attended such schools in urban areas in 1970-71 (figure 1 and table 9). Enrollment in Twin Cities secondary public schools represented 38 percent of state enrollment. There was also a total of 12,879 students attending the state's 31 area vocational schools.

The State Board of Education has kept statistics regarding student withdrawal from high school (table 10) only since 1968-69. Counties do not consistently report such figures.

The facts available show that in 1970, students withdrawing for school problems after reaching compulsory age for school attendance accounted for the largest category of withdrawals (see totals, table 10). The category school problems is assumed to concern students who are unable or unwilling to keep up academically with the demands of high school and who voluntarily leave the school system. This category contrasts with expulsion, or involuntary withdrawal from the school system. Expulsion represented the smallest category of reasons for withdrawing from school.

Economic problems was the second most frequent reason students withdrew from school. Almost 700 young people withdrew from school during the 1969-70 school year to help support themselves or their families.

Individuals committed to correctional institutions accounted for the next largest category of school withdrawals. Leaving school for this reason does not mean that school attendance actually ceased, since education is an integral part of the correction program.

Withdrawal rates (table 11) of nine urban counties (Hennepin, Ramsey, Carver, Dakota, Anoka, Scott, Washington, St. Louis, and Olmsted) in 1970 showed that only Hennepin and Ramsey had more withdrawals than their school populations indicated.

Hennepin County accounted for 23 percent of the state secondary school population and had 36 percent of the withdrawals. In other words, though only one out of four of the state's secondary school students resided in Hennepin County, more than one out of three students who withdrew from state secondary schools resided in Hennepin County. Ramsey County, with 10 percent of the state secondary population, had 16 percent of the withdrawals. All other urban (or perhaps suburban) counties had an equal or smaller percentage of withdrawals compared to their public secondary school population.

Ten rural counties (Beltrami, Cass, Clearwater, Cook, Crow Wing, Hubbard, Itasca, Koochiching, Lake of the Woods, and Wright) accounted for more withdrawals than their secondary school populations might indicate (table 12). However, these counties combined accounted for only around 7 percent of the withdrawals in the state.

Table 9. Public school enrollment, Minnesota, 1970-71\*

County	Enrollment			Percentage of all youth in secondary schools
	Elementary	Secondary	Total	
Aitkin	1,478	1,400	1,878	.38
Anoka	27,605	19,400	47,005	3.91
Beltrami	3,239	3,018	6,257	.61
Benton	1,874	1,983	3,857	.40
Big Stone	1,235	1,175	2,410	.24
Blue Earth	5,595	5,206	10,801	1.05
Brown	2,259	2,559	4,818	.52
Carlton	4,147	3,917	8,064	.79
Carver	2,426	2,702	5,128	.54
Cass	2,169	1,965	4,134	.40
Chippewa	1,680	1,799	3,479	.36
Chisago	2,415	2,074	4,489	.42
Clay	5,469	5,377	10,846	1.08
Clearwater	1,073	1,016	2,089	.20
Cook	479	428	907	.09
Cottonwood	2,183	1,945	4,128	.39
Crow Wing	4,219	4,213	8,432	.85
Dakota	20,167	15,583	35,750	3.14

Table 9 (continued). Public school enrollment, Minnesota, 1970-71

County	Enrollment			Percentage of all youth in secondary schools
	Elementary	Secondary	Total	
Dodge	2,352	1,935	4,287	.39
Douglas	2,716	2,922	5,638	.59
Faribault	2,461	2,850	5,311	.57
Fillmore	2,605	2,477	5,082	.50
Freeborn	4,434	4,201	8,635	.85
Goodhue	4,562	4,313	8,875	.87
Grant	1,020	1,111	2,131	.22
Hennepin	99,738	94,698	194,436	19.08
Houston	1,931	2,425	4,356	.49
Hubbard	1,361	1,464	2,825	.29
Isanti	2,062	1,751	3,813	.35
Itasca	4,977	5,179	10,156	1.04
Jackson	1,489	1,594	3,083	.32
Kanabec	1,136	1,092	2,228	.22
Kandiyohi	3,214	3,304	6,518	.67
Kitson	857	979	1,836	.20
Koochiching	2,106	2,341	4,447	.47
Lac qui Parle	1,087	1,043	2,130	.21
Lake	2,113	1,944	4,057	.39
Lake of the Woods	521	522	1,043	.10
LeSueur	1,910	2,319	4,229	.46
Lincoln	1,120	1,057	2,177	.21
Lyon	2,798	3,210	6,008	.65
McLeod	2,578	3,054	5,632	.61
Mahnomen	918	997	1,915	.20
Marshall	1,920	1,926	3,845	.39
Martin	2,673	3,050	5,723	.61
Meeker	2,471	2,931	5,402	.59
Mille Lacs	2,888	2,626	5,514	.53
Morrison	3,329	3,676	7,005	.74
Mower	4,839	5,090	9,929	1.02
Murray	1,260	1,404	2,664	.28
Nicollet	1,428	1,296	2,724	.26
Nobles	2,398	2,830	5,228	.57
Norman	1,175	1,148	2,323	.23
Olmsted	10,837	8,527	19,364	1.71
Otter Tail	5,069	5,378	10,447	1.08
Pennington	1,687	1,748	3,435	.35
Pine	2,150	2,115	4,235	.43
Pipestone	1,723	1,804	3,527	.36
Polk	4,263	3,827	8,090	.77
Pope	1,251	1,317	2,568	.26
Ramsey	47,584	43,235	90,819	8.71
Red Lake	713	737	1,450	.15
Redwood	1,244	2,363	3,607	.48
Renville	2,277	2,609	4,786	.53
Rice	3,559	3,484	7,043	.70
Rock	1,284	1,341	2,625	.27
Roseau	1,670	1,479	3,149	.30
St. Louis	27,386	26,461	53,847	5.33
Scott	3,285	3,437	6,722	.69
Sherburne	1,987	1,841	3,828	.37
Sibley	1,766	1,709	3,475	.34
Stearns	9,862	11,643	21,505	2.35
Steele	3,728	3,367	7,095	.68
Stevens	1,273	1,403	2,676	.28
Swift	1,794	2,084	3,878	.42
Todd	2,489	2,829	5,318	.57
Traverse	806	864	1,570	.17
Wabasha	2,178	2,307	4,485	.46
Wadena	1,817	2,004	3,821	.40
Waseca	2,015	1,925	3,940	.39
Washington	12,639	9,465	22,104	1.91
Watonwan	1,468	1,695	3,163	.34
Wilkin	1,050	1,197	2,247	.24
Winona	4,074	3,670	7,744	.74
Wright	4,638	4,544	9,182	.92
Yellow Medicine	1,846	2,074	3,920	.42
Total	437,671	496,361	934,032	100.00

\* Minnesota Department of Education; Research, State Aids, and Statistics Section, County Enrollment Reports, 1970-1971

Table 10. State public school withdrawals, Minnesota, 1969-70\*

County	Left school after compulsory age because of		Excused for		Enlisted in armed forces	Left school because of marriage	Left school because of expulsion	Left school because of pregnancy	Other reason	Unknown	Total dropouts	Total enrollment and withdrawals grades 7-12	Percentage of total enrollment and withdrawals grades 7-12
	School problems	Economic problems	physical	mental									
Aitkin	4	3	3	—	1	8	2	1	6	4	32	1,529	2.09
Anoka	164	69	20	37	18	15	52	2	40	78	496	19,896	2.49
Becker	24	6	1	2	1	1	1	2	5	—	42	2,648	1.59
Beltrami	19	—	4	—	3	9	2	2	38	1	78	3,095	2.52
Benton	8	10	2	1	—	3	2	—	18	—	44	2,027	2.17
Big Stone	3	—	1	—	—	—	—	—	—	—	—	—	—
Blue Earth	14	1	2	6	7	5	1	2	1	—	7	1,182	.59
Brown	5	1	1	1	2	12	3	1	3	5	79	5,317	1.48
Carlton	19	—	3	6	5	11	2	—	4	13	63	2,582	.89
Carver	28	5	2	2	1	3	—	—	11	—	52	3,983	1.58
Cass	20	11	—	3	3	3	3	—	9	5	60	2,578	2.02
Chippewa	2	1	—	—	—	5	—	—	3	2	14	2,070	2.90
Chisago	15	—	4	3	1	6	5	1	3	2	14	1,813	.77
Clay	20	—	4	3	1	4	5	2	4	1	39	2,113	1.84
Clearwater	14	—	1	4	1	4	5	2	4	2	41	5,418	.76
Cook	7	—	—	4	—	3	—	1	2	1	25	1,041	2.40
Cottonwood	9	—	1	2	2	4	—	—	—	—	11	430	2.56
Crow Wing	7	9	3	10	4	4	1	—	1	2	22	1,919	1.15
Dakota	165	13	5	29	11	5	1	2	41	15	104	4,317	2.41
Dodge	14	1	4	2	9	13	8	1	31	24	319	15,904	2.00
Douglas	16	2	12	5	3	1	2	2	3	3	35	1,976	1.77
Faribault	1	—	1	3	2	4	5	3	3	—	41	3,963	1.03
Filmore	15	2	1	3	2	4	4	4	2	1	17	2,867	.59
Freeborn	66	2	2	7	3	1	—	2	3	5	29	2,147	1.35
Goodhue	21	3	1	7	1	3	1	2	3	9	95	4,296	2.21
Grant	3	—	1	1	1	3	1	—	8	1	47	4,360	1.01
Hennepin	1,928	374	135	250	102	79	21	71	584	49	3,606	98,304	.45
Houston	8	4	2	2	6	6	2	2	2	—	30	2,455	1.22
Hubbard	25	—	3	7	3	3	2	4	3	3	49	1,691	2.90
Isanti	20	—	5	—	1	1	1	1	3	—	30	1,672	1.79
Itasca	64	4	7	3	1	13	8	1	13	14	129	5,308	2.43
Jackson	8	—	2	2	—	2	—	2	3	1	20	1,617	1.24
Kanabec	16	5	—	—	—	1	1	1	1	—	24	1,116	2.15
Kandiyohi	20	—	—	2	—	1	1	1	—	1	28	3,328	.84
Kittson	6	—	—	1	—	1	—	—	—	—	10	989	1.01
Koochiching	53	1	3	13	2	13	—	5	1	2	94	2,469	3.81
Lac qui Parle	1	—	—	—	1	2	—	—	—	1	5	1,348	.37
Lake	—	—	—	—	—	—	—	—	—	—	—	—	—
Lake of the Woods	6	9	2	—	—	2	—	—	—	—	19	541	3.50
LeSueur	7	—	1	4	—	—	—	2	1	4	19	2,338	.80
Lincoln	6	2	—	—	2	2	—	—	—	1	11	1,098	1.00
Lyon	17	1	1	3	—	1	2	1	1	5	32	3,433	.93



Table 11. Comparison of percentage state secondary population and withdrawals, urban counties, Minnesota, 1970\*

County	Number of students grades 7-12 before withdrawals	Percentage of total state students grades 7-12 before withdrawals	Number of withdrawals	Percentage of total state withdrawals
Hennepin	98,304	23.0	3,606	36.0
Ramsey	44,834	10.0	1,599	16.0
Anoka	19,896	5.0	496	5.0
Carver	2,578	0.6	52	0.5
Dakota	15,904	4.0	319	3.0
Scott	7,339	2.0	21	0.2
Washington	9,719	2.0	254	2.0
Olmsted (Rochester)	8,647	2.0	136	1.0
St. Louis	25,053	6.0	592	6.0
Total	232,274	54.6	7,075	69.7

\* Minnesota Department of Education, Research, State Aids, and Statistics Section, *Report on Changes in School Membership, 1969-1970*

Table 12. Rural counties with larger percentages of state secondary school withdrawals than total state students, Minnesota, 1970\*

County	Number of students grades 7-12 before withdrawals	Percentage of total state students grades 7-12 before withdrawals	Number of withdrawals	Percentage of total state withdrawals
Beltrami	3,095	0.72	78	0.78
Cass	2,070	0.48	60	0.60
Clearwater	1,041	0.24	25	0.25
Cook	430	0.10	11	0.11
Crow Wing	4,317	1.00	104	1.04
Hubbard	1,691	0.39	49	0.49
Itasca	5,308	1.23	129	1.29
Koochiching	2,469	0.57	94	0.94
Lake of the Woods	541	0.12	19	0.19
Wright	4,657	1.08	112	1.12
Total	25,619	6.01	681	6.82

\* Minnesota Department of Education, Research, State Aids, and Statistics Section, *Report on Changes in School Membership, 1969-1970*

## Work Status

High school graduates are more than twice as likely as nongraduates to be employed. And urban young people are more likely than rural young people to be employed.

Many youth-serving programs depend heavily on volunteer leaders. In Minnesota, 43 percent of the women between 16 and 21 compared to 77 percent of the same-aged men were employed in 1970. This represents nearly three times as many women as men unemployed. Because women represent such a large potential group of volunteers, the statistics on the unemployment status of women have been included in table 13.

The percentage of employed women showed little variability among counties. Of women with children, those from urban areas were employed more often than were those who lived in rural areas. But of women without children, those who lived in urban areas worked outside the home less often than did women from rural areas (table 14). Of course, urban areas do contain a large proportion of high income families and a large proportion of the state's student population.

Table 13. Employment status of 16-21 year olds not in school, by county, Minnesota, 1970

STATE	MALES			FEMALES			NOT HIGH SCHOOL GRADUATE			FEMALES		
	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED
STATE	41222	79.76	20.24	68637	71.48	28.52	14427	54.37	45.63	14126	33.17	66.83
COUNTY NAME												
ATKIN	110	78.18	21.82	82	32.93	67.07	59	13.56	86.44	28	32.14	67.86
ANKA	1673	85.24	14.76	2697	67.59	32.41	672	51.64	48.36	483	33.97	66.03
BFCKER	203	72.91	27.09	326	46.43	53.57	99	39.39	60.61	102	19.61	80.39
BFLTRAM	248	67.34	32.66	443	62.75	37.25	155	33.55	66.45	164	17.07	82.93
BFNTON	261	77.01	22.99	382	58.64	41.36	78	56.41	43.59	90	62.22	37.78
BIT STONE	70	92.86	7.14	86	95.81	4.19	15	0.00	100.00	29	0.00	100.00
BLUE EARTH	548	78.28	21.72	1132	68.29	31.71	125	40.00	60.00	156	25.64	74.36
BROWN	235	85.53	14.47	441	68.93	31.07	65	36.92	63.08	50	28.00	72.00
CARLTON	287	73.52	26.48	429	51.28	48.72	131	45.04	54.96	142	10.56	89.44
CARVER	341	88.56	11.44	512	76.37	23.63	149	61.07	38.93	64	40.63	59.38
CASS	133	57.14	42.86	146	39.73	60.27	107	52.34	47.66	80	21.25	78.75
CHIPPewa	144	68.75	31.25	162	77.78	22.22	46	28.26	71.74	27	48.15	51.85
CHISAGO	170	80.59	19.41	238	53.78	46.22	69	72.46	27.54	110	41.82	58.18
CLAY	541	69.87	30.13	820	73.29	26.71	98	47.96	52.04	77	45.45	54.55
CLEARWATER	73	73.97	26.03	104	58.65	41.35	59	33.90	66.10	55	9.09	90.91
COOK	12	41.67	58.33	4	100.00	0.00	14	100.00	0.00	32	15.63	84.38
COTTONWOOD	114	66.67	33.33	105	52.38	47.62	41	53.66	46.34	21	47.62	52.38
CROW WING	371	54.99	45.01	523	58.51	41.49	270	21.85	78.15	185	13.91	86.09
DAKOTA	1339	87.30	12.70	2337	73.73	26.27	311	69.45	30.55	307	36.16	63.84
DODGE	98	84.69	15.31	154	95.19	4.81	28	78.57	21.43	56	0.00	100.00
DODGAS	400	64.00	36.00	531	45.57	54.43	45	26.67	73.33	85	31.76	68.24
FARBULT	158	67.09	32.91	251	53.39	46.61	64	68.75	31.25	70	25.71	74.29
FILLMORE	209	84.21	15.79	185	46.49	53.51	72	66.67	33.33	80	18.75	81.25
FREEDORN	404	78.47	21.53	510	52.55	47.45	132	53.79	46.21	157	26.75	73.25
GOODHUE	440	83.18	16.82	438	73.52	26.48	99	72.73	27.27	106	32.08	67.92
GRANT	17	70.59	29.41	41	68.29	31.71	6	100.00	0.00	11	94.55	5.45
HENNEPIN	10897	83.57	16.43	22998	60.65	39.35	3822	53.92	46.08	4200	40.44	59.56
HOUSTON	186	89.25	10.75	203	69.46	30.54	41	78.05	21.95	64	26.56	73.44
HUBBARD	42	90.48	9.52	98	44.90	55.10	44	68.18	31.82	83	15.66	84.34
ISANTI	204	88.73	11.27	247	67.21	32.79	229	25.76	74.24	119	7.56	92.44
ITASCA	234	60.68	39.32	398	31.41	68.59	161	36.02	63.98	169	5.92	94.08
JACKSON	118	72.03	27.97	156	60.90	39.10	38	23.68	76.32	39	15.38	84.62
KANABEC	80	76.25	23.75	138	68.84	31.16	35	42.86	57.14	14	0.00	100.00
KANDIYOHI	300	71.67	28.33	468	69.87	30.13	78	42.31	57.69	90	40.40	59.60
KITSON	35	100.00	0.00	85	48.24	51.76	27	59.26	40.74	18	0.00	100.00
KODCHICING	194	82.47	17.53	270	37.78	62.22	93	50.54	49.46	124	12.10	87.90
LAC QUI PARLE	78	82.05	17.95	79	44.30	55.70	13	76.92	23.08	14	35.71	64.29
LAKE	148	83.11	16.89	199	38.69	61.31	26	65.38	34.62	26	0.00	100.00
LAKE OF THE WOODS	101	94.06	5.94	47	17.02	82.98	30	86.67	13.33	7	0.00	100.00
LE SUEUR	264	78.03	21.97	302	49.67	50.33	66	90.91	9.09	80	48.75	51.25
LINCOLN	73	72.60	27.40	73	58.90	41.10	59	38.00	62.00	36	25.00	75.00
LYON	320	80.00	20.00	401	60.85	39.15	72	65.28	34.72	77	35.06	64.94
MCLEOD	335	86.27	13.73	607	76.44	23.56	101	52.48	47.52	61	50.82	49.18
MAHONEN	45	60.00	40.00	43	48.84	51.16	17	64.71	35.29	15	0.00	100.00
MARSHALL	124	68.55	31.45	98	35.71	64.29	86	48.84	51.16	63	66.67	33.33
MARTIN	223	70.85	29.15	282	46.45	53.55	31	58.06	41.94	63	33.33	66.67
MEKER	209	82.78	17.22	225	58.22	41.78	78	80.77	19.23	50	24.00	76.00
MILLELACS	152	64.47	35.53	132	52.27	47.73	80	57.50	42.50	90	17.78	82.22
MORRISON	321	78.82	21.18	347	60.23	39.77	110	35.45	64.55	71	19.72	80.28
MOWER	374	81.02	18.98	483	58.18	41.82	142	66.90	33.10	137	39.42	60.58
MURRAY	96	89.58	10.42	91	58.24	41.76	60	75.00	25.00	16	68.75	31.25
NICOLLET	317	72.87	27.13	376	72.41	27.59	102	35.29	64.71	75	18.67	81.33
NORLES	190	78.42	21.58	268	64.55	35.45	63	74.60	25.40	71	16.90	83.10
NORMAN	89	92.13	7.87	35	85.71	14.29	23	0.00	100.00	49	24.49	75.51
OLMSTED	749	82.24	17.76	1965	80.81	19.19	193	53.89	46.11	231	44.59	55.41
OTTER TAIL	417	64.51	35.49	445	54.16	45.84	189	58.20	41.80	145	17.93	82.07

Table 13 (continued). Employment status of 16-21 year olds not in school, by county, Minnesota, 1970

COUNTY	HIGH SCHOOL GRADUATE						NOT HIGH SCHOOL GRADUATE					
	MALES		FEMALES		TOTAL		MALES		FEMALES		TOTAL	
	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED
PFNNINGTON	190	80.00	20.00	310	57.42	42.58	62	24.19	75.81	73	35.62	64.38
PINE	146	79.65	20.55	143	62.94	37.06	126	33.33	66.67	78	28.21	71.79
PIPESTONE	90	95.25	4.44	229	61.14	38.85	45	66.15	33.85	46	34.78	65.22
POPE	312	66.35	33.65	483	67.29	32.71	94	62.77	37.23	104	37.50	62.50
POPE	92	93.48	6.52	118	47.46	52.54	9	0.00	100.00	25	36.00	64.00
RAMSEY	5610	82.00	18.00	10391	77.28	22.72	1594	53.95	46.05	1771	37.66	62.34
RFD LAKE	76	80.90	20.00	156	20.00	80.00	21	52.38	47.62	11	50.00	50.00
RENEWA	165	65.45	34.55	216	51.85	48.15	35	25.71	74.29	71	43.66	56.34
RFNVILLE	245	77.14	22.86	224	52.68	47.32	57	52.63	47.37	32	12.50	87.50
RICE	478	80.96	19.04	629	62.16	37.84	335	30.75	69.25	296	22.64	77.36
ROCK	127	90.55	9.45	171	58.48	41.52	22	45.45	54.55	34	38.24	61.76
ROSEAU	131	66.41	33.59	143	43.36	56.64	57	28.07	71.93	41	43.90	56.10
ST LOUIS	2705	73.42	26.58	3381	57.73	42.27	783	56.45	43.55	862	24.83	75.17
SCOTT	321	86.60	13.40	907	79.06	20.94	114	75.44	24.56	132	56.85	43.15
SHERBURNE	333	53.75	46.25	264	59.33	40.67	395	13.92	86.08	63	25.40	74.60
STBLEY	230	76.96	23.04	262	58.40	41.60	57	68.42	31.58	22	0.00	100.00
STFARNS	1125	70.91	29.09	2007	70.68	29.32	258	67.83	32.17	237	25.32	74.68
STEELE	498	80.15	19.85	397	85.89	14.11	117	42.74	57.26	129	32.56	67.44
STEVENS	80	72.50	27.50	113	45.13	54.87	26	34.62	65.38	18	0.00	100.00
SWIFT	114	80.70	19.30	104	44.23	55.77	56	60.71	39.29	29	20.69	79.31
TODD	241	61.41	38.59	204	45.53	54.47	110	62.73	37.27	89	35.33	64.67
TRAVERE	42	64.29	35.71	70	51.43	48.57	27	29.63	70.37	10	0.00	100.00
WARASHA	210	74.76	25.24	192	52.60	47.40	41	63.41	36.59	29	0.00	100.00
WARONA	139	61.21	38.79	166	45.12	54.88	65	61.54	38.46	41	100.00	100.00
WASECA	216	82.41	17.59	219	88.13	11.87	61	77.05	22.95	24	34.69	65.31
WASHINGTON	771	80.67	19.33	1115	71.66	28.34	252	55.56	44.44	234	43.16	56.84
WATONWAN	98	79.58	20.42	151	47.68	52.32	38	39.47	60.53	35	62.86	37.14
WILKIN	101	62.38	37.62	129	65.19	34.81	31	35.48	64.52	10	0.00	100.00
WINONA	433	77.83	22.17	743	68.24	31.76	206	68.93	31.07	159	25.79	74.21
WRIGHT	426	87.56	12.44	587	68.99	31.01	183	80.33	19.67	104	30.77	69.23
YELLOW MEDICINE	172	67.44	32.56	172	58.14	41.86	21	71.43	28.57	17	23.53	76.47

Table 14. Employment status of women with children under 18 years old, by county, Minnesota, 1970

COUNTY	HUSBAND PRESENT						OTHER WOMEN					
	CHILDREN UNDER 18		NO CHILDREN UNDER 18		TOTAL		CHILDREN UNDER 18		NO CHILDREN UNDER 18		TOTAL	
	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED	TOTAL	PCT OF EMPLOYED
STATE	485717	39.47	60.53	336776	57.68	42.32	43821	60.47	39.53	472172	53.12	46.88
ATKIN	1295	41.70	58.30	1481	74.41	25.59	101	40.59	59.41	1169	71.43	28.57
ANKA	25187	41.59	58.41	8400	41.90	58.10	1638	73.02	26.98	10405	47.45	52.55
BECKER	2997	32.33	67.67	2351	71.46	28.54	306	46.08	53.92	2504	69.37	30.63
BELTRAMI	2850	36.74	63.26	2277	58.56	41.44	377	46.42	53.58	3713	60.79	39.21
BENTON	2694	39.57	60.43	1670	58.50	41.50	206	48.54	51.46	1876	56.74	43.26
BIG STONE	979	36.77	63.23	864	71.20	28.80	61	32.79	67.21	897	66.56	33.44
BLUE EARTH	5838	38.35	61.65	4473	52.40	47.60	391	60.10	39.90	9199	56.26	43.74
BROWN	3645	39.64	60.36	2668	62.29	37.71	200	73.50	26.50	3770	57.77	42.23
CARLTON	3700	40.24	59.76	2366	64.95	35.05	314	46.50	53.50	2951	70.59	29.41
CARVER	3942	44.70	55.30	2429	55.45	44.55	167	53.89	46.11	2551	55.66	44.34
CASS	1877	33.78	66.22	2107	74.49	25.51	220	60.00	40.00	1966	74.97	25.03
CHIPPewa	1905	38.27	61.73	1601	69.52	30.48	141	66.67	33.33	1722	68.35	31.65
CHISAGO	2252	43.16	56.84	1654	63.30	36.70	177	66.67	33.33	1692	76.15	23.85
CLAY	5782	41.01	58.99	3552	54.98	45.02	425	67.76	32.24	6860	55.85	44.15
CLEARWATER	934	46.15	53.85	851	68.39	31.61	62	59.68	40.32	791	76.74	23.26
COOK	465	42.80	57.20	350	60.29	39.71	63	73.02	26.98	280	48.57	51.43
COTTONWOOD	1993	37.78	62.22	1670	67.01	32.99	37	45.95	54.05	1630	69.57	30.43
CROW WING	4171	38.02	61.98	3782	70.23	29.77	333	57.36	42.64	4109	64.01	35.99
DAKOTA	21313	36.87	63.13	9402	49.98	50.02	1222	66.78	33.22	11457	45.34	54.66
DODGE	1825	44.88	55.12	1264	60.76	39.24	74	72.97	27.03	1144	65.29	34.71
DOUGLAS	2859	42.08	57.92	2378	64.59	35.41	251	66.93	33.07	2645	68.24	31.76
FARIBault	2681	40.58	59.42	2266	64.43	35.57	173	45.66	54.34	2403	71.49	28.51
FILLMORE	2754	39.32	60.68	2332	64.82	35.18	163	65.64	34.36	2429	73.08	26.92
FREBORN	4977	42.54	57.46	3784	64.83	35.17	363	69.15	30.85	4090	62.62	37.38
GOODHUE	4485	43.50	56.50	3451	60.36	39.64	259	69.88	30.12	4044	64.24	35.76
GRANT	857	36.87	63.13	858	74.24	25.76	54	83.33	16.67	924	71.97	28.03
HENNEPIN	118989	40.51	59.49	86378	49.46	50.54	14742	56.67	43.33	140115	42.32	57.68
Houston	2299	42.76	57.24	1620	58.77	41.23	126	74.60	25.40	1770	63.62	36.38
HURBARD	1320	35.68	64.32	1249	72.46	27.54	124	47.58	52.42	1081	72.34	27.66
ISANTI	2095	43.88	56.12	1473	61.44	38.56	106	64.15	35.85	1816	67.02	32.98
ITASCA	4523	32.35	67.65	3406	72.82	27.18	418	39.71	60.29	3344	66.87	33.13
JACKSON	1943	37.21	62.79	1468	69.75	30.25	54	79.63	20.37	1604	65.71	34.29
KANABEC	1240	46.29	53.71	1050	60.86	39.14	76	31.58	68.42	902	58.31	41.69
KANDIYOHI	3856	40.72	59.28	3040	62.80	37.20	260	71.92	28.08	3442	61.33	38.67
KITSON	852	40.73	59.27	666	68.47	31.53	38	73.68	26.32	842	66.86	33.14
KOOCHICHING	2302	32.28	67.72	1463	66.37	33.63	235	61.28	38.72	1689	60.63	39.37
LAC QUI PARLE	1287	33.26	66.74	1336	71.78	28.22	60	60.00	40.00	1198	76.13	23.87
LAKE	1922	30.59	69.41	1075	62.98	37.02	103	58.25	41.75	1134	67.27	32.63
LAKE OF THE WOODS	489	34.36	65.64	405	68.64	31.36	33	48.48	51.52	325	66.15	33.85
LE SUEUR	2645	37.69	62.31	2153	63.31	36.69	149	60.40	39.60	2223	63.16	36.84
LINCOLN	1036	27.90	72.10	862	71.02	28.98	18	77.78	22.22	988	76.15	23.85
LYON	3037	40.47	59.53	2170	58.94	41.06	189	76.72	23.28	2965	62.23	37.77
MCLEOD	3739	44.48	55.52	2824	59.03	40.97	154	57.14	42.86	2956	58.29	41.71
MAHONEN	725	32.41	67.59	478	72.18	27.82	48	54.17	45.83	476	64.64	35.36
MARSHALL	1717	33.20	66.80	1122	67.47	32.53	84	57.14	42.86	1250	69.77	30.23
MARTIN	1105	37.71	62.29	2889	65.01	34.99	194	54.64	45.36	2672	64.52	35.48
MEeker	2375	37.09	62.91	1892	66.65	33.35	152	50.00	50.00	2145	71.33	28.67
MILLBLACS	1901	38.96	61.04	1720	67.39	32.61	154	73.38	26.62	1466	70.41	29.59
MORRISON	3390	36.40	63.60	2219	68.41	31.59	287	56.10	43.90	2769	64.79	35.21
MOWER	5783	38.25	61.75	4164	67.70	32.30	473	65.54	34.46	4813	61.04	38.96
MURRAY	1668	33.27	66.73	1124	71.49	28.51	93	68.82	31.18	1152	75.00	25.00

Table 14 (continued). Employment status of women with children under 18 years old, by county, Minnesota, 1970

	CHILDREN UNDER 18			HUSBAND PRESENT			CHILDREN UNDER 18			OTHER WOMEN			NO CHILDREN UNDER 18		
	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED	TOTAL	PCT OF EMPLOYED	PCT NOT EMPLOYED
NICOLLET	2869	40.36	59.64	2034	58.01	41.99	194	64.95	35.05	3500	59.83	40.17			
NOBLES	3063	37.06	62.94	2166	68.10	31.90	218	61.47	38.53	2559	60.38	39.62			
NORMAN	1216	35.12	64.88	1123	72.84	27.16	81	28.40	71.60	1086	80.20	19.80			
OLMSTED	12029	42.25	57.75	6353	50.07	49.93	754	77.08	22.92	11240	43.69	56.31			
OTTER TAIL	5461	39.31	60.69	5023	64.80	35.20	369	66.94	33.06	5429	69.68	30.32			
PENNINGTON	1656	45.05	54.95	1223	57.89	42.11	118	72.03	27.97	1714	56.77	43.23			
PINE	1929	43.65	56.35	1031	68.10	31.90	158	65.82	34.18	1612	60.49	39.51			
PIPESTONE	1616	33.42	66.58	1320	62.80	37.20	134	60.45	39.55	1418	62.55	37.45			
POLK	4186	43.05	56.95	3219	64.00	36.00	336	60.12	39.88	4110	64.28	35.72			
POPE	1344	36.38	63.62	1241	72.12	27.88	102	88.24	11.76	1205	64.73	35.27			
RAMSEY	58420	39.12	60.88	41154	52.35	47.65	7475	57.97	42.03	68275	46.50	53.50			
RFD LANE	601	39.43	60.57	422	69.43	30.57	63	66.67	33.33	582	72.51	27.49			
ROCK	1509	31.21	68.79	1103	68.72	31.28	93	54.84	45.16	1229	58.83	41.17			
ROSEAU	1466	39.70	60.30	1031	58.00	42.00	89	70.79	29.21	1096	64.23	35.77			
RTCE	4679	45.18	54.82	3310	57.49	42.51	330	72.42	27.58	6670	60.00	40.00			
ST LOUIS	26872	35.03	64.97	21024	65.88	34.12	2836	58.60	41.40	29054	60.64	39.36			
SCOTT	4617	43.84	56.16	2190	56.12	43.88	280	68.57	31.43	2920	53.97	46.03			
SHERBURNE	2287	40.23	59.77	1602	59.99	40.01	116	81.90	18.10	1677	62.79	37.21			
STABLEY	2038	38.13	61.87	1755	62.96	37.04	98	77.55	22.45	1510	67.48	32.52			
STEARNS	11283	33.44	66.56	6166	61.56	38.44	720	63.61	36.39	13051	56.76	43.24			
STEELE	3623	45.96	54.04	2635	56.28	43.72	230	73.48	26.52	2961	55.08	44.92			
STEVENS	1285	41.25	58.75	986	64.40	35.60	104	87.50	12.50	1542	63.94	36.06			
SWIFT	1585	38.61	61.39	1368	64.04	35.96	99	86.57	13.43	1419	68.85	31.15			
TODD	2637	39.14	60.86	2236	73.66	26.34	172	52.33	47.67	2434	67.75	32.25			
TRAVERSE	764	34.82	65.18	670	65.22	34.78	58	46.55	53.45	673	72.81	27.19			
WABASHA	2208	62.35	37.65	1613	67.27	32.73	121	70.25	29.75	2026	65.45	34.55			
WADENA	1468	33.58	66.42	1299	67.98	32.02	112	63.39	36.61	1270	73.39	26.61			
WASECA	2176	47.89	52.11	1621	58.11	41.89	120	71.67	28.33	1891	64.25	35.75			
WASHINGTON	12531	41.45	58.55	5030	55.33	44.67	761	65.31	34.69	6152	51.37	48.63			
WATONWAN	1725	36.58	63.42	1445	63.94	36.06	80	80.00	20.00	1455	68.59	31.41			
WILKIN	1191	35.52	64.48	813	71.71	28.29	91	54.95	45.05	1142	66.29	33.71			
WINONA	4808	41.99	58.01	4102	57.56	42.44	426	75.35	24.65	7146	58.09	41.91			
WRIGHT	5125	43.67	56.33	3347	61.70	38.30	249	70.28	29.72	3543	61.08	38.92			
YELLOW MEDICINE	1854	33.66	66.34	1445	68.51	31.49	100	69.00	31.00	1524	73.49	26.51			

Marriages

The statistics supplied by the Minnesota Department of Health, Division of Vital Statistics, do not contain consistent age breakdowns between the years 1965 and 1970, which makes it difficult to interpret any trends in age of marriage. For the period 1965-70, the information does show that there was no increase in the percentage of women married by age 24. Three-quarters of all women married in a year are under that age. There was a slight increase in the number of men married before age 24, from 63 percent in 1965 to 66 percent in 1970.

Table 15. Marriage age in Minnesota, 1965 and 1970\* (This is a cross index table. Each cell represents the number of marriages between a bride and groom of a specific age.)

Age of bride	1965									
	Age of groom									
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
15-19	2,325	5,767	636	87	24	15	2	1	3	1
20-24	330	7,974	2,914	524	174	46	23	9	3	1
25-29	8	300	—	—	—	—	—	—	—	—
30-34	—	23	—	—	—	—	—	—	—	—
35-39	—	4	—	—	—	—	—	—	—	—
40-44	—	1	—	—	—	—	—	—	—	—

Total brides, 1965: 26,472  
 Brides 24 years and under, 1965: 20,861  
 Percentage of total brides 24 years and under, 1965: 78

Total grooms, 1965: 26,472  
 Grooms 24 years and under, 1965: 16,736  
 Percentage of total grooms 24 years and under, 1965: 63

Table 15 (continued). Marriage age in Minnesota, 1965 and 1970 (This is a cross index table. Each cell represents the number of marriages between a bride and groom of a specific age.)

Age of bride	1970												
	Under 18	18-19	20	21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-65	65+
Under 18	2	749	228	376	41	8	.1	—	—	1	—	—	1
18-19	10	2,514	1,659	3,639	602	19	27	5	3	1	2	—	1
20	2	395	824	2,724	506	81	16	3	1	3	—	—	3
21-24	11	175	423	6,464	2,690	467	128	43	16	8	2	—	2
25-29	1	6	14	430	—	—	—	—	—	—	—	—	—
30-34	1	1	1	43	—	—	—	—	—	—	—	—	—
35-39	—	—	—	9	—	—	—	—	—	—	—	—	—
40-44	2	—	—	1	—	—	—	—	—	—	—	—	—
45-49	—	—	—	—	—	—	—	—	—	—	—	—	—
55-59	—	1	1	1	—	—	—	—	—	—	—	—	—
65+	1	1	1	1	—	—	—	—	—	—	—	—	—
Total brides, 1970: 31,290					Total grooms, 1970: 31,290								
Brides 24 years and under, 1970: 24,943					Grooms 24 years and under, 1970: 20,727								
Percentage of total brides 24 years and under, 1970: 79					Percentage of total grooms 24 years and under, 1970: 66								

\* Minnesota Department of Health, Division of Vital Statistics  
 Note: This chart includes figures only for the age group we are concerned with (9-22).

### Aid to Families of Dependent Children

The recent Minnesota Public Welfare Department study on AFDC (table 16) indicates that half the children receiving benefits under the AFDC program in 1970 were over the age of 9. Mothers under the age of 22 receiving AFDC payments accounted for only 11 percent of the mothers receiving such payments. Fathers under the age of 22 receiving AFDC payments for their children accounted for only 3 percent of the fathers receiving such payments.

A breakdown by race of the children who benefited from AFDC payments in Minnesota in 1970 shows that 87 percent of such children were white, 8 percent were black, and 5 percent were American Indian (table 17).

Table 16. Age distribution of mothers receiving AFDC payments, by race, Minnesota, 1970\*

Age	Race					Total by age	Percentage of total AFDC mothers all ages
	White	Black	Indian	Other	Unknown		
18	90	—	—	—	—	90	0.30
19	448	90	90	—	—	628	2.20
20	269	179	—	—	90	538	1.90
21	986	179	—	—	90	1,255	4.40
22	628	—	—	—	90	718	2.50
Total 18-22 years	2,421	448	90	—	270	3,229	11.30
Total AFDC mothers	22,145	1,972	1,614	179	2,869	28,779	100

\* Minnesota Department of Public Welfare, Minnesota AFDC Study, January 1971  
 Note: Mothers under 22 accounted for 3,229 or 11.3 percent of the mothers of children receiving AFDC payments. Fathers under 22 numbered 897 and accounted for 3.1 percent of the fathers in families receiving AFDC payments.

Table 17. Age distribution of children in AFDC families, by race of payee, Minnesota, 1970

Age	Race					Total by age	Percentage of total children all ages receiving AFDC
	White	Black	Indian	Other	Unknown		
9	3,945	269	90	—	179	4,483	6.1
10	3,586	269	90	90	359	4,394	6.0
11	3,945	448	448	—	448	5,289	7.2
12	2,690	538	269	—	359	3,856	5.3
13	3,586	179	90	90	359	4,304	5.9
14	2,510	359	179	90	628	3,766	5.1
15	2,241	179	90	—	179	2,689	3.7
16	3,317	269	269	90	448	4,393	6.0
17	1,614	269	90	—	179	2,152	2.9
18	717	90	—	—	—	807	1.1
19	—	—	—	—	—	—	—
20	—	—	—	—	—	—	—
Total 9-20 years	28,151	2,869	1,615	360	3,137	36,132	49.2
Total children	53,302	6,007	3,317	717	7,083	73,426	100

\* Minnesota Department of Public Welfare, *Minnesota AFDC Study*, January 1972

Note: Children below the age of 9 numbered 37,305 and accounted for 50.8 percent of the total number of children in families receiving AFDC payments.

### Foster Care and State Guardianship of Adolescents

Available statistics on foster care are not broken down into age categories, making them unsuitable for this study. Between 1965 and 1970, state wards accounted for a declining percentage of the total number of foster children in the state. The decline in state guardianship of foster children was from 26.6 percent in 1965-66 to 21.0 percent in 1969-70. The length of time state wards stayed in foster homes also declined, from an average of 271 days in 1965-66 to 257 days in 1969-70. This trend was in the opposite direction for mentally retarded and nonstate ward children, who spent more time under foster care. The figures show that youths 12-22 years old constitute a small percentage of state wards.

Table 18. Children committed to state guardianship, Minnesota, 1970-71\*

Age	Total number of children	Number of males	Number of females
Under 2	316	155	161
2-3	46	25	21
4-8	74	45	29
9-13	43	26	17
14 years and older	55	24	31
Total	534	275	259

\* Minnesota Department of Public Welfare, *Annual Report: Children Under State Guardianship as Dependent Neglected, 1970-1971*

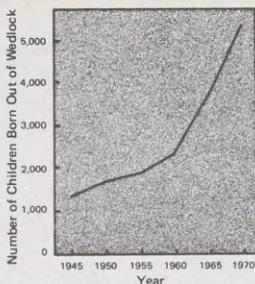


Figure 2. Number of children born out of wedlock, by year, Minnesota

### Unwed Mothers

Most statistics concerning unwed mothers are not broken down by age. However, it was reported that in fiscal year 1970, nearly 60 percent of all unwed mothers in Minnesota were under 25. With some reservations then, many of the other statistics concerning unwed mothers probably are relevant to the age group with which we are concerned (12-22). Available statistics show that the number of births out of wedlock nearly quadrupled between 1945 and 1970 (figure 2). In the period since 1960, the number has more than doubled. Not only has the number of births to unwed mothers increased, but births to unwed mothers represent a larger proportion of all live births. According to the Minnesota Department of Public Health, the ratio of births to married mothers to the number for unwed mothers was 34:1 in 1960. By 1970 this figure had decreased to 12:1 (table 19).

Unwed mothers 17-20 years old represented the largest group of unwed mothers in 1970 (table 20).

Table 21 shows that the proportion of births to unwed mothers of any one age group has almost uniformly risen for all races, although the Department of Public Health reports that American Indians and blacks consistently have a higher proportion of children born out of wedlock compared to total children born.

Table 22 shows the place of residence in 1970 for unwed mothers in Minnesota under the age of 24.

Table 19. Births in and out of wedlock, Minnesota, 1960-71\*

Year	Number of births in wedlock	Number of births out of wedlock	Ratio of births to wed mothers/ births to unwed mothers
1960	85,105	2,525	35:1
1961	83,826	2,737	32:1
1962	81,952	2,965	29:1
1963	77,296	3,226	25:1
1964	73,549	3,655	21:1
1965	67,112	3,766	19:1
1966	62,618	4,158	16:1
1967	59,924	4,407	15:1
1968	59,706	4,916	13:1
1969	60,869	5,063	13:1
1970	62,842	5,526	12:1
1971 (6 months)	30,803	2,553	12:1

\* Minnesota Department of Public Health (Figures for 1970 and 1971 are provisional.)

Table 20. Age of unwed mothers, Minnesota, 1970\*

Age of unwed mothers at confinement	Number of unwed mothers
12-16	560
17-20	2,645
21-24	1,440
Total unwed mothers, all ages, 1970	5,400

\* Minnesota Department of Public Welfare, Annual Report: Children Born Out of Wedlock, 1970-1971

Table 21. Comparison of proportion of children born out of wedlock to total number of children born, by race and age of mother, Minnesota, 1970 and 1965\*

Race	Children born out of wedlock (BOW) compared to total children born (TCB)					
	To women under 15†		To women 15-19		To women 20-24	
	Ratio BOW/TCB	Percent BOW	Ratio BOW/TCB	Percent BOW	Ratio BOW/TCB	Percent BOW
	1970					
White	22/25	88	2,186/7,804	28	1,953/25,565	7
American Indian	5/5	100	129/217	59	101/320	31
Negro	8/8	100	221/303	72	177/390	45
Other	0/0	0	4/14	28	4/67	5
	1965					
White	26/27	96	1,332/6,740	19	1,248/24,310	5
American Indian	2/2	100	93/184	50	81/284	28
Negro	8/8	100	91/161	56	71/255	27
Other	0/0	0	4/16	25	5/37	13

\* Minnesota Department of Public Health, Division of Vital Statistics

† Most children born to women under the age of 15 are born out of wedlock.

Table 22. County of residence and age of unwed mothers under 25, Minnesota, fiscal 1970\*

Age	County of residence				
	Hennepin	Ramsey	St. Louis	Rural	Out of state
12	—	—	1	—	—
13	4	1	—	4	—
14	8	9	2	12	3
15	38	26	10	63	6
16	93	54	28	127	26
17	186	91	34	236	19
18	202	102	31	275	57
19	199	119	36	277	72
20	170	123	32	232	78
21-24	546	232	65	428	130
Total under 25†	1,446	757	239	1,652	391

\* Minnesota Department of Public Welfare, Annual Report: Children Born Out of Wedlock, Fiscal Year 1970-1971

† N = 4,485

### Juvenile Court Activity

Juvenile courts processed over 13,000 petitions in 1970. Figure 3 gives an overall view of the disposal of these petitions. Tables 23 and 24, which contain figures for 1965 and 1970, indicate a dramatic rise in the number of petitions handled by the rural juvenile courts, contrasted with an actual drop in petitions brought before Hennepin, Ramsey, and St. Louis County Juvenile Courts in 1970 compared to 1965. These changes may reflect a shift in population to Twin Cities suburban counties, which are included in the data for rural counties.

Table 25 shows that in urban counties in 1965, over one-fourth of all cases had to be held over until 1966. The table also shows that rural counties committed a higher percentage of youth to the state Youth Conservation Commission (YCC) than did urban counties. Urban counties committed young people to county institutions more frequently than did rural counties; rural counties usually have no such facilities. There was a slight trend from 1965 to 1970 for rural courts to use probation less often than urban counties. Rural courts dismissed about 20 percent of all petitions brought before them, while urban courts dismissed only 7-8 percent.

The types of charges on which a boy was brought before juvenile court (table 26 and figures 4 and 5) were predominantly for crimes against property: burglary, theft, auto theft, forgery, receiving stolen goods, vandalism, tampering, trespassing, fraud, and arson. Girls most often appeared before the court for juvenile crimes, those acts that are considered delinquent only for the juvenile. They include violations of liquor laws, truancy, runaway, curfew, be-

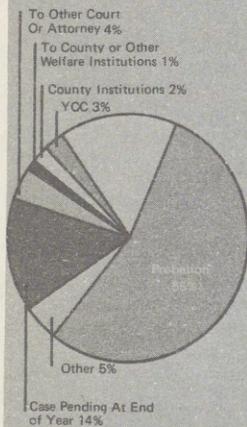


Figure 3. Disposition of juvenile court petitions, Minnesota, 1970

havior injurious to self, and incorrigibility. Fewer charges were made for crimes against others: homicide, rape, robbery, assault, sex offense, disorderly conduct, and bomb threats. The category other includes violations of drug laws. The figures available did not specify whether drug law violations were for possession of drugs or for intent to sell.

Figure 4. Juvenile court charges, Hennepin, Ramsey, and St. Louis Counties, Minnesota, 1970

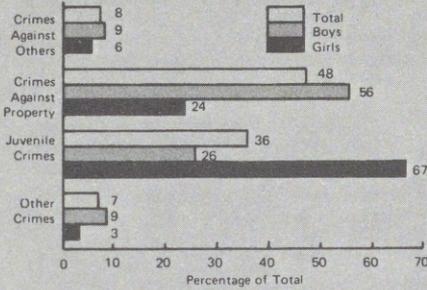


Figure 5. Juvenile court petitions, 84 rural counties, Minnesota, 1970

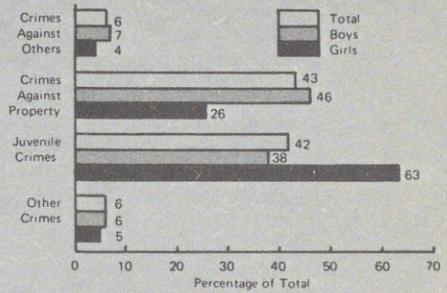


Table 23. Juvenile court petition disposal, Minnesota, 1965 and 1970\*

Petitions disposed of during year	Rural counties (N = 84)						Hennepin, Ramsey, St. Louis Counties 1965			Hennepin, St. Louis Counties 1970†		
	1965		1970		1970		Boys	Girls	Total	Boys	Girls	Total
Dismissed	1,112	187	1,299	1,424	324	1,766	317	69	386	199	76	275
Referred to district city attorney	685	80	765	302	8	310	137	25	161	192	61	253
Committed to YCC	233	39	272	228	50	278	105	20	125	63	20	83
Committed to county institutions	6	2	8	30	—	30	219	—	219	151	48	199
Placed under custody												
County welfare board	—	—	—	46	51	97	—	—	—	21	24	45
Other institutions	—	—	—	10	1	11	—	—	—	7	8	15
Placed on court probation	2,854	446	3,300	3,816	672	4,488	2,481	649	3,130	2,141	469	2,610
Petitions pending, end of year	343	45	388	1,007	119	1,126	1,279	289	1,568	724	39	763
Other	566	136	702	526	119	645	184	49	233	10	1	11
Total	4,799	935	5,734	7,389	1,362	8,751	4,722	1,101	5,823	3,508	746	4,254

\* Minnesota Department of Corrections, Division of Research and Planning, County Juvenile Court and Probation Office Reports: 84 Rural Counties, 1965, 1970; Hennepin, Ramsey, St. Louis Counties, 1965; and Hennepin, St. Louis Counties, 1970.  
 † Ramsey County statistics not available for 1970.

Table 24. Juvenile court probation sources, Minnesota, 1965 and 1970\*

Juvenile court probations	Rural counties (N = 84)						Hennepin, Ramsey, St. Louis Counties 1965			Hennepin, St. Louis Counties 1970†		
	1965		1970		1970		Boys	Girls	Total	Boys	Girls	Total
Continued from previous year	1,567	289	1,856	4,568	834	5,402	2,164	505	2,669	2,194	278	2,472
Placed on probation	2,656	409	3,065	3,349	603	3,952	2,598	653	3,251	1,175	279	1,454
Transferred for supervision	55	12	67	76	22	98	509	4	513	362	152	514
Total	4,278	710	4,988	7,993	1,495	9,452	5,271	862	6,123	3,731	708	4,439

\* Minnesota Department of Corrections, Division of Research and Planning, County Juvenile Court and Probation Office Reports: 84 Rural Counties, 1965, 1970; Hennepin, Ramsey, St. Louis Counties, 1965; and Hennepin, St. Louis Counties, 1970.  
 † Ramsey County statistics not available for 1970.

Table 25. Percentage of types of disposals of juvenile court petitions, Minnesota, 1965 and 1970

Petitions disposed of during year	Rural counties (N=64)		Hennepin, Ramsey, St. Louis Counties†	
	1965	1970	1965	1970
	Percent			
Pending, end of year	6.71	12.87	26.93	17.94
Committed to county institutions	1.4	.34	3.76	4.68
Committed to YCC	4.14	3.18	2.15	1.95
Placed on probation	57.55	51.29	53.75	61.35
Dismissed	23.00	20.00	7.00	6.00

\* Minnesota Department of Corrections, Division of Research and Planning, County Juvenile Court and Probation Office Reports, 64 Rural Counties, 1965, 1970; Hennepin, Ramsey, St. Louis Counties, 1965; and Hennepin, St. Louis Counties, 1970.

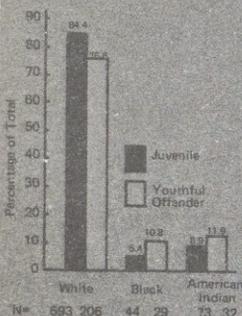
† Ramsey County statistics not available for 1970.

Table 26. Juvenile court petitions, by charge, Minnesota, 1965 and 1970\*

Charge	Rural counties (N=64)						Hennepin, Ramsey, St. Louis Counties†					
	1965			1970			1965			1970		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Homicide	3	—	3	2	—	2	1	—	1	2	—	2
Rape	2	—	2	4	—	4	—	—	—	3	—	3
Robbery	19	—	19	13	2	15	32	1	33	40	2	42
Assault	133	3	136	167	33	200	167	14	181	128	29	157
Burglary	327	6	333	586	19	605	416	10	426	309	10	319
Theft and larceny	1,074	36	1,110	1,225	60	1,285	521	83	604	499	55	554
Shoplifting	200	91	291	273	181	454	34	42	76	61	65	126
Auto theft	313	24	337	306	20	326	607	15	622	461	29	490
Forgery	59	14	73	62	14	76	15	9	24	18	19	37
Receiving stolen property	27	—	27	41	3	45	123	16	139	88	13	101
Arson	19	1	20	30	1	31	12	1	13	12	—	12
Sex offense (not rape)	42	19	61	37	2	39	46	16	62	20	4	24
Liquor laws	1,472	258	1,730	2,035	408	2,493	678	128	806	289	26	295
Drug laws	17	—	17	187	31	218	1	2	3	131	28	159
Disorderly conduct	227	17	244	248	15	263	130	5	135	60	19	79
Vandalism	597	24	621	430	22	452	162	8	170	91	3	94
Traucancy	77	59	136	180	78	258	111	87	198	125	96	221
Incorrigibility	118	125	243	145	117	262	144	66	210	76	135	211
Runaway	39	62	121	72	127	199	143	225	368	224	341	565
Curfew and loitering	60	37	97	106	79	185	24	20	44	14	7	21
Traffic (not parking violations)	134	10	144	74	18	92	63	3	66	77	4	81
Game laws	—	—	—	114	6	120	—	—	—	3	0	3
Tampering (auto)	—	—	—	34	3	37	—	—	—	82	17	99
Bomb threat	—	—	—	—	—	—	—	—	—	1	0	1
Trespassing	—	—	—	—	—	—	—	—	—	10	0	10
Behavior injurious to self	—	—	—	—	—	—	—	—	—	6	7	13
Fraud	—	—	—	—	—	—	—	—	—	7	6	13
Contempt	—	—	—	—	—	—	—	—	—	63	1	64
Other	8	28	36	252	32	284	82	19	101	44	4	48
Total	4,967	834	5,801	6,673	1,271	7,941	3,512	770	4,282	2,924	919	3,843

\* Minnesota Department of Corrections, Division of Research and Planning, County Juvenile Court and Probation Office Reports, 64 Rural Counties, 1965, 1970; Hennepin, Ramsey, St. Louis Counties, 1965; and Hennepin, St. Louis Counties, 1970.

† Information on juvenile court activity in Ramsey County in 1970 was obtained from the Ramsey County Court Service.



### Commitments to Institutions for Delinquents

The statistics for this section were drawn from a comprehensive report by the Minnesota Corrections Department, Division of Research and Planning, entitled *Characteristics of Populations Under Supervision of the Institutions and Field Services—July 1, 1969-June 30, 1970*.

The Minnesota Corrections Department, through the YCC, operates several facilities for juveniles in the state: the Minnesota Reception and Diagnostic Center at Lino Lakes for boys and girls; the State Training School for Boys at Red Wing; the Minnesota Home School at Sauk Center for females and younger male juveniles; and camps near Sandstone, Togo, and Willow River. The Department of Corrections operates two facilities for youthful offenders: a reception center for men at the St. Cloud Reformatory and a similar reception center for women at the Minnesota Correctional Institution at Shakopee.

Figure 6. Juvenile and youthful offender commitments by court to State Board of Corrections, by race, Minnesota, 1970

Table 27 gives a breakdown of age and sex distribution for juvenile and youthful offenders committed to the YCC in the fiscal year 1969. Legally, a juvenile is a youth up to the age of 18, and a youthful offender is between 18 and 24. As table 27 shows, there actually is some overlap in ages between the two categories.

The racial makeup of the institutional population described in table 28 and figure 6 shows that there were more blacks and American Indians in the youthful offender populations than in the juvenile population.

Figures 7 and 8 show the distribution of acts committed by young people who have been committed to the YCC. These graphs are based on the admission offenses presented in tables 29 and 30. The largest percentage of juveniles committed were arrested for acts considered delinquent for juveniles: drinking, curfew violations, etc. Among youthful offenders this category dropped to almost zero.

Figure 7. Juveniles in state correctional institutions, by offense, Minnesota, 1969-70

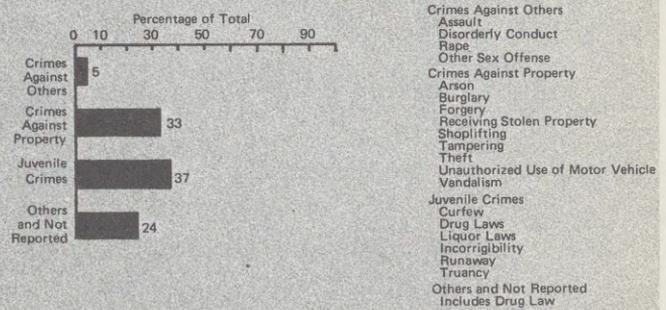


Figure 8. Youthful offenders in state correctional institutions, by offense, Minnesota, 1969-70

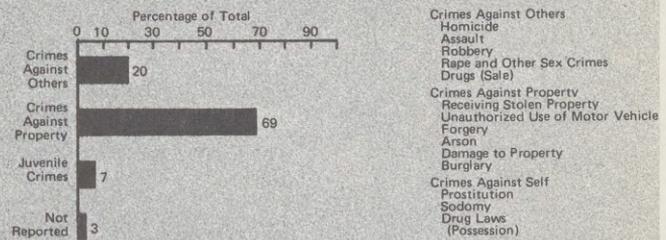


Table 27. New court commitments, by age description, Minnesota, 1969-70\*

	Juvenile	Youthful offender
	Number	Number
Male	620	265
Female	201	4
Total	821	269
Age distribution	Years	Years
Median	15.4	19.0
Mean	15.3	19.0
Mode	15.0	18.0
Range	11-18	16-23

\* Minnesota Department of Corrections, Division of Research and Planning, Characteristics of Populations Under Supervision of the Institutions and Field Services—July 1, 1969-June 30, 1970

Table 28. New court commitments, by race, Minnesota, 1969-70\*

Juvenile	Boys	Girls	Total	Percentage
White .....	529	164	693	84.4
Black .....	35	9	44	05.4
American Indian .....	45	28	73	08.9
Spanish American .....	6	—	6	00.7
Other .....	5	—	5	00.6
<b>Total .....</b>	<b>620</b>	<b>201</b>	<b>821</b>	<b>100.0</b>

Youthful offender	Men	Women	Total	Percentage
White .....	203	3	206	76.6
Black .....	29	—	29	10.8
American Indian .....	31	1	32	11.9
Spanish American .....	2	—	2	00.7
Other .....	—	—	—	—
<b>Total .....</b>	<b>265</b>	<b>4</b>	<b>269</b>	<b>100.0</b>

\* Minnesota Department of Corrections, Division of Research and Planning, *Characteristics of Populations Under Supervision of the Institutions and Field Services—July 1, 1969-June 30, 1970*

Table 29. Admission offense for new commitments, juveniles, Minnesota, 1969-70\*

Offense	Boys	Girls	Total	Total percentage of all commitments
Arson .....	5	—	5	0.6
Assault .....	29	2	31	3.8
Burglary .....	67	3	70	8.5
Curfew .....	7	1	8	1.0
Disorderly conduct .....	4	—	4	0.5
Drug laws .....	8	2	10	1.2
Forgery .....	15	1	16	2.0
Incorrigibility .....	45	45	90	11.0
Liquor laws .....	27	5	32	3.9
Rape .....	3	—	3	0.4
Other sex offenses .....	2	—	2	0.2
Receiving stolen property .....	2	—	2	0.2
Runaway .....	84	55	139	16.9
Shoplifting .....	4	5	9	1.1
Tampering .....	10	—	10	1.2
Theft .....	97	6	103	12.6
Traffic .....	1	—	1	0.1
Truancy .....	27	11	38	4.6
Unauthorized use of motor vehicle .....	48	4	52	6.3
Vandalism .....	7	—	7	0.9
Other .....	119	56	175	21.3
Not reported .....	9	5	14	1.7
<b>Total .....</b>	<b>620</b>	<b>201</b>	<b>821</b>	<b>100.0</b>

\* Minnesota Department of Corrections, Division of Research and Planning, *Characteristics of Populations Under Supervision of the Institutions and Field Services—July 1, 1969-June 30, 1970*

Table 30. Admission offense for new commitments, youthful offenders, Minnesota, 1969-70\*

Offense	Male	Female	Total	Percentage
<i>Homicides</i>				
Criminal negligence .....	1	—	1	0.4
Manslaughter, 1st degree .....	5	—	5	1.9
Manslaughter, 2nd degree .....	1	—	1	0.4
Murder, 3rd degree .....	2	—	2	0.7

Table 30 (continued). Admission offense for new commitments, youthful offenders, Minnesota, 1969-70

Offense	Male	Female	Total	Percentage
<i>Crimes against persons</i>				
Aggravated assault	6	—	6	2.2
Aggravated robbery	17	—	17	6.3
Simple robbery	12	—	12	4.5
<i>Thefts</i>				
Receiving stolen property	9	—	9	3.3
Theft	32	—	32	11.9
Unauthorized use of motor vehicle	35	—	35	13.0
<i>Forgery</i>				
Aggravated forgery	12	—	12	4.5
Forgery	—	1	1	0.4
<i>Damage to property</i>				
Aggravated arson	1	—	1	0.4
Aggravated damage to property	2	—	2	0.7
Burglary	92	—	92	34.2
<i>Sex offenses</i>				
Carnal knowledge	2	—	2	0.7
Indecent assault	4	—	4	1.5
Prostitution (gross misdemeanor)	—	1	1	0.4
Rape	2	—	2	0.7
Sodomy	4	—	4	1.5
<i>Drug law</i>				
Illegal sale	1	—	1	0.4
Illegal possession	12	—	12	4.5
Illegal possession (gross misdemeanor)	3	1	4	1.5
<i>Miscellaneous</i>				
Escape from custody on felony conviction	2	—	2	0.7
Not reported	8	1	9	3.3
<b>Total</b>	<b>265</b>	<b>4</b>	<b>269</b>	<b>100.0</b>

\* Minnesota Department of Corrections, Division of Research and Planning, *Characteristics of Populations under Supervision of the Institutions and Field Services—July 1, 1969-June 30, 1970*

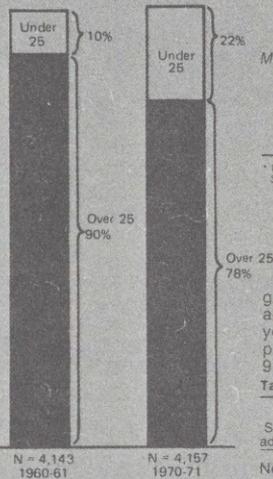


Figure 9. Percentage of people under age 25 entering state mental hospitals, Minnesota, 1960-61 and 1970-71

### Mental Hospital Admissions

Statistics available on admissions to state mental hospitals are not categorized consistently for the years 1960 and 1970. However, they do show that admissions for people under the age of 25 roughly doubled during those 10 years (table 31). In 1960, patients under 25 accounted for 10 percent of the total patient population, whereas in 1970 they accounted for 22 percent of it (figure 9).

Table 31. State mental hospital admissions, people under 25, Minnesota, 1960-61 and 1970-71\*

Source of admittance	Number of people 25 years and under 1960-61	Number of people 25 years and under 1970-71
New admissions	363	822
Returns from provisional discharge	61	15
Transfers from other institutions	—	81
<b>Total</b>	<b>424</b>	<b>918</b>
<b>Total patients all ages†</b>	<b>4,143</b>	<b>4,157</b>
<b>Percentage of all patients</b>		
25 years and under	10	22

\* Minnesota Department of Public Welfare, Division of Medical Services, Statistics Section

† Inebriates not included

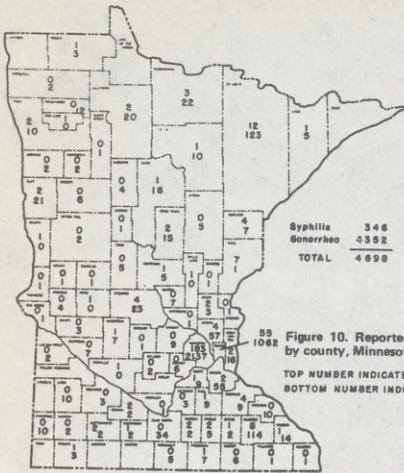


Figure 10. Reported cases of venereal disease, by county, Minnesota, 1970

TOP NUMBER INDICATES SYPHILIS  
BOTTOM NUMBER INDICATES GONORRHEA

### Venereal Disease

Available statistics on venereal disease do not separate youth (ages 12-22) from what has been called the young adult. But figures on venereal disease do show that the number of syphilis cases in Minnesota did not rise greatly, while the number of gonorrhea cases more than doubled during 1964-70 (tables 32 and 33). Most cases of both syphilis and gonorrhea are contracted by people under the age of 29. Those in the older group, ages 20-29, contract these diseases two to three times more often than those in the younger group, ages 10-19. Figure 10 shows that the incidence of venereal disease in rural counties was lower than the incidence in urban counties in 1970.

Table 32. New cases of early syphilis, by age, Minnesota, 1964-70\*

	1964	1965	1966	1967	1968	1969	1970
Age							
0-9 .....	0	0	0	0	0	0	0
10-19 .....	17	9	16	14	13	7	13
20-29 .....	61	51	25	50	43	42	62
Total cases (all ages) .....	164	124	71	94	96	96	111
Percentage of all cases contracted by those 10-19 ...	10	7	22	16	14	7	12
Percentage of all cases contracted by those under 29 ..	47	48	57	30	58	51	67

\* Minnesota Department of Health, Division of Disease Prevention and Control, *Venereal Diseases in 1970*

Table 33. New cases of gonorrhea, by age, Minnesota, 1964-70\*

	1964	1965	1966	1967	1968	1969	1970
Age							
0-9 .....	2	6	8	8	6	5	5
10-19 .....	321	361	414	604	590	901	895
20-29 .....	1,147	1,273	1,367	1,710	1,852	2,269	2,566
Total cases (all ages) .....	2,020	2,254	2,417	3,038	3,316	3,978	4,352
Percentage of all cases contracted by those 10-19 ...	16	16	17	20	18	23	21
Percentage of all cases contracted by those under 29 ..	73	73	74	76	74	80	80

\* Minnesota Department of Health, Division of Disease Prevention and Control, *Venereal Diseases in 1970*

## Census Data Definitions\*

- EMPLOYED:** civilians 14 and over who during the reference week were either "at work" (did any work for pay or profit or worked without pay for 15 hours or more on a family farm or business) or "with a job, but not at work" (were temporarily absent because of reasons such as illness, vacation, etc.).
- POVERTY LEVEL:** determined using poverty index adopted by a Federal Inter-agency Committee in 1969. This index takes into account factors of family size, number of children, and farm-nonfarm residence as well as amount of dollar income. The poverty level is based on an economy food plan designed by the U.S. Department of Agriculture for "emergency or temporary use when funds are low." The definition assumes that a family is classified as poor if its total dollar income amounts to less than approximately three times the cost of the "economy" food plan. These cutoff levels are updated every year to reflect changes in the consumer price index.
- RACE:** refers to the division of the population into white, Negro, and several other racial categories. These racial categories do not correspond to strict scientific definitions. Persons were asked to indicate their race by selecting one of the following: white, Negro or black, Indian (American), Japanese, Chinese, Filipino, Hawaiian, Korean, or other (specify). Written entries in the "other" category were checked against a list of possible entries. This list indicates whether the written entry should remain in the "other" category or be correctly classified in one of the printed categories. If the written entry does not appear on the list, the entry remains in the "other" category.
- RURAL FARM (RF):** persons residing on places of 10 or more acres from which sales were made of crops, livestock, and other farm products amounting to \$50 or more in the previous year.
- RURAL NONFARM (RNF):** persons residing in rural territory, but not on farms.
- UNEMPLOYED:** civilians 14 years and over who were neither at work nor "with a job, but not at work" within the past 4 weeks and were "available for work" during the reference week. Persons waiting to be called back to a job from which they had been laid off or who were waiting to report to a new wage or salary job within 30 days were counted among the unemployed.
- URBAN:** all incorporated and unincorporated places of 2,500 or more inhabitants.

\* Taken from 1970 Census Users Guide. U.S. Bureau of the Census. Government Printing Office, Washington, D.C. 1970.

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(From "Transient Youth," Report of an Inquiry in the Summer of 1969 by the Canadian Welfare Council, Ottawa, Canada, February 1970)

Chapter Four

YOUTH SPEAK FOR THEMSELVES

REPORT OF INTERVIEWS WITH 119 TRANSIENT YOUTH

One hundred and nineteen individuals from 14 to 24 years of age were interviewed in five cities - Vancouver, Winnipeg, Toronto, Ottawa and Montreal. The aims and scope of this part of the inquiry have already been described both in their original and their modified forms. The appendices include the questionnaire that was used as a guide for interviewers. The interview guide had been pre-tested among young people in the city of Ottawa. Interviews were conducted in French or English.

The interviews took place in several different kinds of location: sometimes on a street such as Yorkville Avenue, Toronto, or a park such as Calais St. Louis, Montreal, or Queen's Park, Toronto, or in a community service centre frequented by youth such as Inner City Service Project and Cool Aid in Vancouver or Trailer and Digger House in Toronto. Co-op houses, feed-ins, hostels and coffee shops were also used for interviews as well as the interviewer's home and the offices of underground newspapers.

Twenty-four interviews were to be completed in each of the five cities, selected to reflect the prevailing age and sex distribution of youthful transients, so far as this could be determined by the interview supervisor in each city. The total sample as finally completed shows a ratio of approximately 3 males for every 2 females and a modal age of 17 years for the youths interviewed. Fifty-three per cent of the total sample however are 18 years of age or older and only 10 per cent under 16 years. In this youngest age group there are more than twice as many girls as boys, and girls under 16 account for 17 per cent of all females interviewed.

Table 1: Age and Sex Distribution of Youths in Sample, by Place of Interview

Place of Interview	Under 16 yrs.						Total	
	16 - 17		18 - 24					
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
Vancouver		1	5	4	11	3	16	8
Winnipeg	2		6	3	7	5	15	8
Toronto		2	5	5	9	3	14	10
Ottawa		3	2	2	12	5	14	10
Montreal	1	2	5	2	7	7	13	11
Total	3	8	23	16	46	23	72	47

A further consideration in the selection of the sample was the inclusion of several different types of transients, summarized for purposes of the study as follows:

- (a) students travelling during the summer months and with the intention of returning to school or university;
- (b) young persons for whom travelling has become a way of life;
- (c) runaways - minors who have left home without the approval of their parents;
- (d) young persons seeking accommodation while they look for employment.

Only those youths who expressed a definite intention to return to school or university in the fall of 1969 were classified as students and these accounted for 16 per cent of the youths interviewed. Thirteen of these were in Grades 8 to 13 and the remaining six were attending university. As might be expected, some of the youth were vague about their plans for returning to school and it is probably that some those who expressed no intention of returning to school nevertheless did so at the end of the summer. The fact that many of the interviews took place in September is important since by that time many young travellers had disappeared from the roads and returned to their homes, to school or to jobs. Thus the group that was interviewed contained a relatively high proportion of longer term transients and of young people with problems, and cannot be regarded as a truly representative cross-section of all youthful transients.

Place of origin of youth in the sample included all provinces with the exception of some of the Maritimes, together with the United States, Europe and Australia. The majority were from Ontario and Quebec, followed by the United States.

Table 2: Place of Origin of Youth

Place of Origin	City in Which Interviewed					Total
	Vancouver	Winnipeg	Toronto	Ottawa	Montreal	
British Columbia	3	4	1	-	1	9
Alberta	1	4	1	-	-	6
Saskatchewan	1	2	2	-	-	5
Manitoba	-	5	3	1	1	10
Ontario	7	6	7	16	3	39
Quebec	7	1	1	3	11	23
Atlantic Provinces	-	1	1	1	1	4
United States	4	-	4	2	6	16
Europe & Australia	1	-	4	1	1	7
<b>Total</b>	<b>24</b>	<b>23</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>119</b>

## SAMPLE IMPRESSIONS FROM INTERVIEWERS

The interviewers, who were themselves young people, recorded their impressions of the youth they interviewed. Examples of their impressions follow:

"When first meeting him, he is likeable and sociable and seems like someone one has met in college. He does not hesitate to join in group discussions or to clown with other long-haired people but does not come on too strong. I think that he likes to think of himself as a natural person and he probably for the most part is. During the interview he came on sort of like a saint and it may be true but I don't think so; I think he is acting out a fantasy."

"He was a shy, quiet fellow with a naive approach to life. He hadn't really asked himself the basic questions re life, truth and so on. He did seem reasonably confident of making something of himself once he had got the travelling bug out of his system."

"He is a fairly average transient. He seems to be neither happy nor unhappy. He seems to be bored but apparently less so than when he was at home. He would rather be doing nothing with other kids than doing nothing alone. Seems to have little motivation, fair intelligence. Didn't seem to be interested in the interview, but was cooperative, anyway, probably to repay me for eating and sleeping here a couple of nights. He is a considerate crasher."

"Bright, humorous, sensitive. At time of interview rather lethargic, thought some of the questions to be meaningless. At the beginning he saw the interview as a joke, but towards the end he became very serious and insisted on writing the answer to one of the questions himself. Basically together - no deep problems, seems genuinely happy. He is a student just bumming for the summer."

"He is a fairly average transient. Probably a bit more intelligent than the majority, but not intellectual. Seems to have little motivation but seems fairly happy. He does not take care of himself too well: his clothes are quite dirty, etc., but he is a considerate crasher. He seemed to enjoy the interview quite a bit because he likes rapping (talking) and also because we were listening to rock music."

"Disadvantaged from the start; has never had family ties. Must as well constantly bear the cross of being black."

"He was a fairly slow thinker and the questions had to be further explained and expanded to get any kind of response. He was not verbal, but loosened up more as the interview progressed. Thought interview was good, but he would add the questions: 'Have drugs affected your way of life? Have you messed up your mind with them?' Very good questions I think."

"Hardworking. Deeply believes in the fact that in life one must work. Travels are more hopes than realities for him."

"He seems to me to be very confused and not very happy, although he tries to give the opposite impression. He has an air of pathos and helplessness about him, and always appears lost. He thought the interview was silly and pointless, but answered the questions because he is, above all, eager to please."

"He was a very articulate person, obviously intelligent and had really taken time to think about who he was and what he wanted from life. He thought the interview was 'typical' - 'what's the use of all the studies, if no one does anything about it', meaning us - young people."

"He did not seem to be particularly intelligent and was not articulate. He was also vague about some factual information. I don't think he was being evasive; just that there seemed to be some confusion in his mind about some things. One word that seems to characterize him is 'vulnerable'. He is not a strong person at all and it seems to me that life just happens to him without his having much control over anything that is affecting him or over his destiny. He seems to have only a vague awareness of anything. When he talked about the pleasures of drug use he was quite child-like."

"He has a great amount of self confidence and a shell which may or may not be covering up internal insecurities. He is friendly and outgoing and possesses enough cool not to be too obnoxious. He seems older than he is. He is not actively cruel but I think he could be cruel by using people (particularly chicks). He seems to be insensitive to their feelings. He is fairly intelligent but does not seem to use his intelligence, and is fairly articulate. He says that he would like to help people but I think that his real motivation is to have an opportunity to power trip although it may be some of both."

"Very, very young - corresponds to what I would term a 'part-time' transient, during the free hours which society offers her."

"She was not particularly bright. Seemed to have a lot of pent up anger, but refused to let it out. Had a very bad persecution complex. She seemed to have a lot of typical 14-year-old problems. She was very stoned and thought the interview was 'groovy'. She did not put much thought into her answers."

"Although she has gone through a lot of bad times, she strikes me now as calmer, more sure of herself, more together than she has ever been before. She was very open in answering my questions. She felt 'the government will never do anything for kids', but was eager to be interviewed because she feels some of her experiences cast a lot of light on how young people are being 'mistreated by those whose job is to help them'."

"She has an innocent kind of unawareness. She is fairly secure with the types of people she associates with, the types of relationships she has, the types of jobs that she will get. The people she associates with are gregarious, mostly from lower middle-class backgrounds and people for whom transiency has become a way of life. However, she seems quite desirous of settling down and seems to want very much to deeply love and be loved by someone."

#### FAMILY BACKGROUND

Families of the youth interviewed are significantly larger than Canadian families generally. Families with five or more children are almost twice as numerous in the sample as in the general population (26.2 per cent compared with 14 per cent), whereas the proportion of smaller families of one and two children is less than half the average for Canada as a whole (25 per cent compared with 56 per cent). This is a finding of some considerable interest but it is unfortunately not possible to assess its full significance within the limits of the present data.

Table 3: Size of Families of Transient Youth\*

<u>Size of Family</u>	<u>No.</u>	<u>%</u>
1 child in family	12	11.2
2 children in family	15	14.0
3 children in family	25	23.4
4 children in family	27	25.2
5 or more children in family	28	26.2
	—	—
Total	107	100.0
	—	—

\*Does not include youth from foster homes.

Information supplied on parents' occupation shows that more than half the fathers of youth in the sample are in managerial, professional and technical occupations as compared with 23 per cent for the population generally. Included in this group are such occupations as lawyer, pediatrician, consultant engineer, architect and bank manager. The next most numerous group, accounting for almost one-fifth of the sample, comprises craftsmen, production process and related workers such as carpenter, electrician, machinist, construction foreman, butcher, welder. (Table 4). Thus, judging from the present sample, youth transiency would appear to be a phenomenon associated primarily with middle and upper income families with no significant differences as between male and female youth.

Table 4: Occupation of Fathers of Transient Youth

Occupational Category	Fathers of Youth in Sample		Family Heads Canada
	No.	%	%
Managerial	25	26.3	14.3
Professional and Technical	27	28.4	8.7
Clerical and Sales	6	6.4	6.3
Service	9	9.5	8.5
Transport and Communication	8	8.4	8.9
Craftsmen, Production Process and Related Workers	18	18.9	34.3
Laborer	2	2.1	5.3
Other	-	-	13.7
<b>Total</b>	<b>95</b>	<b>100.0</b>	<b>100.0</b>

With regard to occupational status, an important distinction between male and female youth in the sample is the significantly higher proportion of working mothers among the girls. Sixty-three per cent of the girls were from families in which the mother worked outside the home as compared with 38 per cent for the boys (Table 5). The high rate of working mothers among female transients in the sample is evidently related to the greater number of such families in which the mother is the sole support (see Table 7).

Table 5: Occupational Status of Mothers of Transient Youth

Mothers' Occupational Status	Boys	Girls	Total
In paid employment:			
Managerial	1	4	5
Professional and Technical	9	8	17
Clerical and Sales	9	10	19
Service	7	1	8
Craftsmen, Production Process and Related Workers	-	3	3
Not employed outside home	41	15	56
<b>Total</b>	<b>67</b>	<b>41</b>	<b>108</b>

In many ways youth transiency may be regarded as another dimension of the high rate of mobility characteristic of families nowadays. Accordingly, the study sought to discover whether any association existed between the propensity for travel and previous exposure of the youth to frequent moves by their family. The evidence from the present study is inconclusive for although the largest single group of youth in the sample were from the most mobile families - those who had moved five times or more - there was an almost equal number of respondents whose families had not moved at all as far as they could recall (Table 6).

Table 6: Family Mobility of Transient Youth

Number of Moves Made by Family	Number of Families		Percentage Distribution
No moves	30		27.5
Once or twice	30		27.5
Three or four times	16		14.7
Five or more times	33		30.3
Total number of families	109		100.0

The significance of the family situation to these youth was evident in the quality and detail of their replies. In many cases, details were included providing a vivid insight into the home experience of the youth: comments on punishment received in the home, foster home situations or alcoholic parents were included. A few respondents added descriptions of the relationship between their parents. There were more who mentioned that their parents were not getting along than those who said that their parents were happy. One described her parents as not speaking to each other for weeks at a time, while the parents of another had discussed divorce regularly but never acted on it. In a few cases it was reported that the parents had separated for short periods of time but were currently living together.

Striking differences are apparent in the family backgrounds of male and female transients. Eight per cent of the boys are from families with only one parent in the home; the proportion increases to 45 per cent among the girls. The families of girls account for more than three-quarters of all the homes with only one parent present in the sample. (In nine of these families, one parent had died and in the others the break-up had occurred through separation or divorce.)

Eight of the youths in the sample had been brought up in foster homes or in a combination of institutions and foster homes. Most of these have had several sets of foster parents and had maintained some sort of contact with their natural parents.

Table 7: Family Composition of Transient Youth

Family Composition	Boys		Girls		All Youths in Sample	
	No.	%	No.	%	No.	%
Both parents in home	61*	84.7	23**	48.9	84	70.6
One parent in home	6	8.3	21	44.7	27	22.7
Foster parents	5	7.0	3	6.4	8	6.7
Total	72	100.0	47	100.0	119	100.0

\*includes 2 families in which one of the parents is a step-parent

\*\*includes 1 family in which one of the parents is a step-parent

Leaving home for most youth does not mean a cutting of all family ties. Some form of communication ranging from visits home to collect telephone calls is maintained. Only 19 per cent of the youth had severed all contact with the family. A few of these are runaways who fear their parents will force them to return. In other cases contact has been abandoned because a meaningful exchange with the family is not possible.

Over half of all youth reported that they maintained regular correspondence with their family by mail, telephone calls or visits. There was a strong impression that many parents accepted, if not wholeheartedly approved, the transient life of the respondent. Almost the entire student group reported such regular contact.

Just over one-quarter of the youth exchanged infrequent and often merely token communication. In most cases, parents were informed, it seems, of major changes in the life of the youth, but there was no detailed exchange of information.

Table 8: Contact with Family

<u>Amount of Contact</u>	<u>No.</u>	<u>%</u>
No contact since leaving	20	19.0
Very little or occasional contact	28	26.7
Fairly regular contact maintained	57	54.3
<u>Total</u>	<u>105</u>	<u>100.0</u>

Questions that were discussed in greater detail were: How do your parents seem to feel about today's youth? What do they think of you? How do you feel about your parents?

These questions produced some impressions of parent-youth relationships. The impressions were necessarily superficial although they varied in depth according to the capabilities of interviewers. Some of the seemingly incompatible statements suggested that interviews in greater depth would have produced different responses, an example being the person who stated that his relationship with his parents was good, that he felt sorry for them and that at 24 years of age he had lost touch with them.

The largest single group said that they loved and were loved by their parents. This fact was stated explicitly in one-third of the interviews. It was implied in other interviews in which parents were called "nice", "kind", "helpful", "tolerant" or where it was said that "we get along well" or "they're O.K." (spoken affectionately, not indifferently) or even where a boy said that his mother loved him but bugged him.

In somewhat over 8 per cent of the interviews, young people said that there was hatred between themselves and their parents. "She claims her parents are always putting down hippies and she feels that they hate her. Claims to have been beaten often. She cannot stand her parents and says she never wants to see them again." In other situations very little is clear except painful ambivalence. "My parents are undecided what to think but they're partially against youth - they think I'm a dead loss - they thought I was strange. They are parents, they're there, I like them as much as possible." Or this statement: "They don't care what happens to me. I love and despise them."

Eight young people had been reared as foster children. Only one spoke warmly of the experience. Two expressed hostility to the foster parents.

Fathers did not fare as well as mothers. Although some were described as "fair" and "tolerant", the following adjectives were also applied: harsh, terrifying, violent, brutal, narrow, unpredictable, moody.

Three or four youths said that they pitied their parents, in two instances because the mother was overburdened by family responsibility, one or two because of the parents' poor behavior and one because the parents were unhappy with each other. In half a dozen instances, the young people said that they knew their parents worried about them because of drugs. Two said that they knew that their parents were disappointed in them.

It is commonplace to say that communications between parents and youth are less than satisfactory. These young people seemed to confirm this idea, although not unanimously. About half a dozen of them seemed to imply that communications were not too bad and these included two or three who spoke of disagreements but gave the impression that the channels of communication were open and friendly, presumably for disagreement as well as agreement. However, many more made comments such as the following: "We have no communication", "I don't know what they think and I don't know how I feel", "They don't know who I am so whatever they think is irrelevant", "Can't make her understand", "Feel separated from parents", "Don't understand me", "My father doesn't know what I'm like", "They don't like hippies but I don't know what they think because I can't talk to them", "My mother's O.K. but with my father it's impossible to communicate."

Most of the young people believed that their parents were antagonistic to long-haired youth and some apparently believed that the antagonism extended to all youth. "Mother is strongly against transients." "Very anti-hippie and they think I'm kind of nuts." Many said that their parents thought that "kids are lazy." Other adjectives were: "ungrateful", "selfish", "too advanced", "stupid", "degenerate" and "sick". One report said: "Her parents think that young people have a distorted sense of values, that they underestimate the importance of security, that they have had it too easy and don't realize the importance of a well-paying job and a stable home. They feel that she herself is particularly guilty of these mistakes."

On the other hand there were some parents who seemed to see things differently. "My mother digs a lot of what's happening and my father is tolerant." "My mother is confused and my father says it's social pressure." "My mother doesn't like long hair but I think she understands me. My father is like a friend but I would never ask anything of him." The different reactions of youth to their parents' attempts at relationship are illustrated in these two responses: "He digs his folks and his dad is growing a beard and letting his hair get longer." On the other hand: "His parents think they are part of today's youth. Apparently he does not agree with his parents' views of themselves. He says he likes them more in spite of than because of their attitudes of pseudo-youthfulness and hip."

Youth occasionally displays tolerance of parents "They are only human and make mistakes." "They are a bit conservative and ultra-moral but that it is to be expected." "His mother is really straight and he figures she can't change and he is willing to let her live her own way if she wants to." "He loves them at a distance."

Almost invariably parents were perceived as conservative. "They are all right, but square." "Loves them but can't be like them." "They are not open minded." "They are phony liberals - they just talk." "They are conservative - same as our society." "Out-moded." "Belong to the past." And here are contrasting viewpoints: The first, "They (the parents) have certain prejudices that youth is flighty and takes too many risks and they are right - but she takes no notice." The second, "Their life has been only fairly satisfactory because they have been immobilized by the system. Religion has forced them to lead a negative life." One youth said that his parents regarded love before marriage as immoral and love after marriage as a duty.

#### SCHOOL EXPERIENCE

With the exception of twelve individuals who had only elementary education, these young people had been or still were in university or high school. Over 60 per cent of the total sample had less than grade 12.

Table 9: Educational Background of Transient Youth

<u>Educational Background</u>	<u>No.</u>	<u>%</u>
Less than High School (Grade 8)	12	
Sub-Total	12	10.3
High School:		
Grade 9	20	
Grade 10	19	
Grade 11	21	
Grade 12	21	
Grade 13	8	
Sub-Total	89	76.7
University:		
First Year	2	
2nd Year	6	
3rd Year	5	
4th Year	1	
Graduate	1	
Sub-Total	15	13.0
Total	116	100.0

In most cases the attitude of the respondents toward the school system was critical or hostile. About 50 per cent of them said they had been in trouble in school. There had been conflicts with teachers, truancy, disputes about hair, neglect of homework, suspensions, expulsions and corporal punishment.

Very few of them believed that students had enough to say with regard to school affairs in general and their study subjects in particular, and of the four or five who did think so, two were Americans. There was some opinion that the situation in Quebec is improving in this respect. Student Council came in for a lot of criticism: it only sponsored dances, its activities were irrelevant to the main interests of youth, its actions could be vetoed by the principal of the school, and the members are prepared to go along with anything their chairmen says.

Among the criticisms of the school system there were many sweeping statements. Respondents "disliked" or "hated" school. "Her attitude was that she hated school...She did very poorly in school... She feels she was picked on constantly by teachers and was always thrown out of class for disruption. She was sent to several guidance counsellors and social workers but she doesn't think they helped her." Or this statement by a boy of 17: "It used to get me down but now I accept what's happening as a laugh."

The most pointed criticisms described the school as boring, restrictive of initiative, freedom and creativity, rigid, regimented and authoritarian, with no thought for the individual. Here are examples: "She feels that the schools are concerned only with the academically inclined students and don't care about those with other talents. Finds most of the curriculum 'useless information'. Feels that rules are too many and too rigid and that this would be true even if students had a voice in making them." A boy of 17 years said "The school system stinks. Textbooks are too rigid - the whole system is too rigid. Students should have more say in everything and especially in what they want to study. Their 'help' opened my eyes to the mentality of institutions."

The charge of irrelevancy was made repeatedly. Courses and subjects were called useless, impractical, and irrelevant to the world outside. It was said (in Ontario) that schools are not changing fast enough and (in Quebec) that reform is 25 years too late. "In guidance classes (Manitoba) they talked about what changes should be made in the school but never was anything done about what the students wanted." In British Columbia, a scholarship winner stated: "I want the school rules to be changed to allow smoking, greater freedom of speech, course selection." This student didn't like the teachers, the films on drugs, or the rules about smoking. This student got into trouble (that is: "the teachers got mad") over instigating petitions, protests and complaints.

There were some comments that could be called favorable toward the schools. Some were related to vocational training that was said to be practical.

One youth said that "the system is not too bad since everybody can't be a freak; you have to have people fit the cogs of society and schools help to do that."

Were students able to get the help that they needed through counselling regarding vocational choices or personal problems? About half of them said that they had had no help. Sometimes these students added that there was nobody to ask, or that relationships with teachers were not such that one would ask. Almost half of the students said that they had had access to help, usually through guidance teachers or psychologists, but the help was unsatisfactory for a variety of reasons. Some said that the helping persons were sympathetic and wanted to help but didn't know how. Some stated that they were given bad advice. A very limited number, possibly 2 per cent, said that they were really helped.

#### THEIR PRESENT SITUATION

Just under half of all the youths have been travelling less than six months and the majority of these are under 18 years of age. Included in this group would be the student summer travellers as well as recent recruits to the transient scene. Fifty-four per cent of youths interviewed had been travelling over six months and more than half of these had been on the road for 2 years or more. Most of these confirmed itinerants are males and 18 years of age or more, but there is a sizable group under 18 years (17 per cent) who have been travelling since they were 14 or 15 years old.

Table 10: Length of Time on the Road

Time on the Road	Youth under 18 years		Youth 18 and over		Total Sample	
	No.	%	No.	%	No.	%
Less than 6 months	30	57.7	22	35.5	52	45.6
6 months - 1 year	7	13.5	9	14.5	16	14.0
1 - 2 years	6	11.5	6	9.7	12	10.5
2 - 3 years	1	1.9	10	16.1	11	9.6
3 years and more	8	15.4	15	24.2	23	20.1
<b>Total</b>	<b>52</b>	<b>100.0</b>	<b>62</b>	<b>100.0</b>	<b>114</b>	<b>100.0</b>

Eighty-three of the youths supplied information on places visited and the broad travel patterns that emerge from their responses are set out in Table 11 below. Over half the youths have confined their travels to Canada but another 31 per cent have visited the U.S.A. and Mexico and some have travelled as far afield as South America and Europe. Within Canada, the most frequented route is the Trans-Canada Highway from Vancouver to Montreal, while only a few branch out into the less populated regions of the North or into the Atlantic provinces.

Table 11: Travel Patterns of Transient Youth

Range of Travel	Male	Female	Total
Between two urban centres or within single metropolitan area in Canada	3	4	7
A few selected areas in Canada and/or United States	5	9	14
Major Canadian cities	9	3	12
Large as well as small urban centres throughout Canada	17	7	24
Canada, U.S. and Mexico	13	8	21
North America, South America and Europe	1	4	5
<b>Total</b>	<b>48</b>	<b>35</b>	<b>83</b>

What are the stated reasons for travelling? In many cases it was apparent that the individual had not formulated to himself specific goals or expectations and indeed some of the youth considered questions on this score as irrelevant. The impression was left that for many the transient life represented an act of self-assertion in the face of a routinized, bland and joyless society as well as being an attempt to resolve personal problems.

From the variety of individual responses it is possible to discern three main types of motivation, although elements of more than one may of course be present in an individual's decision to take to the road. The predominant motivation (judged from the interview as a whole) has been in assigning youths in the sample to one or other of the types listed below:

1. Those youths to whom the road is an escape route from problems in the home. For them other transient youth are seen as an accepting and supporting group among whom their own conflicts and problems have a chance of being worked out.
2. The road represents a mind-expanding experience, a search for new ideas and new forms of experience. There is a desire to see Canada and an intrinsic value is attached to visiting places. It is not important to have a particular destination in mind.
3. Travelling is a source of adventure and excitement and a means of getting to know the country. It is a pleasant way to spend time and does not necessarily involve a conscious search for something intangible.

Table 12: Reasons for Travelling

Reason	Youth under 18 years		Youth 18 and over		Total	
	No.	%	No	%	No.	%
To get away from unsatisfactory home situation	14	35.0	6	10.2	20	20.3
To see the country, to seek adventure	12	30.0	16	27.1	28	28.2
To gain new experience and understanding of oneself and other people and places	14	35.0	37	62.7	51	51.5
Total	40	100.0	59	100.0	99	100.0

A little more than half of those who gave their reasons for travelling saw travel as a means of acquiring knowledge of life and people at first hand. The sightseers and adventure seekers accounted for another 28 per cent of the transients and another one-fifth of the youths were travelling in order to get away from an unsatisfactory home situation. Most of these were under 18 years of age and it is worthy of note that one-quarter of all the girls said they were travelling because they found their home situation intolerable.

When asked about their plans for travelling the sample divides almost equally between those with a particular goal in view or a set term on their travelling on the one hand, and, on the other, those for whom travelling is likely to be a permanent feature of life for as far ahead as they can see.

Table 13: Future Travel Plans

Plan for Future	No.	%
Returning to school at end of summer	19	16.8
Intend to settle down soon in a job in a congenial place	17	15.0
Expect to be travelling one year or less	15	13.2
Expect to be travelling two years	6	5.3
Will be travelling on and off (between school, jobs, etc.), 'indefinite' and 'don't know'	45	39.9
Expect to be travelling for rest of life	11	9.8
Total	113	100.0

Those with more or less definite plans include the student summer travellers and individuals who intend to settle down in a job as soon as they have found a congenial place in which to live, together with those who expect to be travelling for anywhere up to two years. The other half of the sample have no idea how long their life on the road will continue. Some expect to be travelling on and off between school, jobs, etc., but for most, the future is too indefinite and they just "don't know". Almost 10 per cent of the total sample said that they expect to be travelling for the rest of their lives. Besides uncertainty, this response sometimes expressed a certain irritation at being asked even to consider such a question.

As was indicated by a number of youths in the sample, life on the road exposes an individual to some of the harsher realities of existence, of which finding a place to stay for the night can be particularly troublesome. Since the favored form of travelling is by hitchhiking, sleeping arrangements have to be made on the road as well as at points of destination. For the male transients, sleeping out-of-doors was the most common arrangement and for the girls it was the third most frequently mentioned arrangement. Not only did these youth sleep outside while on the highway but in cities as well. Roadside and campsites were the most usual resource on the highway while city parks were used as temporary campsites when no other places were available.

Indoor sleeping arrangements were usually on a communal basis with old or newly made friends and in crash pads, where all were welcome. Hostels were more frequently mentioned as a resource by male transients than by girls, possibly because there are fewer hostels established for girls. Some of the youth social action projects provided accommodation as well as directing people to accommodation elsewhere, and apparently this resource was more frequently used by the girls than by the males.

Table 14: Types of Sleeping Accommodation Used in Order of Frequency Mentioned

<u>Boys</u>	<u>Girls</u>
outdoors	friends
friends	crash pads
crash pads	outdoors
hostels	youth projects
rented accommodation	rented accommodation
youth projects	strangers (pick ups)
strangers	hostels

Problems with the police were most frequently mentioned by both boys and girls as their biggest hassle while on the road. There were complaints of being apprehended for vagrancy, on suspicion of drug possession and for hitchhiking. In the opinion of the boys the conspicuousness of their long hair made them an easy target for questioning about drugs by the police.

Difficulties in finding suitable accommodation were next in order of frequency mentioned, one-third of the boys and almost 40 per cent of the girls reporting this as their biggest hassle, followed by problems of subsistence (food and money) and obtaining employment. Apparently health problems presented the least trouble although when questioned more particularly on this subject later, 51 per cent of the youths complained of poor health or reported that they had had to seek medical attention for a variety of ailments (see following section). According to their own statements, life on the road had presented no particular difficulty for 16 per cent of the youth in the sample.

Table 15: Biggest Hassles Experienced by Youth  
in Order of Frequency Mentioned

Type of Hassle	No. of Respondents Mentioning Item		
	<u>M</u>	<u>F</u>	<u>Total</u>
Police	32	15	47
Accommodation	21	15	36
Food	19	10	29
Money	12	11	23
Employment	9	7	16
Health	4	5	9
Total reporting one or more hassle	62	38	100

#### HEALTH PROBLEMS

The state of health of the youths interviewed was of particular interest to the study both in relation to the nature and incidence of disabilities among the youth and the kind of treatment received from health authorities. Forty per cent of the youths providing information on this item described their health as good, almost half of the boys (47 per cent) as compared with just over one-quarter of the girls (Table 16 below). Eight per cent of the youth, divided equally between the boys and girls, described their health as generally poor but had not sought medical attention. Fifty-three per cent of the sample had had to seek medical attention for a variety of ailments including venereal disease, pregnancy and miscarriage, malnutrition, bad teeth and gums and drug related problems. On the whole, the youths interviewed appeared reasonably well satisfied with the treatment they had received from medical authorities although a few respondents thought nurses were overbearing and obnoxious.

Table 16: Health Status of Youth

State of Health	Male	Female	Total
Number reporting good health	30	10	40
Number reporting poor health or who have sought medical attention for various ailments (e.g. venereal disease, pregnancy/miscarriage, malnutrition, teeth and gum defects, drug related problems, miscellaneous)	34	27	61
Total	64	37	101

It was not feasible within the limits of the present interviews to explore in any depth the psychological problems of youth on the road, but previous studies had indicated problems of depression among youth and accordingly a question to this effect was included in the interview. One-third of the responses revealed frequent or acute feelings of depression since being on the road, while another one-third had been subject to depression of a less intense kind. There was no appreciable differences between male and female transients in this respect (see Table 17).

Table 17: Youths' Experience of Depression Since Being on the Road

State of Depression	Male	Female	Total
Number reporting frequent or acute depression	25	13	38
Number reporting mild or occasional depression	21	17	38
Number reporting no experience of feelings of depression	26	12	38
Total	72	42	114

From the few details provided by the youth it is possible to identify three main sources of depression on the road:

1. Experiences in the immediate life situation such as problems with the opposite sex, hassles with police and other youth, long waits for rides, hunger, etc.
2. Lack of satisfying relationships. Many said that it was the loneliness that got them down and that often they were bored because there was nothing to do.
3. A few said their reaction was to their whole life - they didn't really know what they were doing and what would become of them in the long run.

The comments of the youth revealed that the transient life can be a bleak experience at times: "sometimes there is no help", "you get so low and there's no one to turn to", "I've been so depressed on some occasions about where I was going and what I was doing that I tried to commit suicide." Another youth admits to having often considered suicide. Loneliness is a potent cause of depression because there is "not really anything to do", "it's real lonely sometimes."

But for most of the youth, life on the road is less depressing than it had been at home. Only 8 of the 92 responding to this question said that they had been less depressed at home, and for approximately 14 per cent the change of life had had no effect on their state of mind.

Table 18: Experience of Depression before Leaving Home as Compared with Experience Since Being on the Road

State of Depression	Male	Female
Felt more depressed before leaving home	26	27
Feelings of depression about the same before and after leaving home	11	3
Felt less depressed before leaving home	5	3
No particular feelings of depression before or after leaving home	10	10
Total	52	40

Home life and school were some of the causes of depression at home: "I was confused and couldn't live with the phony self I had to confront", "my father was drinking and my parents are uptight and narrow-minded", "life at home was routine, the pace boring", "it wasn't home life, but the place, the people I hung around with - I felt there had to be a better thing somewhere", "there was too much pressure from home and school."

#### MEANS OF SUBSISTENCE

Although employment was the most frequently stated means of subsistence, it was of so intermittent and precarious a nature that usually it had to be supplemented by some other source. Motivation, opportunity and capacity are all involved in making employment such an uncertain means of subsistence. Many of the youth declared that they had no interest in working but a number complained that their efforts to obtain employment had been to no avail because of their personal appearance and limited education.

Among the non-students only 7 per cent had any specific occupational skills with which to support themselves. This group included those with some

university education whose employment experience had been in the arts, as an accountant, X-ray technician and nursing orderly, and those with a particular trade such as mechanic or chef. Generally this group conveyed the impression of being more settled and likely to stay in one place for longer periods of time in order to work. They said the transient life provided them the opportunity to work and travel at the same time.

About another 75 per cent of non-student youth in the sample had worked at a wide variety of unskilled and semi-skilled jobs. They would work when they needed money and then live on it for as long as possible. The kinds of work mentioned most frequently were salesclerk, clerical jobs, all kinds of restaurant and kitchen service and casual factory work, car wash and parking lot attendants and selling underground newspapers. There were a few males who described themselves as laborers. This kind of casual employment is well adapted to the life style of transient people - only a minimal education is required and experience can be gained on the job. Since most of these jobs are at the bottom of the wage scale, there is a high turnover and little formality involved in obtaining and leaving the job.

Fifteen per cent of the non-student group reported no employment experience, describing their usual occupation as "bum", "unemployed", or "none". This group lives a hand-to-mouth existence but their poverty is voluntary. They lack not only skills but also a desire to enter the world of employment. Included in this group are those who have just left school and are newly starting out on the transient life. Four of the youth claimed to be full-time drug pushers.

As noted above, income from employment is more often than not supplemented by other means and, for the sample as a whole, contributions from friends is the second most frequently mentioned means of subsistence, followed by panhandling for the girls and dealing in drugs by male transients. Judging from the present sample, drug pushing among transient youth would appear to be widespread, but carried out on a small-time basis. The other illegal activity reported was stealing, which accounted for the least frequently mentioned means of subsistence. Many of the answers indicated that stealing was resorted to only to obtain necessities such as food and clothing. Support from the family was more important for girls than for boys although a few among both groups said that they had refused to accept contributions from home. For the student travellers, support by the family was the second most frequently mentioned source of income.

Table 19: Means of Subsistence in Order of Frequency Mentioned

Item	No. of Respondents Mentioning Item		
	<u>M</u>	<u>F</u>	<u>Total</u>
Employment	44	29	73
Friends	24	16	40
Dealing in drugs	24	10	34
Panhandling	19	16	35
Savings	12	11	23
Family	8	11	19
Welfare (social assistance)	8	6	14
Stealing	8	3	11
Total responding to question*	72	47	119

\* Since each respondent noted one or more items, the totals exceed the total number of respondents.

#### SATISFACTIONS OF TRANSIENCY

To what extent have the individual's expectations of transient life been fulfilled? Many of the replies to this question were at a very superficial level indicating the limitations of the interview and/or unwillingness of inability on the part of the youths to assess their experience. Where there is a sincere and honest attempt to evaluate the transient life a few common themes emerge.

Fifty-nine per cent of the youth who expressed an opinion stated that they enjoyed the life they were leading. Most said simply that they were happy and enjoying themselves. A few others said that they found greater freedom than in their former existence. One girl explained that she liked it because it was fun and she was at the same time getting an education.

Those who said they had mixed feelings about their life provided the most insights. Their feeling was that while there are certain benefits to be derived, disadvantages also abound.

In many cases it did not seem to provide a solution to questions that had prompted the transient life in the first place. Many of the youths said they lacked security and moral support on the road and they hoped to settle down soon. Two people thought that it was a purely subjective experience and that there was a lack of communal action to help others. One girl disliked the fact that her lack of self-support meant imposing on other people for help.

Another saw the transient life as only one alternative of many, said that it was "conducive to self-improvement, but other means such as education might be more effective."

The smallest group had negative feelings about the life they were leading, and a few said that they wanted to stop travelling. The lack of security and regularity accounted for some of the disillusionment, while a few others said the life was dull, depressing and "lousy". One boy wanted to get out desperately. "The on-the-road life may be a game to some kids, but it's not a game to me. I want to pull out of this rut."

Table 20: Feelings about Transient Life

<u>Degree of Satisfaction</u>	<u>No.</u>	<u>%</u>
Transient life is a satisfying and enjoyable experience	52	59.1
It is only partially fulfilling expectations and has disadvantages	21	23.9
It is not a desirable kind of life, lacks security, induces depression	15	17.0
<b>Total</b>	<b>88</b>	<b>100.0</b>

#### HELP FROM SOCIAL SERVICES

A group of three questions asked about youth's involvement with long-established community services, as to where they would advise others to go with their problems, and what contacts they had had with youth-operated centres or institutions.

The answers appeared to indicate that knowledge and use of community services varied from city to city but everywhere appeared to be limited. Many young people said they had had no contacts with the long-established services. They were more likely to have been involved with the police and the courts than with any other social institution and in some instances the police department was the only community service that they knew.

Included in 85 questionnaires was a question as to whether the respondent had ever been in contact with a community agency such as children's aid, court, police or psychiatric service and if so, how one was treated. The responses varied from city to city.

In Toronto, among 19 inquiries, four answers were not relevant. Of the remaining 15, there were 12 who said they had had no contacts. Two had had contacts only with courts and police and one with both public welfare and legal aid.

In Montreal, among 24 inquiries one was not answered. Out of 23 who answered, 12 said that they had had no contact. Those who had been involved with the police and courts numbered six. Three had received psychiatric services. One had applied for public assistance and one had had child welfare services.

In Winnipeg, out of 17 responses, only one claimed to have had no contacts with established social agencies. Several had been involved with more than one agency. Out of 16 responses, 15 indicated involvement with courts and police. Other contacts were: five with psychiatric services, four with children's aid or child welfare department, two with public welfare and one each with family service, reform school and Canada Manpower.

In Ottawa seven respondents had not had contact with social service agencies. Eight youths had been apprehended by police or had appeared in court and seven had had contact with children's aid societies: three among this group of 15 had received psychiatric help. One youth had received public assistance and one had been under psychiatric treatment for five years.

How did they feel about the way they were treated and the help they had had? Of the 31 who had had contact with the police, 10 considered they were badly treated and they were hostile. Eight others said that they were hassled but they did not complain about actual ill treatment. Five others said they had been treated fairly enough. One had received good advice and help that he appreciated, another said that a probation officer had helped by not hassling him.

Ten people said they had had psychiatric services usually from more than one doctor or clinic. Two reported that they had been helped. The others displayed feelings of indifference, resentment and in one case bitterness. Child welfare services and public welfare (for financial assistance) in the contacts reported were mostly regarded as satisfactory enough, with a few criticisms of the attitudes of the workers who were offensive or condescending.

As for the newly-emerging youth-operated services, replies from Toronto, Winnipeg, Vancouver and Ottawa indicated that most young people were aware of these services for transients. Except for some criticism of one of these centres, the young people would advise other transients to use them. In Vancouver, several would also advise other young people to go to the Children's Aid Society or the City Social Service Department, both of which were mentioned in favorable terms. In each city several people said that they would advise other transients to get help if they needed it from their friends or else they should go to hippie hangouts and find a helpful long-hair. Other possible sources of help were mentioned far less frequently, for example, the clergy, clinics, YM-YWCA, Salvation Army. Some suspicion of psychiatrists was evident. Some said, "Nobody can help."

It should not be forgotten here, even if the responses did not clarify the point, that the youth-operated services for transients usually represented a coordination of community services and in varying degree from city to city they depended upon the cooperation of public welfare

departments, churches, Y's and children's aid societies and especially on social planning councils.

Montreal's comparative lack of well-known facilities for transient youth was apparent in contrast to the familiarity with Cool Aid in Vancouver, Crypt in Winnipeg, Realm in Ottawa, and in Toronto with Project '69, Trailer and Digger House.

There were favorable and unfavorable comments on the long-established agencies. Some people regarded them as helpful and fair. Others complained about having been given the runaround. Some thought that the staff members were condescending.

The new youth-operated services were generally commended as understanding, unprejudiced, unlikely to hassle anyone. Criticism focussed on one city where the service centre was said to be dirty, noisy and crowded and where there seemed to be doubts about the staff.

#### THE USE OF DRUGS

Several questions were asked about drug use and were discussed with apparent interest. All respondents with three exceptions claimed to have used drugs, and for the majority of them their first experience had been with marijuana. All but seven or eight were currently using "soft" drugs, almost always including marijuana. Approximately 20 per cent said they had had some experience with "hard" drugs. About a dozen said that they had pushed (sold) drugs.

About half of these young people said that they began using drugs between the ages of 14 and 16. Two said they began at 11 years and two at 13 years. The remainder began when they were over 16 years old. Many of them (about 65 per cent) had been introduced to drugs by friends, a few by family members, and a few by strangers. Only two said that they had secured their first drug from a pusher but among those who said that they first obtained drugs from friends, several added that these friends were pushers. In one city, Vancouver, the interviewing team added a question as to whether they found it difficult to obtain drugs. Out of 21 answers to this question, all but one said "no". The one exception was, at the moment, a stranger in Vancouver who commented that her answer would have been "no" in Toronto. The connection between travel and the availability of drugs was obvious, for example, in an interview with a boy from a very small place in central Canada: "Friends in his home town returned from the coast with acid and MDA. He tried it and liked it. He had bad trips and friends helped him down."

What did these young people think about drugs? What did they personally feel about drug use? Some of them simply said, "it's O.K." or they implied that drugs are part of life (like food). The more sophisticated spoke of the mind-expanding potentialities of LSD; some of them added that

it should not be used for ego trips and attention-getting. "It's great if used intelligently and responsibly." Most hippies, some said, learn not to fool around with drugs. Moderation is the key. You also need to know what you are taking. One youth declared his position as follows: "Grass I advocate; other drugs I don't advocate especially if you're emotionally hung-up." Several young people said that they thought the soft drugs should be legalized; no one expressed a contrary opinion. With legalization, quality could be better controlled.

There were several expressions of anxiety. Some deplored the abuse of drugs. Some were worried about impurities in supplies and about infection from needles. There was concern about the mental health aspects of drug use and abuse. It was considered unhealthy to use drugs as an escape or to perpetuate illusions. If one needs drugs to be happy, one is sick. Drugs are dangerous in times of stress - and youth is a time of stress. Only one girl was concerned about the danger of chromosome damage.

Should people be given more information about drugs and if so who provides what kind of information? The answers revealed rather wide differences in viewpoints. To begin with, a good many advised less rather than more information. "All the talk makes immature people want to try drugs" and in this sense, information is harmful. Some thought that young people already know all they need to know and that they certainly know more than their elders. Some said that people who abuse drugs aren't going to be affected by education. Some said that no amount of information is any good "because kids are curious." One strung-out youth simply said: "Information is garbage." Another said that young people pick out all the good reasons for using drugs and ignore anything about harmful effects - and this remark was made by a 19-year-old drug pusher.

Who can best impart information? A sizeable group said that drug users are the only people who can speak with authority. As one boy put it, "I want reports of experience of drug use from hips not straights."

Almost equal in number were those who said that information should be conveyed by knowledgeable people whether or not they were users - for example medical people who have studied drugs scientifically.

Information, some said, should not be given by members of a police force. One youth said that what he wanted to know was how to stop the police bugging him about drugs.

A few people commented on the best place for attempting education programs and the preference seemed to be for informal social groups.

It seemed clear that people were chiefly concerned with the content of educational programs. There were indications that current programs are downgraded by these young people. Information is badly given, often

intended only to scare people. What is needed above everything is objectivity. The pros and cons of drug use should be stated fairly. Information should not be all negative because there are advantages as well as risks in the use of drugs. Part of the truth is being suppressed and the credibility of the educational media has been damaged. Some people expressed the wish for information that would facilitate intelligent use of drugs: on type and quality of drugs, on how much to take, what not to take, and how to handle bad trips. Only two or three offered comments that suggested a need for research: one said there is need for more knowledge than is now available and two said there was need for more information on long-term effects.

#### YOUTH'S PERCEPTION OF ADULT ATTITUDES TO YOUTH

In the opinions of these young people, what sort of image of youth is maintained by the adult community?

Of the 70 persons to whom this question was posed, eleven rejected the question, sometimes angrily: some could not answer and others gave unintelligible answers. Of the remaining 59, only one considered that adults had a "good" image of youth: this was a happy-go-lucky fifteen-year-old French-speaking girl. One person wasn't sure what went on in adults' heads. Two people emphasized the variety of views held by adults and the differences in attitudes between cities.

Forty-two persons believed that adults had a very bad opinion of youth (60 per cent of those who answered). They believed that adults think of young people as "dirty crap", irresponsible, going to ruin, lost souls, corrupt, parasitic, good-for-nothing, lazy, a gang of failures, outrageous, revolting, speed freaks. "Adults always try to put youth down." "There is total alienation." "It's a war on kids." "They think that those damn kids will smarten up when they get out into the real world. They don't think we're sincere." "If there was no reaction to many of the things youth do, then there'd be no point in a lot of kids doing them. They kind of egg me on."

Twenty-two other persons believed that adults didn't have a high opinion of youth, but were less hostile than those reported above. Adults were said to look down on kids. They didn't accept them, found them short-sighted, easily influenced. They think youths are like themselves, only younger and they don't understand themselves. They think young people lack a time perspective, that they are aimless. They fear the new freedom. They feel that young people are completely rejecting them as a hostile counter-generation. One person said "I go out of my way to annoy adults" - and this person was 21 years of age.

Did the young people care about the attitudes of older people? Thirty-two made no comment. Sixteen said that it did bother them to think that adults had a poor opinion. Twenty-one said they didn't care, they

couldn't care less, they don't give a damn or to hell with them.

At least two youths said that the adult attitude to youth is the problem of adults, not youth.

#### YOUTH'S OPINION OF CANADIAN SOCIETY

A question was raised as to what these young people, as individuals, thought about Canadian society, if they wished to change it, and if so what they would change first.

Out of 70 enquiries, 11 made no answer. Of the remaining 59, three said that they were totally unconcerned and uninterested. Twenty-seven expressed negative feelings with varying degrees of intensity. Some said that this society was running downhill, that it is full of prejudice, is racist, that it is directed from outside, is too rigid, phony, hypocritical and materialistic. The separatist position was apparent in some of these answers. Other answers, while negative, were less antagonistic to Canadian society. "It's O.K. but everyone's out for himself." "It undermines individualism." "It has countless problems."

Sixteen Canadians spoke favourably of this society. Some said they were satisfied and saw nothing to change. One said that this society was improving. One found it a relatively stable society in comparison with chaos elsewhere.

Ten Americans responded. Most of them seemed to think that Canada was like America only with less tension and conflict, more friendliness, openness and freedom. One said he never contemplated any one society because all of society is sick. One person said that Quebec was a healthy combination of two cultures.

In face of the question as to what should be done to change society, thirty-four (50 per cent) gave no answer. Two said that they had no idea what should be done. Two others said that everything needed to change and they wouldn't know where to start. One said, "Nothing will change it." Three said, "It's not up to me." Two said that they could see nothing to change. The twelve people who identified the social goals to which they would give priority, identified these goals as follows: the redistribution of financial power, attack on prejudice, transition from capitalism to socialism, freedom for Quebec, raising the standard of living, achievement of higher cultural levels and reform of the system of education. Eight of those interviewed in Ottawa gave priority to the legalization of marijuana.

#### PLANS FOR THE FUTURE

The question was posed to the youth, what would you like to do with your life? The replies were pitched at several different levels of abstraction from the metaphysical to the purely practical, and expressed

both the ideals and the cynicism of youth. The dominant theme is of a personal quest for identity, meaning and involvement. There is a strong desire for better communication with other people, at the same time as the material values of the consumer society and the stereotypes of conventional thinking are rejected.

A substantial number of the youths responding to this question placed primary importance on the values of individual freedom, personal enjoyment and service to others. Some expressed themselves in mystic terms. One youth hoped to help people and "make their passage easier"; another wanted to "live God's way, close to nature". For one boy, the aim of life was "the liberation of the body and the soul". A number of youths rejected outright the present system of values; as one boy put it "I don't want to be like the rest of the -- squares on the street, with 9-to-5 jobs, impressive cars and all that status bullshit." In their comments on both their present situation and future plans, there is a noticeable lack of any reference to political action or effecting social change, with the possible exception of one Negro girl who avowed her intention of being part of any movement for black liberation. The replies are noteworthy for their lack of reference to any interest in political action or in promoting social change.

About one-quarter of the respondents saw their future life in terms of marriage and a family. Some regarded marriage as a desirable objective while others saw it as merely unavoidable. The girls were especially ambivalent in their attitude towards marriage and attached more importance to raising children than to the institution of marriage itself. While they felt a desire for security and for settling down, they realized that they could be only partially satisfied with marriage.

Two fields of work were of primary interest to those planning on careers - the creative arts including music, writing, graphic arts and interior decorating, and people-oriented professions such as medicine, psychology, teaching and social work.

The youth who aspire to these goals have mostly high school education. Are these then just idle dreams? Many of the youth believe that they are not and are optimistic in their assessment of their chances of reaching these goals provided they are prepared to make the necessary effort. Those interested in the creative arts were able to speak with less assurance; many of them were doubtful of their talents and of the possibility of making a living in these occupations. For these youth in discussing their future perhaps the most dominant impression is the imperative need to find something meaningful in life in which to become involved.

## PROFILES

Ray: Ray, aged 15 years, had left his home in another province a month before this interview took place. He hitchhiked or hopped freights, usually with another boy, a girl or more than one person. He wanted to get away from home but it hasn't been as easy as he imagined. He slept on roadsides, in a laundromat, in parks, hotels, a stable and (involuntarily) in jail. He won't do the road scene again if he can help it.

Ray is the oldest child in a family that has moved around a great deal. He hates his stepfather. He doesn't hate his mother too much. They can't stand guys with long hair and they're always holding up straight kids as an example to him. They don't like him at all. He's worse than a hippie in their eyes. He has run away about fifteen times since he was about nine.

In school he got along pretty well until about grade 7 and then he began to get poor marks and had serious troubles with the teachers. There was no teacher to whom he could have turned to talk about his problems.

Since he left home, Ray has survived by panhandling, stealing and earning a bit now and then by selling the underground newspapers and by getting an occasional odd job.

He has tried drugs only recently when he got acquainted with a pusher about his own age. He has his own ideas about drugs. If a person is doing drugs because he enjoys it, that's okay but if he uses drugs to escape bad things, it's not. There should be drug education by people who have used drugs or studied them a lot and who know the many different drugs in use.

Ray has had many brushes with the law for theft, arson, vagrancy, defacing public property, etc. He thinks the Juvenile Court treated him fairly but he doesn't think the police are fair because they are always bugging him and a couple of times have treated him roughly.

Right now, the Children's Aid Society is going to find him a foster home and then he'll go back to school. He would like to be a pilot but he thinks the chances are pretty slim.

Francis: Francis is a boy of 15. He did not give his real name. He tried to act tough and threatening but the interviewer saw him as a lonely and rather frightened person. He had been hitchhiking for a few weeks, alone. He ran away from a reform school where he had been sent for theft, and he was afraid that the police would get him if he remained in one place too long. He had had great trouble finding places to stay.

He hates his parents. His father is unemployed. There are eight in the family. The parents think that the young are lazy and ungrateful and that he is even lazier than most.

He hated school. He went as far as the last grade of elementary school. He always did poorly and he was always in trouble usually for smoking or playing hooky. Schools are the same as jails. You don't learn anything in them. They sent him to the school psychologist but he didn't need any help. Nothing gets him down and he can take care of himself.

Francis thinks that drugs are okay and once in a while he sniffs glue or smokes marijuana. He likes alcohol just as much. He believes that he and other youths know as much as they need to know about drugs.

He doesn't like his present way of life because he's always scared of being caught by the police. He has associated with other young people on the road but a lot of them are stupid. Hippies are suckers or they wouldn't have helped him so much without asking any questions. He has one close friend. This friend is still in the reform school.

Francis has no idea about his future.

Laurie: Laurie is 16 years of age. She came from a small town where her father was a semi-skilled worker. He drank a lot and her mother was running around with other guys. They were sometimes separated. Laurie lived in foster homes and in a reform school. She started travelling to get away from home and from foster homes that were not very different from her own home. She liked the life and thinks she gains something from seeing new places. She has hitchhiked all over usually with boys. Once she travelled by plane when "they repatriated her". She has slept in ditches, in cars, with families selected by youth organizations and in YWCA residences.

About her family Laurie feels a sort of fatalism. Her mother's rotten family background, and her own, have made them both "bad". Her parents don't care what happens to her. Sometimes she despises them. Sometimes she loves them.

She says that at school she got good marks but otherwise her record was terrible. She was expelled for hitting a teacher, for swearing and for refusing to work. The other pupils did what they wanted to do regardless of rules. The rules were too strict. Most of the subjects were useless. But Laurie claims that there were some who helped her by counselling both at the public school and the reform school.

During her life on the road she has been supported by male companions. She has panhandled and pushed drugs. Then the Children's Aid Society helped. Recently she got a job as a babysitter, living in.

She often feels really depressed and lots of times thinks about suicide. Drugs help her over these thoughts and feelings. She started on drugs a couple of years ago with a friend who pushes drugs. She says she has taken everything from hard drugs to nail polish remover. Just now, life is a drag and she wishes she could better herself. She seems to have hopes that her job as a baby-sitter will be some sort of turning point. She would like to get married and have several children but she isn't confident that this will ever happen. The future is unknown.

Edward: The interview with Edward took place far from his hometown. He looked very unsure of himself and he was very dirty. He badly needed a meal and this was provided.

Edward is 17 and has been on the road for two years. He has been across the continent twice. He hitchhikes or rides the rails. He travels alone. He sleeps on the roadside or in parks or crashes with people he meets. It bothers him when adults tell him he should get a haircut or go back to school. He has been shoved around a lot by police. He travels, and expects to travel, because he likes the life. He started out on the road because he was unhappy. There was nothing obviously wrong with his middle-class home where the parents were apparently sympathetic. But he disliked school and got along badly. He got a lot of advice but no help. He left high school after a year there.

Edward has lived on the road by begging, stealing, pushing drugs, and sometimes by taking employment although he is not interested in working. His health is bad. Although he has been to a number of clinics he has never been satisfied with the treatment.

Edward was first introduced to marijuana by a friend when he was 14. Since then he has used it regularly. He has tried many other drugs including heroin, and will continue. He thinks that the truth about drugs is being suppressed and in consequence some people have bad trips. He doesn't like Canadian society. He thinks it is rigid. He has no time for public affairs. People are better off if they don't get involved in politics. It doesn't do any good. So far as he is concerned he plans to keep on travelling. When he gets too old for the road he will leave North America and find himself a tropical island.

George: This interview with George was interesting because of the difficulty in obtaining details in spite of the fact that the interviewer was a hippie-type himself who would normally find it easy to relate to alienated young people. George, this interviewer reported, was a "really strung-up sick kid". He was 17. He had been on the road across Canada for three months and he said he had no idea how long he would travel or why. In his travels he had a lot of trouble with bad trips

on drugs and with the police. He had slept with strangers, in crash pads and in jails. He had not kept in touch with his family, who were thought to be in good financial circumstances. He guessed they didn't care one way or the other about young people. To a question as to how he felt toward his family he answered with furious profanity. His school experience was totally bad, marked by ejections and suspensions. In his travels he made a little money by begging and pushing drugs. He doesn't want a job. His health has been fine except for V.D. recently. He has always felt depressed. He uses speed all the time. What does he think of Canadian society? "It stinks." Where does he expect to be in ten years' time? "Dead, I hope."

Charles: During this interview, in French, Charles was stoned (under drug influence). He thought the interview was great fun. It passed the time for him. He is 18 years. He has roamed over the whole continent for four years, sleeping in parks, under bridges or with friends he picked up. He was reared in a family of two parents and five children but he grew up emotionally alone and now has scarcely any contact with his family. His parents think that young people are lazy and too advanced. He says that they don't like his hair and want him to turn into a good little bourgeois. Still, he says he loves them.

Charles shifted around from school to school and he thinks that this was because of his hair. The school system was stupid and the teachers were not well qualified, but he managed to put in three years at high school. A school counsellor tried to help him but didn't have any answers for him. At 12 years, he started to try drugs, at first out of curiosity and then as part of the hippie-style life. Drugs are not as bad as alcohol and he thinks they should be legalized.

Since leaving school, Charles has worked a few months, secured a little unemployment insurance, pushed drugs and borrowed. He is often very depressed.

Charles supposes that the general public sees youth as disgusting, corrupt and parasitic, but then the public disgusts him. Canadian society isn't so good. It is managed from outside. It is too capitalistic. Its politicians are a bunch of thieves. He himself doesn't want to get involved in public affairs. And he doesn't want to think about the future.

Henry: Henry was an example of youths who angrily claimed that the questions were irrelevant. He appeared to be despondent, intelligent, uptight. He is 22 years of age and at this time was employed. He had travelled for two years. His explanation was that he is searching for himself. He rejected as inappropriate for him a question as to how long he expected to be travelling.

Henry said he kept in touch with his family by letter but it was unsatisfactory. He is the oldest child in a middle-class family. The interview

did not reach into his feelings about his family. He said two things: that his parents were down on hippies and that they still think of him as "their kid". He did not respond to the question as to how he feels about his parents.

He was a drop-out from university. His feeling of hostility to schools came out fiercely. He implied that he had looked for help but nobody listened. Teachers, guidance counsellors and social workers had all failed him. They were dumb. They didn't care. They were absolutely no use to anybody. The medical people had shoved him from one hospital to another. He has had continual hassles with the police.

He said that he had many close friends, but felt no connection with other young travellers. He has held numerous jobs: unskilled labor, in the art world, and in youth-operated projects. He said that he uses no drugs. He strongly resents the mainstream hypocrisy about drugs. What's wrong with "acid" if all the highly advertised drugs are so good? He feels that the mainstream is "doing me in". It typecasts him. It makes him uptight and violent. But he has no wish to try to change it. He would be powerless to do so. He has no interest in politics. He expects to continue travelling in the immediate future. In ten years' time he may find himself in music. He wants to transcend this oppressive society.

The questions that most aroused Henry's resentment were those about the adult community's attitude to youth and whether there is anything that youth can do to help themselves. These questions, he said, insulted his intelligence and were gross generalizations.

Robert: Robert, participating in a French-language interview, was relaxed and interesting. At 24 years of age he has travelled for three years across the continent in United States and Canada. He has travelled alone and without planning ahead. He wanted to see the world. But his travelling days are almost over, because he and his girl are going to settle down. He is going to find a job immediately and also resume his studies. Then he will marry and become a family man.

Robert grew up as an only child in an apparently stable, economically secure family. He doesn't get along well with his parents whose ideas are forty years back. He was a mid-term drop-out from high school after plenty of trouble between himself and his teachers. In short, school was futile, with a lot of completely useless subjects. Evidently some kind of effort was made by himself and the school to work out a better relationship through counselling by a school psychologist but nothing improved. Robert began a period of travelling and of making a living by spasmodic employment. His long hair made prospective employers suspicious. He also obtained funds through drug pushing, welfare assistance, and theft which he claims was for kicks rather than necessity. His health was good, except for one bout of V.D., and his mood was

generally cheerful. Beginning at the age of 18 he used drugs regularly including marijuana, speed, L.S.D. and heroin a couple of times. To him, drugs are about the same as alcohol: they are for fun and sociability. He would like to see more authentic information circulated about drugs. Too much of the present information tries to scare people and he writes it off. He supposed that people think of him and the rest of the long-haired as a gang of failures but to hell with them. Canadian society is just one big zero as far as he is concerned. He thinks the school system should be reformed but he doesn't know how. He takes no interest in public affairs.

Mary: Mary, at 17, is a self-assured, socially confident young woman who is apparently quite aware of what she is doing and has chosen her present way of life: "I wouldn't do it if I didn't (enjoy it)." She claims never to have been seriously depressed since leaving home three or four months ago, though she had often been depressed there. Her home problems centred in her relations with her parents who thought Mary "completely immoral and degenerate"; she is now inclined to feel sorry for them because "they're not really happy". Her father was a pediatrician. She had finished Grade 13, though she "was bored out of her mind".

Mary deals extensively in drugs, and has had several hassles with the police. Before leaving home she had (at age 15) been convicted of possession of marijuana and placed on probation for eleven months. Her first experience with drugs was at age 14, when a male friend introduced her to marijuana. She now does grass and/or hash "every day, if possible" and a variety of other drugs "once or twice a week". Drugs, for her, are "groovy" but she doesn't like teenyboppers using acid.

Her taste for variety of experience led her to travel quite widely across Canada and into the United States after leaving home. She has lived with male friends in Vancouver and Ottawa and crashed with friends in other places. She has survived by dealing in drugs, panhandling and working briefly as a waitress. In her entire period away from home she has had no contact with her parents, nor appeared to want any.

Mary finds all her friends among transient youth, and considers that adults "disapprove" of youth, and only "notice the deviant aspects". Violence and drug addiction make up the greater part of this image, which Mary feels is not accurate.

Mary expects to continue travelling for another two years, but feels quite comfortable about changing into other life-styles: she may go to university and study sociology; she may in due course get married and have five kids.

Nancy: In contrast to Mary, Nancy is a more dependent girl who appears far less in control of her own affairs. At 16 she is pregnant and is living temporarily in quarters arranged for by the Children's Aid. She

has been travelling for a year-and-a-half in the eastern United States and Canada, and intends to resume her travels after the child is born and placed for adoption. She has turned to the Children's Aid for more adequate nutrition, and has suspended taking chemicals "because of the kid" though she still takes marijuana, hash and opium "as often as she can get it."

Nancy's parents are both office workers and semi-professionals; there are three younger children. Nancy believes that her father "digs the whole scene", but her mother equates all youth with hippies who she feels are "dirty and degenerate". Nancy is convinced that her mother believes her to be "a dirty degenerate who will never amount to anything." Before leaving, she was "constantly depressed" and thoroughly bored with home and school, had finished Grade 11 and was then "pushed out of school for dealing." She spent six months in reform school which was "a real bummer."

She phones home once a month when living in the same city and has received some money from her father. She worked for two weeks as a waitress, has survived otherwise by pushing drugs, panhandling, and crashing.

Her first experience with drugs was at age 13.

Nancy is indefinite about future plans. She spoke of getting a B.A. in psychology but doesn't have very high hopes of achieving this. She expects to continue travelling indefinitely, but also says she would like to get a job so she can have a place of her own.

Douglas: At 24, Douglas is a drop-out from university, having completed the third year of a four-year engineering program before leaving because of "hassles with professors, girls, and not knowing what I wanted to do." Since that time, almost a year ago, he has spent his time between major cities in Ontario, supporting himself by short-term work as an electronic technician, but living on the street in summer. He has no work at present; doesn't know how long he'll be travelling. When he feels depressed he gets drunk; he takes drugs only rarely.

Douglas' parents were upper middle-class; he feels they are "confused and disappointed" about him, though there has been little attempt to discuss the youth scene with them to learn their general attitudes. Douglas is content to let them do their own thing "while I'm doing mine." He has been in touch with them occasionally during his travels. There have been no visits; he says he can't spend five days with his family because of the different values he and his parents have.

His interviewer described Douglas as "intelligent, more mature than most of the street people, intellectually inclined, reflective, very serious." He had worked at the Feed-In Centre part-time, and was involved in an attempt to launch an experimental school. He is concerned about other

transient youth, and thinks many of them need counselling or psychiatric help. As to Canadian society as a whole, he would like to see it improved, with "better welfare" and "less industrial control." Political activity, except on a local scale, seems useless to him.

Douglas is dissatisfied, but "hasn't found anything better" than the transient life. His interviewer reports that he "has no immediate plans, no idea what he'll be doing in ten years, and no idea what he'd even like to do with his life."

Leslie: Many transient youth showed varying degrees of personal debility and inadequacy, but this young man of 24 from a large eastern Canadian city was among the most pathetic interviewed. He has been travelling for four years, as far west as Calgary. He feels victimized by employers who won't give him work and police who hassle him. His health is very poor and he lost the sight of one eye in an accident a few years ago. He complains of inadequate treatment in hospital for a sinus condition.

He is extremely depressed. Occasionally, according to the evidence he gave the interviewer, he'll be walking down a street and will suffer an anxiety attack which will cause him to black out for a few seconds. Leslie doesn't use drugs. He tried marijuana five or six times but never takes it now. His associates try to turn him on to acid but he doesn't "go for acid" because "I'm rarely in a good frame of mind and I don't want a bad trip." He has never been picked up by the police for possessing or pushing drugs, but he has appeared in court about 25 times on charges of loitering and vagrancy.

He has had no contact with his family for years. He was placed in a foster home when he was 16 months old and has been in six or seven foster homes, and a Boys' Home which was "like a jail" after the age of twelve. He complained of ill treatment in one of the homes. He had received occasional letters from his mother until he was twelve. He considered that he was very good at school but was taken out of school by the Boys' Home when he was 15, in the ninth grade, and was put to work. He would like to have had more education; his chief concern when interviewed was to get a job.

This youth feels different from others on the road who have families they can call on for help, or can go back to live with if they wish. He says: "I'm getting older. I want to pull out of this rut. I don't feel like a hippie, I feel like a bum." For others, he feels the transient life is a game, but "it's not a game to me."

On the broader social scene, he believes political activity is useless, favors passive resistance as practised by Ghandi, thinks a solution might be world government but at the moment "there are too many power trips, especially the States."

Ron: Ron, a 19 year-old Ontario youth, is also looking for a way out of the transient scene, but much more confidently. He has been on the road for a year, and lived separate from his parents for a year before that. His father is dead and his mother remarried. The step-father is a store clerk and the mother a waitress.

Ron is interested in learning, but highly critical of the "routine drudgery" of the school system. He dropped out of Grade 10, took an apprenticeship as a cook and has worked at this trade intermittently since. He volunteered to work part-time at the Feed-In Centre in one city and put in a regular two-hour stint each day. He also put considerable effort into an attempt to establish an experimental free school, with the idea of pursuing studies that interested him. Later he began a course in sociology while working as a dish washer.

He seldom takes drugs, and believes that if "used in moderation it doesn't do as much harm as the Establishment thinks it does."

Ron foresees a "normal" life for himself in a few years. (Job, home, family). But while both he and the more handicapped Leslie are looking in this direction, they retain a sense of independence, wanting to continue to dress, grow their hair and behave in their own way, and expressing some contempt for the values of a materialistic society. Ron discussed with his interviewer the need for society to "get back to where you feel compassion for others" and he believed something like this might come from the transient youth culture "since they really care about each other."

Canute: Canute is an exceptionally self-sufficient, strong and independent youth of 19, whose attitude to life, for better or worse, seems to have been fostered by an unusually unsolicitous family background, where children were expected to look after themselves at an early age. There were 12 in the family; the father is a foreman in a construction business. The father felt considerable tolerance toward Canute, believing that youthful escapades are part of the process of growing up. School, Canute believed, was an utter waste of time. He completed Grade 11.

On the road, Canute has supported himself by short-term jobs (light factory work), welfare, friends, panhandling and pushing drugs. He has been picked up by the police occasionally for vandalism.

His experiences with welfare agencies were good; his attitude generally toward the square world is a conscious attempt to acquire insight into "power trips" and forms of social pretence. He spoke of his teachers in these terms. His general view of society is that "it's on a downhill run." He has no specific plans for his own future; he may write or turn to music as a career, but ultimately he is "searching for truth and happiness."

Chapter Five

## IMPLICATIONS AND CONCLUSIONS

Arnold Toynbee in his most recent book<sup>25</sup> says this:

the living generation does not start life free; it starts life a prisoner of the past. Happily the prisoner is not helpless; he has it in his power to break the fetters of inherited custom; he can break them only by a mighty effort, and he can never break them all. Human freedom is not illusory, but it is never total.

In an inquiry such as this, we see the mighty effort of youth to break from the past, and we see the obstacles that have piled up to block them off from self-directing lives. In this society, the usual age of physical maturation is widely separated from the usual age of socio-economic self-direction. Puberty is attained two-and-a-half to three-and-a-half years earlier than a century ago and the trend still continues. At the same time, youth is staying at home and in school for lengthening periods. It is a curiously revealing fact that the young, anywhere from infancy into the early twenties, are commonly referred to by the depreciating term "kids" in the English-speaking sector of Canadian society.

Our society needs to shorten youth's period of dependency. As a move in the right direction, we welcome the fact that consideration is being given to extending the franchise in federal elections by lowering the voting age to eighteen.

All across Canada during this inquiry people urged the need for comprehensive planning in relation to youth, involving education, manpower, health, welfare and church organizations. Nationally there is need for a clearly articulated youth policy, for research and the collection and analysis of regular trend data.

Provincially and locally much closer cooperation among the social institutions concerned with youth will be essential.

We believe that there will be interest throughout Canada in the recent proposals for a provincial youth bureau in Quebec to coordinate the whole spectrum of youth activities. Also proposed are youth hostels and information and consultation programs related to the needs of youth and grants to youth organizations.

No one knows the number of young transients on the roads in summer. There are figures from some of the youth services such as a count of nearly 1,800 served by Toronto's Project '69 (and applications to this

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Toynbee, Arnold. Experiences. Toronto: Oxford University Press, 1969.

new service increased in volume as the summer continued), the report from Sault Ste. Marie of over 700 who used the new hostel, and the impression in Halifax of some 250 young transients on the streets. We know that boys are very much in the majority although proportions vary. We know that the young people travel great distances: across the continent from New York to Dawson City, from Nova Scotia to California, from Quebec and Ontario to British Columbia, and, although British Columbians will not believe it, vice versa.

We want youth to know Canada. This means knowing the Trans-Canada Highway and the new Yellowhead Highway and the big cities on them, but it also means the North and Newfoundland and Windsor; it means Eskimo land and an acquaintance with the marvellous seamen in Arctic waters. It means encounters with the non-materialistic cultures of the continent's earliest inhabitants.

Accepting this mobility of young people in summer and believing it is likely to increase, we make the following recommendations:

Youth hostels should be available across Canada at a minimal cost to users. Hostels should have public subsidies channelled through voluntary or public bodies that are prepared to assume responsibility for their operation.

We question the wisdom of developing extensive crash pad programs in private homes especially in the anonymity of the large cities where it is more difficult to protect both host and travellers.

Similarly, we question the need for establishing new agencies to administer the hostels especially as we believe that young people on the road are indifferent to the auspices if the management is satisfactory. We would urge however that it is desirable for youth services to be youth operated.

We believe that federal funds are the appropriate source of subsidization. This is a movement across Canada. In summer 1969 in the Calgary Youth Aid Centre 17 per cent of the girls and 83 per cent of the boys were from outside Alberta. In Halifax 52 per cent came from Quebec, Ontario and the West. In Toronto in Project '69, 24 per cent were from Ontario. Clearly provincial boundaries are wiped out in this movement and financing of the facilities should be similarly nation-wide. After all, the Fathers of Confederation were men of the railway age with not the faintest precognition of the highways and airways of today.

There are some Canadian projects that appear to be small and under-financed but nevertheless are projects that have value for individual young people and significance for communities. One of these is Summer of Service which is a volunteer community action program in which the participants are the major churches and a number of youth organizations.

At the invitation of a local support group, Summer of Service provides a team of volunteers to work in partnership with community people during the summer period. Another is Operation Beaver which is under the auspices of the Canadian Council of Churches. The usual plan is to form a group for a project that is made up of one-third each of Indian Canadians, non-Indian Canadians and nationals of other countries.

We believe that projects such as these should be extended with the aid of public funds. We also recommend increased investment in individual and group experience for Canadian youth in other countries.

If there are young Canadians who are disposed to reject nationalism for more spacious commitment, let us affirm and strengthen them. We want young Canadians to know other countries by living and learning in those countries.

This inquiry has revealed a residue of badly damaged children and young people left on the beach, as it were, after the tide of summer travellers has subsided. These are powerless human beings with no political leverage. It is therefore with a feeling almost of despair that the following suggestions are made based on the findings of this inquiry.

Hysteria about the problems of youth is idle and dishonest unless communities are prepared to help with the problems of families with small children. In adolescence it is too late. Half of all growth in human intelligence takes place between birth and age four, and another 30 per cent between the ages of four and eight.<sup>26</sup> But the preschool child is overlooked in the network of community services and this neglect must be remedied.

The permanent incapacity of some adults to fill the role of parents must be faced and supplementary services provided as alternatives to family life with parents. Residential accommodation for alienated or disturbed youth is urgently needed. Group treatment homes for the seriously damaged, cooperative residences for youth unable to live at home, are facilities that can only be supplied with the help of public funds.

To retain young people in school or encourage them to return after they have dropped out, it will be necessary for the school systems to offer students more choice of subject matter and more creative and flexible combinations of subjects. It is hoped that the schools will press on with the kinds of reorganization of the curriculum that are already beginning. Effective youth counselling at the high school level is needed everywhere.

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Bloom, Benjamin. Stability and Change in Human Characteristics. New York: John Wiley, 1964.

The belief has been expressed that young people would avail themselves of more training if Canada Manpower would put on more catch-up courses without some of the regulations that tend to weed out certain people found in the ranks of transient youth.

There would be continuous study as to why people drop out of training programs. It may be hypothesized that community resources are not providing comprehensive support for training programs and those who wish to take advantage of them. There should be further review of the regulations regarding eligibility for training allowances. There is, moreover, widespread need for group homes for youths who are looking for work or in their first job.

Any discussion of re-entry into the labor force and thence into the mainstream of society inevitably underscores the need for comprehensive community planning involving at the very least Canada Manpower, the school system and public welfare.

School administrators in some cities record an uncounted number of inquiries from young people of 14 to 20 years of age who typically telephone the school board asking how they can make arrangements and particularly how they can get financial help in order to go to school. In some public welfare jurisdictions young people are financially supported while going to school. Other jurisdictions appear to resist helping the young person financially who wants to return to school after dropping out for a year or two.

Provincial authorities are urged to review their public assistance policies and practices in relation to youth. The requirement that an applicant must be actively seeking employment in order to qualify for assistance should be relaxed in those situations where maintenance is necessary to enable the individual to continue his education or training or where employment is not feasible. The issues are far from simple or clear-cut. Society is probably not yet ready to affirm the right to assistance without insisting on a reciprocal obligation on the part of the individual to seek employment. And yet more and more young people are insisting on the right to assistance regardless of such considerations as personal appearance, work habits or motivation. Under a generous interpretation of this right there is of course the possibility of public funds being used to support some individuals in voluntary idleness, but the resulting "loss" to society may be a relatively small price to pay in comparison with the costs of missed opportunities for preventive action implicit in more restrictive policies. Moreover, as youth point out, there is some precedent for official tolerance of idleness in our willingness to accept an increase of one or two percentage points in the rate of unemployment in the interests of combatting inflation!

Contacts with young persons, including some very alienated individuals, indicated that many of them have potential for helping people through

some form of social service. Many of them have sympathy, patience, intelligence. If communities were prepared to make a large investment in service many of these young people could do valuable work. At the same time there are many tasks waiting to be done if people could be trained and employed to perform them. Teaching aides could be engaged in the classroom and during after-school hours in ways that would enrich the experience of children and facilitate better use of the time of professional teachers.

Youth workers are needed everywhere as surely this inquiry shows. The youth services, many of which have been mentioned in this report, are crippled and will continue to be only partially effective unless ways are found of infusing public funds into them.

With regard to young runaways we found two serious problems in policy and practice.

First, we urge renewed, determined, sustained efforts to establish one juvenile age across Canada.

Second, we urge a re-appraisal of the rationale, the procedures, and the consequences of the routine return of children and youth to "their own provinces." This routine is called repatriation. By definition, repatriation is the return of a person to his native land. The children are repatriated as if they have been to Siberia. However, apart from these criticisms of unhappy terminology, and the fetish people make of provincial boundaries, what we are calling for is a serious and honest look at what is happening to these "repatriated" children.

Our many contacts with transient youth convinced us that young people encounter the police force more frequently than any other social institution. Comparatively naive youngsters judge the community by the police, and all are, in varying degrees, influenced in their attitudes toward society by what they see to be the role and behavior of the police.

We were impressed by the fact that in some communities sustained efforts have been made to keep open the channels of communication between the police and other agencies working with youth. These efforts have been made on both sides. It was also impressive that young people in these communities, instead of copying the American experience of conflict between youth and police, seemed to want to find a different pattern.

In other parts of the country there was more tension around police activity. In some regions, the police followed the practice of raiding youth assemblies in order to apprehend those who were violating the law and this practice undermined and sometimes destroyed projects that were the community's best hope of preventing alienation of youth.

We would therefore like to think that there would be continuous re-evaluation of methods and places of apprehending young persons, taking into account all the possible consequences of the methods selected.

We hope that youth squad personnel will increasingly involve themselves in community planning in association with other community representatives from education, health and welfare, and that they will be recognized by these representatives as having an important contribution to make to this process.

It is also hoped that police departments will recognize the vital importance of a youth division under the new conditions of life today. Communities should support their police departments in recognizing the need to build up strong youth divisions through (a) recruitment of personnel that is adequate in numbers and qualifications; (b) providing opportunities for training and development and (c) remuneration commensurate with these standards.

We look forward to the time when the functions of the police on the youth scene will be accepted as professional functions with educational standards and personal qualifications to correspond.

We believe that the goals of youth divisions should be interpreted to all branches of the police force.

Canadian communities are caught in the midst of an explosion of drugs with a sudden increase in the variety of drugs in circulation. There are serious gaps in information about drugs and the effects of drug use. Parents, teachers and medical personnel in general are poorly informed. Experts are not saying the same things. Young people, generally speaking, are over-confident about their knowledge of drugs, which is often sketchy. The attempts at education on the subject of drugs meets with skepticism because young people believe that the educational content is full of inaccuracies and exaggerations and also represents a double standard of morality for young people and middle-aged people. In the present inquiry, we have concluded that information about new drugs and methods of treatment is not developed and communicated fast enough and especially that health, welfare and educational establishments are not sufficiently seized with the importance of adequate laboratory facilities for drug analysis. We believe that suitable facilities for treatment of drug-dependent young people are almost entirely lacking.

We recommend that a small working conference be convened by the Department of National Health and Welfare charged with responsibility for establishing guidelines for public education about drug use, it being understood that it will be vital for young people to develop the educational programs that will need to be established.

We see the need for the establishment of small treatment residences for drug-dependent youth and we recommend that these be encouraged through allocation of public funds, and that in these facilities young people provide the major part of the service with consultation provided by persons with substantial technical qualifications.

There is an obvious need for continuous and rigorous research regarding the long-term and short-term effects of drug use, for individuals and for society as a whole.

We stress the need for a sufficient number of laboratories, strategically located, for rapid, accurate analysis of drugs.

We also urge that ways and means be found for rapid and accurate transmission of information regarding drugs and methods of treatment from community to community and among provinces.

The problems of youth in this society go very deep into the assumptions and perceptions of the dominant culture and into the whole structure of society. Questioning, acting out, rejecting the traditional answers, young people are making an impact. The greatest danger is that their bid to introduce new values to the social order will peter out. In Archibald MacLeish's words, "It is an angry generation, yes, but...its resentment is not a resentment of our human life but a resentment on behalf of human life; not an indignation that we exist on the Earth but that we permit ourselves to exist in a selfishness and wretchedness and squalor which we have the means to abolish. Resentment of this kind is founded, can only be founded, on belief in man. And belief in man - a return to a belief in man - is the reality on which a new age can be built."

