



City of Cambridge
Department of Human Service Programs
51 Inman Street, Cambridge, Massachusetts 02139, 498-9076

TO: Robert W. Healy
FROM: Jill Herold *JH*
RE: Response to Council Order #28, dated 3/19/90, regarding plans to evaluate the Multi-Service Center for the homeless
DATE: May 9, 1990

Over the past two months the Planning and Development Division of the Department of Human Services has been undertaking a review and assessment of the services which the City provides to the homeless and those in housing crisis. The review has involved all participants in the delivery system of services to the homeless including shelter providers, churches, health care providers, the Housing Authority as well as our own staff.

The assessment has been conducted with the help of Barbara Thornton, a consultant with extensive experience in municipal human services. Over thirty interviews were conducted by the consultant and a summary of the information collected is attached.

With the benefit of the information collected, we have begun a series of working sessions from which we expect to generate some very specific plans for improving the coordination and delivery of services to the homeless. Representatives from the Shelter Director's Alliance, the health care for the homeless staff, the Cambridge Housing Authority, and Multi-Service Center staff will be participants in the working sessions.

To date, the process has generated a great deal of helpful information and a high level of commitment to future work by all segments of the services to the homeless delivery system.

DIVISIONS:

Childcare
498-9076

Community & Youth
498-9037/9072

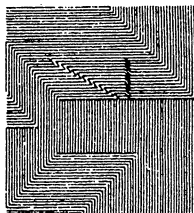
Low Income Fuel Assistance
498-9038

Recreation
498-9028

Community Learning Center
547-1589

Council on Aging/Elderly Services
498-9039

Planning & Development
498-9076



Barbara Thornton, MCP

April 10, 1990

Jill Herold
Stephanie Ackert
Department of Human Service Programs
City of Cambridge
51 Inman St.
Cambridge, MA 02139

Dear Jill and Stephanie,

At your request I have prepared a written summary blending the responses of the 14 MSC team members to two sets of eight questions each and the responses of 14 non-profit community agency representatives to one set of eight questions. Due to your careful and thoughtful preparation for this project, all the interviewees were most cooperative and willing to share their thoughts with me.

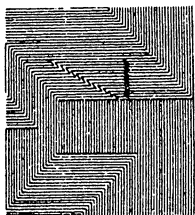
These detailed summary responses reflect many concerns. Reading them in this framework tends to mask some points that really stood out for me at the end of the interviews. First, the MSC is an excellent model. Second, the staff are committed to help the homeless and have a great deal of potential. Third, the bonds of mutual respect and colleagueality among staff are significant. Fourth, Cambridge has a changing and maturing provider community. Fifth, an examination of the MSC issue requires a careful inspection of DHSP roles vis a vis the MSC and other provider agencies.

I hope you find this memo useful. I have prepared it with the understanding that it will be used only by you to enable us to have a more productive discussion for designing the MSC workshop and outlining options for continuing your assessment of the MSC and the City's role in providing services for the homeless. I look forward to our discussion on Friday morning.

Sincerely,


Barbara Thornton

Barbara Thornton, MCP



prepared 4/10/90

SUMMARY RESPONSES OF INDIVIDUAL INTERVIEWS WITH
CAMBRIDGE AGENCY AND PROGRAM DIRECTORS

People interviewed: 14
Dates interviewed: March 22, 23, April 4, 5, 1990

QUESTION 1: Could you mention some advantages for homeless persons in receiving services through a MSC model? Disadvantages? What are the longer-term implications of both the positives and the negatives, in terms of the clients' well-being?
THEME: CLIENT PERCEPTIONS OF MSC

In general, interviewees say clients characterize the MSC in either negative or mediocre terms. Some people say the MSC has become much too bureaucratic, the staff attitude is too bureaucratic and clients see the MSC as part of a "system" which doesn't help them. Some clients see it as part of a barrier to re-entering society. The rejection of substance abusers (a large portion of the homeless population) and the frequent requirement that homeless clients come back another day for an appointment were given as examples of this bureaucratic style.

Some people stressed the conflicting missions of serving homeless people and preserving a sense of community in existing affordable housing sites. Bringing isolated clients into a community housing situation can be hard for the client. MSC does help clients make this transition. These clients feel welcomed, encouraged, supported and linked to services at MSC.

Homeless people don't ask for services, they find it very difficult to negotiate a bureaucratic system. The MSC model makes it much easier to ask for help, if the client can get over initial thresholds and see a caseworker.

QUESTION 2: Could you mention some advantages and disadvantages for staff who work with clients

within the MSC model? What about agencies which are not located at the MSC, but have mutual clients?

THEME: STAFF AND AGENCY PERCEPTIONS

Interviewees really value the MSC model and the assistance their own staff get from MSC. Agency staff doing casework are helped by the presence of MSC if they can refer clients and particularly if they are "co-located" with other staff. The MSC provides a theoretical focal point for all services in Cambridge. Staff associated with the MSC model can have a broader, more flexible vision of how to solve client problems.

Agencies that need to incorporate dysfunctional clients into a housing community particularly valued the MSC caseworker function. Two agencies noted an improvement in the last few months in MSC's more cooperative, less confrontational approach.

However, agencies did express some major concerns about MSC staff and practices in the areas of casework, competition and responsiveness.

CASEWORK:

Agencies see casework as a major role for the MSC. But the assignment of staff to case types doesn't correspond to the actual need. Few cases are families but more caseworkers are available to cover families. The MSC has a pro-family bias, as well as an anti-substance abuser bias. Other agencies do not trust that these and other biases will be kept in check. People expressed concern about the lack of professional training and clinical supervision at MSC. One person also said MSC is seen as not respecting the casework done by other agencies.

COMPETITION:

Several of the interviewees either directly or indirectly expressed a strong feeling of competition from MSC. MSC is driven by agency self-interest and is NOT a service to other agencies. Some people gave as evidence MSC's insistence on their role as primary caseworkers for other agencies' clients. History and the role of Philip Mangano's personality are credited with creating a strong atmosphere of distrust. The former MSC leader insulated the City from other agencies' concerns, not allowing these agencies to directly address the City.

RESPONSIVENESS:

People gave several examples of problems contributing to MSC's lack of responsiveness to client needs. Staff at MSC are not adequately familiar with the on site operations of other programs. They should visit these programs regularly, particularly the night shelters. The MSC appointment policy is a major barrier for many clients. At least one agency

B. PICTURE OF THE FUTURE

1. VERY hard for providers to imagine a different future - easier when concrete alternatives are described which they can respond to.
2. Need a drop in place, a place to "be"
3. Need to consider specific needs of women; ex: segregated shelter; parenting support.
4. Need wide range of ancillary services available regularly on site, ex: interpreter, social security agency, WIC, health, legal, etc.
5. Need safe shelter which takes active drinkers.
6. Need transitional housing (2 yr.) for various populations.
7. Need MSC approach for more than just homeless people.
8. Need more formalized or clearer mission/relationship between provider agencies.
9. Need to recognize there will be a core group for whom stable housing will never be an option.

person says MSC staff can be very hard to reach. Staff are not trained to understand and help substance abusers. MSC needs routine protocols for how an agency can ask MSC staff for assistance in stabilizing an agency's client.

QUESTION 3: On the whole, do you believe a MSC model is preferable to some other model of service?

Despite the many faults agencies find with current operations, they all recognize and value the potential inherent in the MSC model. One agency would like to see the model extended to all human services clients. Other agencies emphasized the unrealized value of coordination and collaboration. Several agencies mentioned the long term planning and policy planning potential of this model.

QUESTION 4: Can you identify other agencies or service types which should be housed at the MSC, if space were to be available? Are there current components of service you think are outdated or underutilized? Have there been changes in client characteristics, numbers or problems in recent years, which should be considered in planning services for the next few years? Do you expect significant changes (up or down) in the numbers of homeless persons in Cambridge, or in their characteristics, in the next few years?

THEME: CLIENT CHARACTERISTICS

All of the interviewees are limited in their perspective on the changing client characteristics of the homeless. Each of the agencies defines its own limits either on the type of services it offers (providing and managing permanent housing) or on the type of client it serves (single people, women, etc.). Despite the lack of overview by the agencies (a lack which many of them would like to remedy with the City's assistance), there were some consistent patterns reported.

Several people strongly emphasized the "huge and growing" portion of the homeless population with "tremendous alcohol and substance abuse problems". The homeless population also has a large number of people who are mentally ill. The number and complexity of medical problems, including HIV virus, is increasing.

People also reported changes in the population by sex and age. Several people see a growing number of women among the homeless. More single women are coming to shelters. The number of elderly women is increasing. Pregnant teens and young women with children and no independent living skills are also more frequent. An increasing number of children

C. CURRENT DYNAMICS

(My draft outline of a generic service delivery system from the client's perspective....for discussion.)

SYSTEM:

RESIDENTIAL

- Night shelter
- Respite units (short term "decompression" from street life)
- SRO
- Lodging house
- Transitional housing
- Supported housing
- Public housing, subsidies
- Private housing

DAY PROGRAMS

- Meals
- Drop in centers
- Regular day activity:
 - job training
 - sheltered workshop
 - independent employment
- Other?

STABILIZATION SERVICES

- Individual client service planning
- Case management
- Counselling
- Telephones
- Drop in child day care
- Secure storage
- Mailbox
- Service and entitlement linkages
- Other?

ANCILLARY SUPPORT SERVICES

- Health care
- Legal assistance
- Job training
- Job counselling
- Other ?

are born homeless and spend the first few years of life in shelters.

Individuals interviewed offered some unique perceptions. A couple of people said they saw an increase in violence and rough behavior among the homeless. The proportion of older male alcohol and drug abusers seems to be declining. The overall number of homeless seems to be holding steady or perhaps declining slightly. One person summarized a pattern saying "Men tend to be substance abusers and women tend to be psychotic."

One theme ran through many of the individual comments. The population that we are seeing, and the portions of the population that are growing tend to be the chronically homeless. These are people who either have no ability or no interest in maintaining themselves in a stable, permanent housing situationeven if it were provided. They include substance abusers, people who used to drift in and out of SROs and young people, primarily female, who don't know how to maintain themselves independently. The lack of supported housing programs in Cambridge emerged over and over again as a major obstacle to meeting the needs of the city's homeless population.

QUESTION 5: In light of the development of the network of services for the homeless in Cambridge, should the City alter the services it offers to this population? Should other or additional segments of the homeless population be targeted for service by the City? If so, what type of service?

THEME: SERVICE NEEDS

The responses of interviewees to this question tended to fall into three general categories, 1) additional types of services needed at the MSC; 2) changes or improvements needed in the process of providing MSC services; 3) additions needed in the overall system of services for the homeless, beyond the MSC.

TYPES OF SERVICES:

Interviewees suggest the MSC needs to add the following types of services:

1. WIC
2. Fuel Assistance
3. Interpreters (Haitian/Creole, Portuguese, Vietnamese)
4. Job Placement, Employment Counselling and Job Benefits experts
5. Legal Assistance
6. Dept. of Public Welfare
7. Housing Authority
8. Social Security Administration
9. Veterans' Agent

10. Substance Abuse Counsellor
11. A Representative from every shelter that does case work
12. Security Guard, uniformed
13. service to re-establish basic forms of identification, ie. driver's license, social security card

PROCESS OF SERVICE METHODS:

Several suggestions were made, most of them made several times, by interviewees for improving the way MSC provides services.

1. Make sure casework on a client is coordinated with all relevant caseworkers and agency staff serving the client.
2. Reach out to where people are, visit shelters, day programs, streets (like the Health Care for Homeless team model).
3. Minimize or abolish the emphasis on appointments.
4. Train MSC staff on case work methods.
5. Train MSC staff to understand the dynamics of working with special populations.
6. Help MSC staff and other providers to develop a "common language to describe the goals for serving the homeless in Cambridge", including goals for the "permanently dependent" and for a homeless typology of the causes and nature of homelessness (ex: cyclical vs. structural).
7. Train MSC staff to work with substance abusers who are homeless.
8. Adopt formal procedures for regulating how MSC staff will respond to requests for assistance from shelter programs.

OTHER SERVICES

There are some key services, most mentioned several times, which are beyond the specific purview of the MSC but fall within the agencies' expectation of City government's role either as an arranger or a provider.

1. SROs are desperately needed, especially for alcoholics and substance abusers. Treatment should be a separate, unrelated component. Participation in treatment should not be required. There should be no time limit on how long someone can live there.
2. Supported housing is needed for a variety of special populations. Housing agencies "need a clear plan and guaranties for how supportive services will work".
3. Transitional housing (up to two years of housing plus life skills training, counselling and services) is needed.
4. Homeless people, especially women or women and children, need a place to go during the day. Services should be attached, such as food, health care, employment information, counselling, income transfers and entitlements information, recreation and child care.
5. Homeless people should have a guaranteed meal and transportation to a shelter bed.

QUESTION 6: The Emergency Services Coordinator position recently vacated by Philip Mangano originated as a casework position. Under the current structure, Darius Yazdgherdi serves as MSC Administrator. We are reassessing the ESC position, with the intention of having the position address unmet needs related to the homeless/emergency service population. Are there some functions of issues in this area you believe should be considered in planning for this staff position?
THEME: JOB DESCRIPTION

HISTORY

Philip Mangano was a very effective and charismatic leader. But he was too busy and did not spend enough time on site attending to MSC program management, staff supervision and service delivery. He made himself the central connection for all service providers in the city. He was very authoritarian but knew when and how to sooth agency resentments and staff hurt feelings. He actively discouraged cooperation and meetings with other shelters. His legacy leaves a staff used to a minimum of supervision and management and a network of service providers resentful of allowing themselves to be buffered from expressing their concerns directly to key City officials.

FUTURE

Agency representatives do not want a "Mr. Homeless". Skills required to manage the MSC should include: collaboration, vision, management, clinical, fundraising, program development, interagency coordination and staff supervision. Some people emphasized the importance of separating the role of MSC agency manager from a DHSP/City role of facilitator among agencies of public policy and planning discussions.

The MSC manager should provide or arrange existing services and package them to be useful for existing provider agencies. Some City entity should have the responsibility of engaging all providers in mutual cooperation agreements.

Several people commented on the imbalance between client needs and staff assignments. It was suggested that the MSC organization divide case work staff into two teams, family and individual, with common resources, all supervised by one director.

QUESTION 7: An overarching goal for the MSC is to assist homeless individuals and families by helping them obtain benefits and services for which they may be eligible, to assist them in obtaining shelter, "transitional" or "supportive" housing, or permanent housing as

appropriate for the client. Could you comment on the effectiveness of current MSC programs for achieving each of the components of the goal?

THEME: EFFECTIVENESS

The interviewees have a variety of different responses to this question. Several people suggested that MSC would be more effective if its "service package" was more predictable. MSC should standardize expectations of what it offers to stabilize, provide service links and provide case management for providers who make referrals to or who get referrals from MSC. Housing providers might be more willing to risk taking more borderline cases (now they take only the more successful clients). Better, more predictable services will make non-profit agencies more responsive.

There needs to be better coordination among MSC and service providers. Affiliation agreements may help. Interagency program planning needs improvement. But at least one interviewee stressed that the MSC is NOT the appropriate vehicle to be responsible for this interagency coordination.

Some people warned that MSC is turning into an "institutionalized professional bureaucracy." "Since Philip Mangano left, the MSC is nothing but a bunch of professionals sitting around drinking coffee." At least three people stressed the importance of incorporating measurable performance indicators into MSC operations.

The poor or inconsistent intake and assessment procedures slow down the effective service planning for clients. Referrals could be better, with more outreach to the streetworkers and more help available to the substance abusers. Some case workers, especially those working with individuals, are spread too thin.

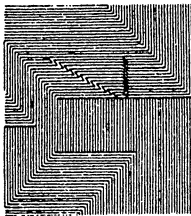
Within the MSC staff need a clearer process for planning, problem solving and decision making. Staff meetings don't work for them any more. They are a waste of time for MSC team members. In addition, all service provider agencies could benefit from more training on planning and problem solving.

The furniture bank should be expanded.

The physical environment and floor plan at Brookline St. is less welcoming than it was in Pearl St. Physical environment is very important to contribute to a sense of dignity and security for the homeless.

Interviewees raised the following two dilemmas as examples of concerns which mitigate against the effectiveness of services for the homeless. First, supervisors and case

Barbara Thornton, MCP



SUMMARY RESPONSES OF INDIVIDUAL INTERVIEWS WITH THE
CAMBRIDGE MULTISERVICE CENTER TEAM

Staff interviewed: 14 (including City and non-profit
agency employees)

Dates interviewed: April 2,4,5, 1990

The one hour interview time allotted for each staff member did not permit us to formally go through each of the "Questions for Agencies". However, many of the questions parallel questions designed for the staff or I added them indirectly as part of the interview discussion. In the following section I have blended staff responses, as I interpret their conversations, to the "Questions for Agencies".

QUESTION 1: Could you mention some advantages for homeless persons in receiving services through a MSC model? Disadvantages? What are the longer-term implications of both the positives and the negatives, in terms of the clients' well-being?

MSC staff uniformly see strong advantages to this MSC model. Homeless people get "one-stop shopping" for their service needs. The staff is committed to respect the homeless and appreciate their difficulties in a way that service providers used to a wider range of client types would not. Each staff member can offer not only what she knows about services, but also what her colleagues in the office know so the client gets more services per "caseworker encounter" than the client might in another service provider model. Staff were not inclined to see their roles in a longer term perspective.

QUESTION 2: Could you mention some advantages and disadvantages for staff who work with clients within the MSC model? What about agencies which are not located at the MSC, but have mutual clients?

All staff felt the advantages to this model are tremendous. Many staff commented on the dedication and team spirit of

camaraderie they valued in their colleagues. There is an informal recognition that individual staff have certain useful expertise which may not necessarily be related to their specific job description. It does seem that some staff are probably more depended upon for consultation, advice and suggestions about services than other staff.

Most staff took the current service mix at MSC as a given and it did not seem to occur to them that this mix could be different or broader. However, a couple of staff did suggest the addition of other service providers on at least a part time basis. Once the possibility was raised of a broader service mix in the MSC portfolio, staff suggested this could be accomplished either through agencies having desk space or agency representatives educating MSC staff about their services or MSC staff and agency representatives getting to know each other better and building good communication.

QUESTION 3: On the whole, do you believe a MSC model is preferable to some other model of service?

The consensus is yes. In fact a couple of staff alluded to choosing MSC because they felt the model is the best way to serve the homeless, and they are committed to working with this population.

QUESTION 4: Can you identify other agencies or service types which should be housed at the MSC, if space were to be available? Are there current components of service you think are outdated or underutilized? Have there been changes in client characteristics, numbers, or problems in recent years, which should be considered in planning services for the next few years? Do you expect significant changes (up or down) in the numbers of homeless persons in Cambridge, or in their characteristics, in the next few years?

Most of the staff had a hard time with the question of whether the population was changing and what the future needs might be. Only a couple of staff were willing to offer a guess about the changing population. There is a feeling that the numbers of homeless are tapering off but the currently homeless are more dysfunctional, have more complex problems and are more prone toward violence. Staff acknowledged that perhaps the portion of elderly homeless was increasing, the young mothers, the substance abusers, AIDS cases, etc. but they did not hold these views very strongly. There were many references to substance abuse and mental illness but the MSC staff are not trained in recognizing or helping clients with these problems and so

are reticent to estimate any changes in the proportion of homeless with these problems.

Staff did, however, feel very strongly about the reduction of resources available to the homeless. They are very concerned that the city will remove its support for this population. They are also very concerned about the growing scarcity of affordable housing opportunities.

QUESTION 5: In light of the development of the network of services for the homeless in Cambridge, should the City alter the services it offers to this population? Should other or additional segments of the homeless population be targeted for service by the City? If so, what type of service?

MSC staff tend to see themselves as the core service delivery agency for the homeless in the City. They would read this question, then, as a potential threat to alter the services by reducing the role of the MSC.

However, the MSC staff consider housing, even supported housing, as being something other than "services". Staff feel very strongly that the City needs to do more to provide a wider range of types of affordable housing, especially transitional (up to two year) housing for young families and for substance abusers who have gone through detoxification.

QUESTION 6: The Emergency Services Coordinator position recently vacated by Philip Mangano originated as a casework position. Under the current structure, Darius Yazdgherdi serves as MSC Administrator. We are reassessing the ESC position, with the intention of having the position address unmet needs related to the homeless/emergency service population. Are there some functions or issues in this area you believe should be considered in planning for this staff position?

Staff responses to this are also referenced under question 3 in the prior section. Staff want an administrator who can manage MSC operations, meet their needs and keep the facility operating. Staff recognize that there is another set of responsibilities which Philip fulfilled but which a new MSC coordinator should not be expected to fill. These responsibilities are advocacy and service system coordination. Most staff believe these responsibilities should not be expected of the same person who coordinates the MSC. Some staff suggest these advocacy and coordination responsibilities should be located at 51 Inman St.

QUESTION 7: An overarching goal for the MultiService Center is to assist homeless individuals and families by helping them obtain benefits and services for which they may be eligible, to assist them in obtaining shelter, "transitional" or "supportive" housing, or permanent housing as appropriate for the client. Could you comment on the effectiveness of current MSC programs for achieving each of the components of the goal?

The general response of individual staff is that they are being very helpful to their clients, that they do make a difference in their clients' lives. The links to available housing do seem to be working well. Staff know the housing market, landlords, certificates, subsidized units, etc. However the staff acknowledges they are sorely limited by the narrow range and quantity of available housing.

MSC staff refer to their lack of knowledge about other benefits which could help their homeless clients. The example most often referred to is clients with substance abuse problems. Staff use the "SAM" book to help clients connect to programs. But none of the staff reflected an overarching awareness of a network of entitlements and social policy legislation and benefit programs which could help their clients. They all were fairly familiar with Dept. of Public Welfare programs, but none of them knew about the entitlements available to veterans through the City. Two staff used the fuel assistance program as an example of a benefit they hadn't known existed.

Question 8: If a MSC approach continues in the future, is the City the best operator of such a facility? Are there other providers which might more appropriately contract to offer the direct services and/or the administrative capacity at the MSC? Can you comment on the advantages/disadvantages of direct City sponsorship?

Staff who considered this question felt very strongly that the City should play a key role in the operations of the facility. Other potential vendors have too narrow a focus. The key role offered by the City is the provision and maintenance of the physical site. People did not feel strongly about the City providing a full array of staff services and the management of staff. These responses seemed to be consistent whether the interviewee was a City employee or a private employee.

workers need to balance the needs of an individual client against the creation of a successful meshing for a client into a community. Second, the City has been, and should continue "advocating" for the needs of the homeless but that may be inconsistent with a City department actually operating a service organization.

QUESTION 8: If a MultiService Center approach continues in the future, is the City the best operator of such a facility? Are there other providers which might more appropriately contract to offer the direct services and/or the administrative capacity at the MSC? Can you comment on the advantages/disadvantages of direct City sponsorship?
THEME: CITY ROLE

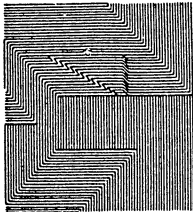
The interviewees had strong feelings about what the City's role should be but they did not feel strongly about who should actually run the MSC, as long as the services were provided.

The MSC should be run under some kind of a collaborative partnership between the City and the non-profit service providers. No one service provider can field enough service workers to present the critical mass for an effective team, so the pooling of workers is important. The City has a number of special attributes it can bring to this collaboration. It is a catalyst, a networker, offers neutral turf and has a vision of overall end goals.

The City can tap funding sources which non-profits can't and can be a powerbroker with major institutions in the community. The City has an official planning function. The City, through DHSP, enhances opportunities for cooperation with other municipal resources.

City funding is a "must". It is the government's duty to help the poor. Providers believe the City is doing this project to close the MSC. The City must be active and "hands on", spending money is not enough. But some people point out that then the City has the dilemma of having an "insider advocacy" model which has offended the non-profits in the past. However, "insider advocacy" is important. This facilitated the opening of the armory as a shelter and the acquisition of an occupancy permit for a shelter.

Some people feel the City does far more "hands on stuff for the homeless" than most other cities. But most people feel the City doesn't do anywhere near as much as it should. (There is some evidence that many people are not fully aware of the roles DHSP plays.) Interviewees did express the need for more and better communication with the City. One person



Barbara Thornton, MCP

March 26, 1990

TO: Stephanie, Jill
FROM: Barbara
RE: OUTLINE OF LUNCH DISCUSSION

Following is the outline I used to review my thoughts with you on the conclusion of the first phase of interviews with community agency representatives.

A. CAUSES OF THE NEED FOR CHANGE

1. MSC is perceived as institutional bureaucrats.
2. Sending people to MSC means relinquishing ownership of them as clients (primary provider status is lost).
3. MSC screens out some people indirectly, ex: active drinkers; people with no papers or no capacity for bureaucracy.
4. MSC only offers services that it finds relatively easy to package, ie. service mix is not directly related to need.
5. MSC mission is not clear: case management vs. service coordination/provision/referral vs. homeless advocacy.
6. Clients must come to the MSC office for services.
7. Clients can't count on the services they need being there when they arrive.
8. Resource agencies (ex: those providing transitional to permanent housing) would take higher risk clients if they knew there was a more stable system of ancillary support services in place.

RE: City Role

9. Providers fear that if city doesn't run it - city won't have a policy and financial commitment to homeless.
10. Providers feel MSC symbolizes "neutral ground" between agencies although not fully realized.
11. Providers feel a need for planning, coordination and evaluation which is potential via city role though not fully realized.
12. There are no measurable indicators of need for services, nor for success.
13. Provider agencies (shelters especially) meet in four groups for different purposes: Camb-Som Coalition, Shelter and Meal Providers, Camb. Shelter Directors' Assoc., Camb. Housing and Psych. Providers

gave the example that providers are not involved in the City's planning process.

The MSC could be run by a non-profit agency. But this risks getting another "czar" who would, as a non-profit, be ignored by the other agencies. One person suggested that the City give agencies the staff money through contracts on the condition that they place the staff in the MSC.

There seemed to be a general consensus, sometimes quite explicit, that the City role should be to:

1. Underwrite the cost of the co-location format, including paying for the space and the support staff.
2. Provide planning on homelessness needs and services for all agencies and the community.
3. Provide a forum for the discussion of public policy issues by agency directors (these directors don't know each other very well).
4. Be a negotiator or powerbroker as necessary on behalf of the interests of the poor.

People frequently made the following two points. First, the City's role should be more than getting people into housing, it must seek to provide this housing. Second, the City needs to have a pro-active, not a reactive planning role to address the problems of homelessness.



CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139

TEL. 498-9011

FAX. 868-8159

EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

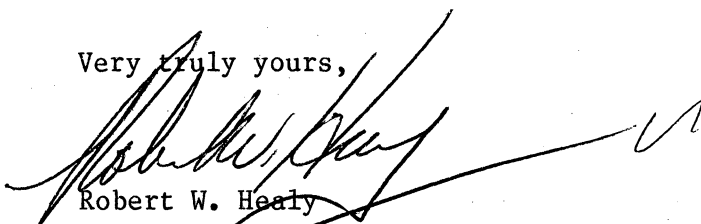
RICHARD C. ROSSI
Deputy City Manager

May 14, 1990

To The Honorable, The City Council:

In response to Awaiting Report Item No. 18, relative to plans to evaluate the Multi-Service Center for the homeless, attached please find a report from Jill Herold, Assistant City Manager for Human Services, concerning the matter.

Very truly yours,



Robert W. Healy
City Manager

RWH/mev
enclosure

Agenda # 4 S-508

Awaiting Report Item Number 18, regarding plans to evaluate the Multi-Service Center for the homeless.

In City Council,

May 14, 1990

Placed on file
Further Report
requested from the
City manager on motion
of Councillor Walsh.
Copy sent to City mgr.
5/15/90 (dc)