



**Cambridge Plan**  
**Agency Survey Report**

**City of Cambridge**  
**Human Services Strategic Planning Committee**

**August 1991**

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## FOREWORD

On February 7, 1991, the Human Services and Youth Subcommittee of the Cambridge City Council held a public hearing in conjunction with the Human Services Commission and the Human Services Strategic Planning Committee, a group combining City officials and non-profit service providers. The hearing was well-attended, with testimony given by both members of the public and service providers. Agencies and service recipients were still receiving confusing and disturbing messages of State cuts for Fiscal Year 1991 at the time, and the picture for the human beings involved remained unfocussed. Fiscal Year 92 has begun, and apprehension and uncertainty still prevail for many as we and they attempt to look into the future.

In its continuing pursuit of understanding of community needs and the resources which remain available, the Human Services Strategic Planning Committee is determined not to lose sight of the most crucial element in the system. The testimony in February from people who are in need of services, and those who have made admirable use of services, was to the point. The carefully enunciated words of the English-as-a-Second-Language students, and their determination to succeed, spoke of what is truly important. The desire of a low-income mother for her special needs child to reach its potential through continued appropriate services reminds us where the future must lie. The lifeline that specialized transportation provides to isolated elders; the comfort of food and a bed in a safe shelter for homeless individuals; the hope that employment and training services offer the struggling breadwinner: these are the reasons we have sought knowledge. We hope that this survey will contribute to the understanding essential to assure that future human services are planned, funded and operated to the best of our collective abilities in Cambridge.

## **CAMBRIDGE PLAN AGENCY SURVEY REPORT EXECUTIVE SUMMARY**

In January of 1991, 119 of the 159 identified human service providers in Cambridge were invited to participate in a survey examining their service delivery and budgetary experiences in Fiscal Years 90 and 91. Fifty-seven non-profit agencies and municipal human service programs responded to the inquiry, conducted under the aegis of the Human Services Strategic Planning Committee convened by City Councillor Jonathan Myers in October 1990. Non-profit service providers responding ranged from those with annual budgets of under \$100,000 to those with budgets in excess of \$7 million.

Non-profit agency service areas included Adult Education/Jobs Training/Employment; Child Care; Mental Health; Disabilities/Special Needs; Substance Abuse; Services for Elders; Legal Services; Multiservice Agencies Targeting Newcomers/Linguistic Minorities; Medical/Health; Homelessness/Emergency-Transitional Housing; Children/Youth/Families and Basic Needs. The 11 municipal participants included the Cambridge School Department, the Cambridge Hospital, the AIDS Task Force, and programs within the Department of Human Service Programs and the Veterans Services Department.

An impetus for the research was the continuing reductions in human services funds available from the State, the topic of a City study in 1989. Highlights of the findings of the new survey include the following:

- \* A major trend noted by current survey respondents is the growing need for many services, such as financial and housing assistance, and employment and training programs, fueled by the regional economic recession. Ironically, the Commonwealth's revenue and policy changes in response to the downturn make it much more difficult to obtain funding for these services.
- \* The 7.6% decrease in State funding overall to the Cambridge non-profit agency survey respondents between Fiscal Years 90 and 91 is further magnified by the fact that monies from the Commonwealth of Massachusetts comprise up to 70% of these agencies' budgets.

\* When State dollar cuts of over \$2 million are adjusted for inflation, Cambridge non-profit agencies lost 12.66% over the two-year period. Municipal human service losses of about \$160,000 in direct State funds do not include Medicaid or Local Aid.

\* Budget changes affected different service areas in varying ways. The largest percentage cuts were in Child Care, which lost 39.97% of its State funding, and 13.15% overall. Cuts of 19.54% from the State and 14.49% from all sources were sustained by agencies in the Children/Youth/Families category. It is clear that there is overlap among the Cambridge families served in these two categories, which intensifies the negative impacts upon these clients. Similarly, the Disabilities/Special Needs area lost 18.59% in State revenues.

\* Other large overall dollar losses were sustained by Legal Services (-36.64%) and Adult Education/Training/Employment (-14.19%).

\* Although non-governmental support for human services grew by \$1.1 million in the non-profit sector, this still constitutes less than 20% of those agencies' budgets, and does not offset \$2 million in State funding losses. Sources of non-governmental funds included foundations, individual and corporate donors, fees for service and fundraising events.

\* What was reported as non-governmental funding for municipal human services grew by \$4.5 million, but the vast majority of this increase was in third-party payments and other patient fees collected by the Hospital. The third-party payments included Medicare/Medicaid, which consists of federal and State monies which could not be broken out from the total.

\* In FY91 the City allocated \$80.7 million of its own revenues (and federal Community Development Block Grant funds) to City-operated direct human services, including \$68.8 for the School Department. City funding for non-profit human service agencies for that period was \$709,538.

\* Of the 47 non-profit agencies and municipal programs reporting on unduplicated client counts, the annual average was about 500, and the range was 20 to 24,000 clients. The aggregated counts totalled 159,130 in FY90 and 155,275 in FY91. (An unduplicated client is counted only once per year in a specific agency's statistics, no matter how many times or for what duration that person receives service from that agency.)

\* Racial and linguistic minorities in FY91 constituted approximately 35% of the caseloads. According to the 1990 U. S. Census, about 25% of Cambridge's residents belong to groups other than white.

\* Most agencies are very willing to examine new ways to carry out collaborative planning and service delivery to minimize loss of services to persons in need.

Few specifics are known about how the FY92 State budget will affect Cambridge service providers and their clients. Large cuts and policy redirections are evident in Welfare programs and Rental Assistance, but the picture is unclear on local effects for many other programs which are undergoing massive changes, including Medicaid, the Departments of Mental Health and Social Services. While the Cambridge Plan Agency Survey does not purport to convey every subtlety of service provision for every local provider, it is intended to be a solid baseline for the continuing work needed for sound future decisions.

## **CAMBRIDGE PLAN AGENCY SURVEY REPORT**

### **BACKGROUND**

In October, 1990, City Councillor Jonathan Myers convened the Human Service Strategic Planning Committee, under the auspices of the Council's Human Services and Youth Subcommittee. The Planning Committee consists of representatives from a number of Cambridge human service agencies and related City departments. Members are listed in the roster in Appendix A. The group was charged with the responsibility of working toward recommendations regarding a human services policy, "Cambridge Plan," to guide the City Council and administration in the future. Toward understanding community needs, the City Council Human Services and Youth Subcommittee held a public hearing on February 7, 1991, in conjunction with the Human Services Commission and the Planning Committee. Another strategy for soliciting information on human service needs and priorities is a citizen sample survey which will occur later in 1991.

Initial discussions of the Planning Committee, however, centered on the impact of State budget cuts on local human service agencies and the people they serve. The Department of Human Service Programs had last done a study on this topic in November, 1989, and several waves of cuts had hit the community since that time. The Planning Committee decided to seek information from Cambridge agencies on the services they provide, their clientele, budgets for Fiscal Years 90 and 91, and needs and trends that agencies are observing. This was done to establish baseline information, even with the realization that FY91 budgets would continue to change in the coming months before the end of the fiscal year, and that the cuts under discussion for FY92 were likely to be much more severe than those which had occurred over FY90 and FY91.

For FY92, it is known that State funds have been cut for the Departments of Social Services, Mental Health, and Public Health and other operations. Many benefit programs are being reshaped to provide fewer benefits to fewer people. Medicaid is in a major transition, and local aid has been decreased. While Cambridge residents will be affected by both service and benefit losses or reductions, it is impossible to predict at this time precisely how. It is the Planning Committee's hope that this survey effort can serve as a foundation for future inquiry.

### **METHODOLOGY**

The Planning Committee participated in the design and pretesting of a survey instrument, included as Appendix B, to collect this information. In January, 1991, the Department of Human Service Programs mailed the finalized survey questionnaire to 119 agencies and City programs providing human services in Cambridge. After follow-up by staff and Committee members, 57 agencies and programs (48%) returned the survey. Returns were analyzed using the software programs STATA and EXCEL.

## **A WORD ABOUT INTERPRETATION**

Efforts were made to include most major service providers, but some service areas are less well represented than others, partly due to non-returns. Also, the data collection efforts were somewhat focused on service providers known to utilize government funding, particularly from the State. Many churches offering meals programs for the homeless and others in need, for example, receive no governmental funds and were not solicited for this survey. Updates for FY92 will include special outreach to these areas. Respondents to the survey are listed in Appendix C. Appendix D provides a more comprehensive listing of 159 human service providers in the Cambridge area, including those who chose not to participate, and those who were not surveyed.

In addition, it should be noted that State budget cuts which occurred January-June 1991 are not included in the study, for the most part, since data collection occurred in January

Although the focus of the survey was service to the Cambridge community, it was not always possible for respondents to separate Cambridge residents from non-residents in their data or in the funding allocated for the respective groups of service recipients. Conversely, Cambridge residents certainly receive services from providers located in other municipalities, and this information was not captured by this study.

## **RESPONSES TO QUESTIONNAIRE**

### **General Descriptions**

Agencies were asked to select from a listing of eighteen service areas those in which they primarily provide services, or have within the past year. Respondents chose between one and 12 of the areas, with approximately 39% indicating that they provide Information and Referral, and 35% indicating Education. Because few of the agencies surveyed are known to provide these services as a primary function, it may be more useful in most cases to view these functions as components of the agency's main services. Because agencies were permitted to check an unlimited number of the functional areas, this question provided insufficient for grouping respondents for further analysis. Other functional service areas receiving a large number of responses included Substance Abuse (28%), Mental Health (26%), Day Care and Food/Meals (each 25%) and Homelessness (23%). A complete breakdown of these responses may be seen in Figure 1, among the graphics located after the body of the text.

Respondents were then asked whether any program or service area had been phased out or eliminated from their agency due to budget constraints in the last year. The 17 agencies indicating a change of this nature are listed in Figure 2.

When asked how they respond when unable to provide for a client, most agencies (44) refer the client to another agency, while 27 place the client on a waiting list, four take no action and four take some other unspecified approach (see Figure 3).

The majority of agencies (41) reported operating programs which serve both Cambridge and Somerville residents, while 37 extend services to other cities and towns as well. Different programs within an agency may have different geographic eligibility. Only 12 restrict all services to Cambridge residents only (Figure 4). It appears over time that most agencies have responded to funding availability, particularly as shaped by State agency designated service areas, in defining their clientele. Services in all eighteen of the functional areas are available to non-Cambridge residents through agencies located in Cambridge (Figure 5). In some cases, Cambridge agencies also have locations in other municipalities, and Cambridge residents receive services furnished by providers located in other communities.

## Budgetary Information

Agencies were asked to report total agency budgets as well as funding by source and program for the current and previous fiscal years. While total agency budgets reported for all survey respondents were approximately \$175.9 million for FY90 and \$183.2 million for FY91, these totals sometimes included information for operations outside of Cambridge, and for non-direct service functions such as research, planning and general administration. While this is useful information to have in regard to local economic impact, it was decided that this analysis should focus on monies used to provide direct services to clients. Follow-up and careful examination revealed that the respondents to the survey received \$165.5 million in FY90 and \$175.5 million in FY91 for the provision of direct human services. This included \$40.4 million in FY90 and \$43.4 million in FY91 for the non-profit agencies, and \$125.1 million and \$132.1 million in the respective years for municipally-operated human services.

It should be noted that even with careful study of the responses, approximately \$1.3 million in each of the two fiscal years was not clearly traceable to Cambridge-based direct services, to non-local services nor to indirect functions. All tables, figures and discussions in this study are based upon the more conservative numbers traceable to Cambridge direct services, with a few unavoidable exceptions which are not deemed to obscure the sense of the interpretation. Also, every effort was made to eliminate double-reporting of both dollars and clients in instances where one agency in the study was a subcontractor of another survey respondent.

In order to provide a more accurate picture of funding available for services in Cambridge, all budget figures in the tables in this report show both changes in nominal dollars, and changes in constant dollars which have been adjusted for the 5.7% inflation which occurred over the FY90-FY91 period.

Table 1 on the following page and Figure 6 depict the aggregated sources of funds received by the non-profit respondents to the survey.

**TABLE 1. NON-PROFIT BUDGETS BY SOURCE**

(40 respondents)

<b>SOURCE</b>	<b>FY90</b>	<b>FY91</b>	<b>% Change Unadjusted</b>	<b>% Change Adjusted <sup>4</sup></b>
<b>City of Cambridge <sup>1</sup></b>	776,604	709,538	-8.64	-13.57
<b>State <sup>2</sup></b>	26,296,777	24,283,393	-7.66	-12.64
<b>Federal</b>	4,546,561	4,983,469	+9.61	+3.70
<b>Other <sup>3</sup></b>	8,807,858	9,764,842	+10.87	+4.89
<b>TOTALS</b>	<b>\$40,427,880</b>	<b>\$39,741,242</b>	<b>-1.70</b>	<b>-7.00</b>

<sup>1</sup> Includes federal Community Development Block Grant (CDBG) funds in the amounts of \$309,724 in FY90 and \$279,493 in FY91. (CDBG funds are awarded by the U.S. Department of Housing and Urban Development to cities, which then allocate these dollars based upon local priorities, within certain guidelines.)

<sup>2</sup> Includes State funds from the Department of Mental Health, the Department of Social Services, the Department of Mental Retardation, the Executive Office of Communities and Development, the Department of Youth Services, Medicaid, the Department of Public Health, the Executive Office of Elder Affairs, Massachusetts Legal Assistance Corporation, Massachusetts Rehabilitation Commission, the Department of Employment and Training, the Office of Refugees and Immigrants, Governor's Alliance Against Drugs, Office of the Commission of Veterans Services, the Office for Children, and the Department of Education, including the Bureau of Nutrition.

<sup>3</sup> Includes client fees, rents, private donations, the United Way, foundations, tuition, vouchers, the U.S. Conference of Mayors, corporations, insurance, grants, and contracts with other non-profit agencies.

<sup>4</sup> Reflects changes in constant dollars which have been adjusted for 5.7%, FY90-FY91.

From Table 1 it can be seen that at the time of the survey, Cambridge non-profits had lost State and City dollars between FY90 and FY91, while gaining federal and private ("other"). Because State funding comprised 65% and 70% of the non-profit agency operating dollars in the two years of the study, the 7.66% loss had a much larger impact on the agency budgets than did the 8.64% decline in City dollars, which constituted only about 2% of the non-profits' budgets (Figure 6). When adjusted for inflation, the overall loss of 1.70% was equivalent to a real loss of 7%.

Financial information for human services operated by the City of Cambridge (Table 2) itself was analyzed separately from the non-profit agency figures, to eliminate distortions caused by the large scale of some municipal services and budgets. Municipal services reported under the category **Health Programs** included the Cambridge Hospital, the Cambridge Health Department, and the Cambridge AIDS Task Force. The **Veterans and Human Service Programs** category consists of the Veterans Services Department and several operations within the Department of Human Service Programs (Community Learning Center, Community Schools, Child Care, Youth Program, Council on Aging and MultiService Center). The Cambridge School Department reported under the heading **Public Education**.

**TABLE 2. MUNICIPAL BUDGETS BY SOURCE**

(11 respondents)

<b>SOURCE</b>	<b>FY90</b>	<b>FY91</b>	<b>% Change Unadjusted</b>	<b>% Change Adjusted <sup>1</sup></b>
<b>City of Cambridge <sup>2</sup></b>	<b>78,299,388</b>	<b>80,676,813</b>	<b>+3.0</b>	<b>-2.55</b>
Public Education	65,189,425	68,823,465	+5.5	-0.19
Health Services <sup>3</sup>	11,148,583	9,570,234	-14.2	-18.83
Veterans/Human Services <sup>4</sup>	1,961,380	2,283,114	+16.40	+10.1
<b>State <sup>5</sup></b>	<b>4,327,954</b>	<b>4,168,001</b>	<b>-3.7</b>	<b>-8.9</b>
Public Education	1,175,019	1,066,830	-9.21	-14.10
Health Services	2,251,363	2,326,899	-3.3	-8.51
Veterans/Human Services	901,572	774,272	-14.1	-18.73
<b>Federal</b>	<b>3,426,930</b>	<b>3,724,047</b>	<b>+8.6</b>	<b>+2.74</b>
Public Education	2,611,641	2,871,693	+9.9	+3.97
Health Services	711,830	711,830	—	-5.70
Veterans/Human Services	103,459	140,524	+35.8	+28.48
<b>Other <sup>6</sup></b>	<b>39,091,207</b>	<b>43,520,961</b>	<b>+11.3</b>	<b>+5.30</b>
Public Education	96,207	91,961	-4.4	-9.56
Health Services	38,645,000	42,948,000	+11.1	+5.11
Veterans/Human Services	350,000	481,000	+37.4	+30.00
<b>TOTALS</b>	<b>\$125,145,479</b>	<b>\$132,089,822</b>	<b>+5.5</b>	<b>-0.01</b>
Public Education	69,072,292	72,853,949	+5.5	-0.19
Health Services	52,756,776	55,556,963	+5.3	-0.038
Veterans/Human Services	3,316,411	3,678,910	+9.8	+4.90

<sup>1</sup> Reflects changes in constant dollars which have been adjusted for 5.7%, FY90-FY91.

<sup>2</sup> Federal Community Development Block Grant (CDBG) funding in the amounts of \$85,261 in FY90 and \$86,353 in FY91 are included in City funding for municipal services. CDBG monies are allocated to cities by formula, and are distributed according to local priorities, within federal guidelines.

<sup>3</sup> Health Services consists of the Cambridge Hospital, Health Department and AIDS Task Force. Hospital services are provided to both residents and non-residents of Cambridge.

<sup>4</sup> The Veterans/Human Services category is comprised of the Veterans Services Department and several programs of the Department of Human Service Programs (Community Learning, Center, MultiService Center, Community Schools, Youth Program, Child Care and Council on Aging.).

<sup>5</sup> State agencies providing funds to City human services include the Department of Education, the Executive Office of Communities and Development, the Department of Public Welfare, the Department of Public Health, the Department of Mental Health and the Massachusetts Library Commission.

<sup>6</sup> "Other" includes the AIDS Action Committee, foundations and third-party payments for health care services. The Hospital was unable to separate Medicare/Medicaid (federal/State combination) from other third-party billing.

At present, the City provides over 60% of the funding for its own human services, with both federal and State dollars playing a relatively minor role (Figure 7). While it is beyond the scope of this study to correlate Cambridge's receipts of State Aid to Cities and Towns with municipal ability to fund either its own or purchased human services, it would seem fair to assume a definite effect both for past and future years. Private funding, most notably through third-party payments for medical services, is a significant factor, too, at over 30% of the budget. Only in the federal funding arena did none of the three municipal categories lose actual dollars. Modest nominal increases in **Public Education, Health Services and Veterans/Human Services** may be interpreted as an inflation-adjusted overall level funding. With respect to each funding source, the three categories fared differently, as shown in detail in Table 2. The most notable percentage changes were increases the **Veterans/Human Services** category received from federal sources (35.83%) and private funders (37.43%).

For more detailed review, non-profit agencies were then placed into twelve categories according to the types of services they provided, or predominant clientele. A number of agencies provide an array of fairly diverse services, sometimes to significantly different target groups. To facilitate data analysis, it was necessary to assign each agency to the single category which seemed most characteristic of its services in light of the agency's replies to several questions on the survey. Considered in this categorization were answers to Question 1, on areas of service; Question 6, on clients; and Question 9, on budgets. The only State agency which participated in the survey was the Department of Social Services. Because DSS did not supply budgetary and caseload information which would skew the aggregated data because of the large size of the figures, this agency's responses to other questions were included with those of the non-profits in the Children/Youth/Families category.

Table 3 and Figure 8 depict non-profit direct service budgets by category. For the two fiscal years in the study.

**TABLE 3. TOTAL NON-PROFIT BUDGETS BY CATEGORY**

<b>CATEGORY</b>	<b>Number of Respondents</b>	<b>FY90</b>	<b>FY91</b>	<b>%Change Unadjusted</b>	<b>% Change Adjusted <sup>1</sup></b>
<b>Basic Needs <sup>2</sup></b>	2	89,829	92,200	+2.64	-2.9
<b>Legal Services</b>	3	1,842,725	1,167,570	-36.64	-40.06
<b>Multiservice Agencies Targeting Newcomers/ Linguistic Minorities</b>	3	1,500,695	1,502,230	+0.10	-5.30
<b>Disabilities/ Special Needs</b>	3	1,182,371	1,102,932	-6.72	-11.75
<b>Child Care</b>	3	3,261,812	2,832,729	-13.15	-17.83
<b>Homelessness/ Emergency and Transitional Housing</b>	3	2,746,711	2,929,898	+6.67	+0.92
<b>Substance Abuse</b>	2	3,488,477	3,918,544	+12.33	+6.27
<b>Medical/Health</b>	3	3,775,000	4,245,000	+12.45	+6.39
<b>Adult Education/ Training/ Employment</b>	3	6,821,970	5,833,560	-14.49	-19.11
<b>Children/Youth/ Families</b>	8	6,495,040	5,553,600	-14.49	-19.11
<b>Mental Health</b>	4	1,587,213	1,519,999	-4.23	-9.40
<b>Services to Elders</b>	3	9,248,957	9,043,062	-2.23	-7.50
<b>TOTALS</b>	<b>40</b>	<b>\$42,040,800</b>	<b>\$39,741,324</b>	<b>-5.47</b>	<b>-10.57</b>

<sup>1</sup> Reflects changes in constant dollars which have been adjusted for 5.7%, FY90-FY91.

<sup>2</sup> Includes food, clothing and blanket distribution. Does not include most meals programs.

Five of the categories had increased funding in FY91, while seven had decreased funding over FY90. The largest decreases were in **Legal Services** (-36.64%), **Children/Youth/Families** and **Adult Education /Training/Employment** (both -14.4%) and **Child Care** (-13.15%). Total non-profit budgets decreased by 5.47%, which is equivalent to a loss of 10.57% when adjusted for inflation.

When the State portions of non-profit budgets (Figure 9 and Table 4) are isolated, six categories showed decreases in FY91, five experienced increases. And one received no State monies in either year. Against an overall State funding decrease of 7.6%, **Child Care** (-39.97%), **Children/Youth/Families** (-19.54%) and **Disabilities/Special Needs** (-18.59%) experienced particularly heavy losses. **Substance Abuse** gained 10.14% and **Legal Services**, 13.65%, in State funds reported on this survey. Adjusted for inflation, the aggregated State decline is 12.66%.

**TABLE 4. STATE FUNDING FOR NON-PROFITS BY CATEGORY**

<b>SOURCE</b>	<b>Number of Respondents</b>	<b>FY90</b>	<b>FY91</b>	<b>% Change Unadjusted</b>	<b>% Change Adjusted <sup>1</sup></b>
<b>Basic Needs <sup>2</sup></b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>
<b>Legal Services</b>	<b>3</b>	<b>251,957</b>	<b>286,346</b>	<b>+13.65</b>	<b>+7.52</b>
<b>Multiservice Agencies Targeting Newcomers/ Linguistic Minorities</b>	<b>3</b>	<b>1,185,695</b>	<b>1,232,263</b>	<b>+3.93</b>	<b>-1.68</b>
<b>Disabilities/ Special Needs</b>	<b>3</b>	<b>688,889</b>	<b>560,836</b>	<b>-18.59</b>	<b>-22.98</b>
<b>Child Care</b>	<b>3</b>	<b>2,037,832</b>	<b>1,223,258</b>	<b>-39.97</b>	<b>-43.21</b>
<b>Homelessness/ Emergency and Transitional Housing</b>	<b>3</b>	<b>621,433</b>	<b>644,530</b>	<b>+3.72</b>	<b>-1.87</b>
<b>Substance Abuse</b>	<b>2</b>	<b>3,254,217</b>	<b>3,584,110</b>	<b>+10.14</b>	<b>+4.45</b>
<b>Medical/Health</b>	<b>3</b>	<b>1,215,000</b>	<b>1,284,000</b>	<b>+5.68</b>	<b>-0.02</b>
<b>Adult Education/ Training/ Employment</b>	<b>3</b>	<b>5,030,383</b>	<b>4,835,160</b>	<b>-3.88</b>	<b>-9.06</b>
<b>Children/Youth/ Families</b>	<b>8</b>	<b>4,666,338</b>	<b>3,754,562</b>	<b>-19.54</b>	<b>-23.88</b>
<b>Mental Health</b>	<b>4</b>	<b>905,054</b>	<b>822,863</b>	<b>-9.08</b>	<b>-13.89</b>
<b>Services to Elders</b>	<b>3</b>	<b>6,439,979</b>	<b>6,055,375</b>	<b>-5.97</b>	<b>-11.04</b>
<b>TOTALS</b>	<b>40</b>	<b>\$26,296,777</b>	<b>\$24,283,393</b>	<b>-7.66</b>	<b>-12.66</b>

<sup>1</sup> Reflects changes in constant dollars which have been adjusted for 5.7%, FY90-FY91.

<sup>2</sup> See Appendix E for Department of Public Welfare information.

While the Department of Public Welfare did not participate in the survey, it is important to understand the "Basic Needs" benefits provided to Cambridge residents directly by that State department. The value of Food Stamps for local recipients, for example, was \$4.7 million in FY90 and \$5.67 million in FY91. Medicaid spending levels were \$29.58 million and \$35.16 million in those years. The cash benefit programs, Supplemental Security Income, Aid to Families with Dependent Children, General Relief and Refugee Assistance, added \$10.2 million in FY90 and \$11.3 million in FY91 to the economy. These figures reflect benefits only, and do not include salaries and other administrative costs associated with providing the programs. More detailed information on Welfare caseloads and benefits, obtained after the close of FY91, is provided in Appendix E.

It may be informative to examine the pattern of City purchase of service from non-profit human service agencies, as shown in Table 5, as well as City funding of the services the municipality itself operates, illustrated previously in Table 2.

TABLE 5. CITY FUNDS ALLOCATED TO NON-PROFIT AGENCIES

SOURCE	Number of Respondents	FY90	FY91	% Change Unadjusted	% Change Adjusted <sup>1</sup>
Basic Needs	2	19,223	19,223	—	-5.70
Legal Services	3	15,172	15,222	+0.33	-5.08
Multiservice Agencies Targeting Newcomers/ Linguistic Minorities	3	90,000	105,000	+16.67	+10.38
Disabilities/ Special Needs	3	133,655	133,655	—	-5.70
Child Care	3	30,000	64,000	+113.33	+101.83
Homelessness/ Emergency and Transitional Housing	3	0	0	-	-
Substance Abuse	2	26,600	26,600	—	-5.70
Medical / Health	3	0	0	—	—
Adult Education/ Training/ Employment	3	82,470	68,000	-17.55	-22.00
Children/ Youth/ Families	8	327,484	257,838	-21.27	-25.52
Mental Health	4	0	0	—	—
Services to Elders	3	32,000	20,000	-37.5	-40.87
<b>TOTALS</b>	<b>40</b>	<b>\$768,459</b>	<b>\$813,538</b>	<b>+5.87</b>	<b>+0.16</b>

<sup>1</sup> Reflects changes in constant dollars which have been adjusted for 5.7%, FY90-FY91.

It should be noted that the City itself operates directly programs which would fall under the categories of **Services to Elders, Homelessness, Adult Education/ Employment/Training, Child Care, Children/Youth/Families, Medical/Health and Basic Needs.**

The overall increase in City funds allocated for non-profit human services was 5.87%, which represents level funding when adjusted for inflation.

With respect to services purchased from non-profits, City dollars decreased in two areas hard-hit by State funding losses, **Adult Education/Employment/Training (-17.55%)** and **Children/Youth/Families (-21.27%)** as well as **Services to Elders (-37.5 %)**.

The only non-profit areas showing a substantive City increase were **Multiservice Agencies Targeting Newcomers/Linguistic Minorities (+16.67%)** and **Child Care**, where City funds more than doubled..

City-provided municipal human service budgets, depicted in Figure 10 and Table 2, increased in **Public Education** and **Veterans/Human Services**, but declined 14.16% for **Health Services** for FY91. As previously mentioned, in comparison with non-profit agencies, City human service operations receive a much smaller component of their funding from the State, exceeding federal funding but not nearly approximating either City or private ("Other") funding (Figure 11 and Table 2). With a 5.50% increase in total direct service budgets, municipal services fared better than the non-profit agencies, with a net loss of 1.7%.

## Service Levels

Agencies were also asked to report upon their service levels for FY90 and FY91. The number and type of service units (such as hours, clients, pounds of food), the client target groups served, and the percentages of linguistic/ racial minorities served were requested for each program listed by an agency.

Initial concerns about meaningful analysis of the service unit counts were magnified when it was found that even within a given target group, providers utilized widely varying service unit definitions. Reporting service units as disparate as bed-nights, persons participating in training and clinic visits, Cambridge programs provided approximately one million units of services in each of the years of the study. Because of such wide definitional variation, no analysis of service units by target group is included in this report. Rather, the focus of the service reporting will be on a more standardized measure, the "unduplicated client."

"Unduplicated client" counts were collected for agencies as a whole, rather than by target group or individual programs within the agencies. This term refers to individuals or families who are counted by an agency only once during the specified period, in this case, one year, no matter how many times services are rendered to them. Present record-keeping systems would not provide systematic information on how many of these clients might be served by other agencies as well, and some agencies indicated that they were unable to provide counts with absolutely no double-counting. This report utilizes the best figures 41 non-profit respondents and nine municipal programs were able to provide, although the counts are imperfect in some instances.

Figure 12 and Table 6 below show unduplicated clients for each non-profit agency category for each of the two fiscal years. Categories increasing in unduplicated client counts over the two-year period were **Basic Needs, Homelessness/Emergency and Transitional Housing, Multiservice Agencies Targeting Newcomers/Linguistic Minorities, Disabilities/Special Needs, Medical/Health, Adult Education/Training/Employment, and Mental Health**. Decreases in unduplicated client measures were cited by **Legal Services, Child Care, Services to Elders and Children/Youth/Families, Substance Abuse** reported no change. Overall, clients of the responding non-profit agencies were expected to increase by 2.9% across the timespan. If one were to compare the distribution of unduplicated clients across target groups with their respective budgets, it should be borne in mind that some clients need much more complex, costly and extended services than others do.

**TABLE 6. NON -PROFIT UNDUPLICATED CLIENT COUNTS**

**BY CATEGORY**

<b>CATEGORY</b>	<b>Number of Respondents</b>	<b>FY90</b>	<b>FY91</b>	<b>%Change</b>
<b>Basic Needs</b>	2	10,000	11,400	+14.00
<b>Legal Services</b>	3	3,321	4,006	+2.16
<b>Multiservice Agencies Targeting Newcomers/ Linguistic Minorities</b>	3	4,224	4,565	+8.07
<b>Disabilities/ Special Needs</b>	4	1,906	2,681	+40.66
<b>Child Care</b>	3	2,305	2,020	-12.36
<b>Homelessness/ Emergency and Transitional Housing</b>	3	17,599	18,699	+6.25
<b>Substance Abuse</b>	2	6,225	6,225	—
<b>Medical/Health</b>	3	3,100	3,540	+14.19
<b>Adult Education/ Training/ Employment</b>	3	4,380	5,460	+24.66
<b>Children/Youth/ Families</b>	8	26,555	25,747	-3.04
<b>Mental Health</b>	4	780	821	+5.26
<b>Services to Elders</b>	3	10,398	10,056	-3.29
<b>TOTALS</b>	<b>40</b>	<b>101,393</b>	<b>95,120</b>	<b>-6.19</b>

Municipal unduplicated clients statistics, illustrated in Figure 13 and Table 7, showed increases in all areas except **Public Education**, which remained stable. In the **Health Services** category, the Cambridge Hospital, a major service provider, was unable to report unduplicated counts. The aggregate municipal client count was projected by the respondents to increase by 6%.

**TABLE 7. MUNICIPAL UNDUPLICATED CLIENT COUNTS**

<b>CATEGORY</b>	<b>Number of Respondents</b>	<b>BY CATEGORY</b>		
		<b>FY90</b>	<b>FY91</b>	<b>%Change</b>
<b>Veterans and Human Services</b>	7	24,237	25,155	+3.79
<b>Health Programs</b>	2	24,500	27,000	+10.20
<b>Public Education</b>	1	8,000	8,000	—
<b>TOTALS</b>	<b>10</b>	<b>56,737</b>	<b>60,155</b>	<b>+6.02</b>

Because of language or cultural differences, members of racial and linguistic minority groups may experience difficulty in obtaining access to needed human services. Although some agencies and programs are specially targeted to minority populations, it is important that "mainstream" programs be available also for these Cambridge residents. Information was sought from providers on the percentages of linguistic and racial minorities they serve. This information was reported in terms of target groups, as noted in Table 8 and in Figure 14. The 13 target groups identified included: **Elders** (age 60 or older); **Adults** (age 21-59); **Teens** (age 13-20); **Preteens** (age 10-12); **Children** (under 10); **Refugees/Immigrants**; **Specific Ethnic/Racial Groups**; **Disabled/Special Needs** (includes mental and physical illness, mental retardation, developmental delays); **Families/Parents**; **Substance Abusers**; **Homeless/At Risk of Homelessness**; **Low-Income** and **Other**. In some cases, agencies noted clientele from more than one of these groups within the same program. When this occurred, a primary category which seemed most typical of the program was selected to aid in analysis, except where the minority percentages were reported separately for each distinct target group. Many agencies reported on several programs. Both non-profit and municipal service providers were analyzed together in this question.

TABLE 8. PERCENTAGES OF MINORITIES SERVED

Target Group Served	Number of Programs/Agencies	FY90 Mean % Minorities	FY91 Mean % Minorities	% Change
Elders	9 / 8	13.3	15.7	+18.05
Adults	19 / 12	27.7	30.9	+11.55
Teens	15 / 13	59.7	53.7	-10.05
Preteens	12 / 9	42.8	45.9	+7.24
Children	19 / 13	54.3	48.5	-10.68
Refugees/Immigrants	3 / 3	100.0	100.0	—
Ethnic/Racial Groups	16 / 4	99.2	99.1	—
Disabled/Special Needs	12 / 8	21.0	19.1	-9.05
Families/Parents		51.1	54.1	+5.87
Substance Abusers	10 / 2	19.9	24.6	+23.62
Homeless/At Risk	8 / 3	47.9	32.6	-31.94
Low Income	16 / 8	36.6	40.3	+10.11
Other/General Public	23 / 10	33.7	32.8	-2.67
<b>TOTALS</b>	<b>188 programs</b>	<b>39.8%</b>	<b>34.5%</b>	<b>-13.32%</b>

Percentages of racial and linguistic minorities were highly variable from program to program. In order to have some way of viewing the percentages in the aggregate, a geometric mean (a type of average which is applicable to percentages) was computed for each target group. Means ranged from a high of 100.0% in each year for **Refugees/Immigrants** to a low of 13.3% in FY90 and 15.7% in FY91 for **Elders**. There was no clear pattern of change between the two years, with some target groups anticipating increases and some reporting decreases in the percentages of minorities served. The largest change occurred in the **Homeless/At Risk** group, which went from 47.9% minority in FY90 to 32.6% in FY91. Since absolute numbers of units of service to this target group are increasing, these responses may reflect a new component, such as persons newly affected by the regional recession.

According to the 1990 U. S. Census, Black persons in Cambridge now comprise 13.5% of the population; Asians constitute 8.4%; Native Americans, 0.3% and Other (non-White), 2.5%. Persons of Hispanic origin (who are classified as members of these groups or as White) make up 6.8% of the Census respondents in Cambridge, a figure considered by some to be an underrepresentation of the true proportion in the population. More detailed demographic information on linguistic and other subgroupings, such as Haitians, is not available at this time. Groups showing substantial growth rates between 1980 and 1990 included Asians, up 123.7%, Blacks, up 24.1% and Hispanics, who increased by 43.4%. Although it is difficult to know how well services are reaching members of subgroups in need, it is encouraging that the overall minority populations served, 39.8% in FY90 and 34.5% in FY91, exceed the Census proportion of non-White groups, 24.7%. Since minority populations are increasing, the decreasing percentage of minority clients between FY90 and FY91 may reflect fewer resources for specialized outreach. Alternatively, it could signify growth in the non-minority fraction of the total population in need of service.

### **Strategies in the Current Fiscal Climate**

When asked about their strategies in response to the fiscal climate, 42 of 57 agencies reported approaching potential new sources of funding. Thirteen agencies are changing services or programs to secure funding from non-threatened areas, and 13 are hiring staff with fundraising responsibilities. A more extensive listing of other strategies appears in Figure 15.

Human service providers are frequently in a good position to observe trends in behavior and needs in persons they serve, or who approach the agencies for service. In response to an open-ended question about observed trends or changes in the community, 17 agencies noted that clients are in need of more in-depth services, and more of an array of services than in the past. Sixteen agencies mentioned problems related to unemployment and the need for programs to help people obtain work. The need for financial assistance was cited by 11 agencies, while ten referred to homelessness, or the need for housing. Eight respondents each noted an influx of immigrants, mental health problems and substance abuse. A range of other responses is shown in Figure 16.

Because Human Services Strategic Planning Committee members are interested in involving other agencies and individuals from the community in future planning efforts, a question was posed about what approaches might be of interest to the respondents. Thirty-four agencies expressed interest in focus groups with agencies providing similar services. Thirty respondents were interested in planning groups with agencies representing a mix of human services. Specialized training in areas such as marketing, fundraising, collaborations and mergers was cited by 22 agencies. Sixteen agencies would be interested in involving clients in public hearings or planning meetings (Figures 17 and 18).

When asked about constraints upon services offered or client eligibility imposed by law or by funding sources, 12 indicated that they can serve only clients whose income does not exceed specified levels. Nine stated that clients must meet certain disability criteria. A complete listing of constraints appears in Figure 19.

Agencies were asked for additional comments on the impact of budget cuts upon the agency and its clients. Responses were coded into several categories, listed fully in Figure 20. Twenty-nine survey participants commented upon declining resources in a time of increasing demand, while 14 noted staff reductions. Six mentioned changes in eligibility criteria, and five cited a change in agency focus, treatment model or mix of services.

The final survey question provided for additional comments, ideas or concerns. A sampling of the 21 responses received, all related to changes in the service and financing system, appears in Appendix E.

## **CONCLUSIONS**

The range and number of human services offered in Cambridge are impressive, sometimes even the envy of service providers in other localities. The nearly one million units of service provided in each of the two preceding fiscal years, whether this be hours of counseling, hours of homemaker service for a frail elder, pounds of food distributed, or translation assistance for a newcomer, make life better for those in need, and enrich the quality of life for the entire community. The professional dedication of the service providers is remarkable, and not truly measurable in units of service.

As agencies struggle to maintain services in the face of what some may view as chronic underfunding, worsened by the budgetary decreases and uncertainties of the past two years, we find service providers observing increased demand for services. These observations of need are not limited to the agency's own area of service, as workers across the board report increased problems related to joblessness, erosion of personal finances, substance abuse, housing needs, mental health, medical needs and an influx of immigrants. Some of the service trends noted, such as shorter mental health treatment and shifts from inpatient to outpatient medical care, may have some undesirable effects.

The fact that overall human services funding measured by this survey increased 3.77% in nominal dollars over the two years of the study, and that State funding losses were only 7.6% at the time of data collection may be falsely reassuring. Caveats for the reader include such factors as:

- Non-participation of some local providers in the survey;
- Additional budget cuts averaging 4% on all State contracts mandated during the last few months of the fiscal year, after data collection had occurred;
- Problems experienced by some respondents in separating federal, State and other funding components, especially Medicare/Medicaid;
- Inability of some respondents to remove all services provided to non-residents from their reporting; and
- Cambridge residents' access to services in other localities.

Furthermore, the cumulative picture masks the plight of some of the service areas. Non-profit agency Child Care lost 13.15% overall, and 39.97% in State monies, for example, and the ripple effects are being felt throughout the economic system. Low-income parents, often single heads of households, may be forced to leave the labor market because of the lack of affordable child care. If the family must depend upon public financial assistance, the effects are profound upon the State fiscal system, the consumer economy, and of course, the family itself. Agencies placed in the rather broad category of Children, Youth and Families lost 14.49% from total budgets, and 19.54% from the State. If some of the households losing child care are the same ones losing other child- and family-oriented services, the suffering of these persons is compounded.

The one area which saw a State increase (13.65%) but an overall decrease (-36.64%) is Legal Services. Subsequent to the data collection, this service area experienced unexpected curtailments from the State in immigration and asylum services.

Recognition, and consequently funding, has grown for problem areas such as Substance Abuse and Homelessness. The resources reported for the Basic Needs area are surprisingly small, in view of similarly growing societal recognition of problems of hunger and poverty. This observation may be misleading, however, in that some of the important local providers of food and financial assistance are not included in the results of this survey. In concentrating mostly on programs receiving some governmental financing, a number of churches which provide meals programs for those in need were not surveyed. In several other cases, our efforts to gather information from Basic Needs providers were unsuccessful. While the Department of Public Welfare did not participate

in the survey, subsequently obtained information on numbers of Cambridge residents receiving benefits, and on the financial value of those benefits provides a crucial element in the picture of available assistance in the Basic Needs area.

During the Human Services Strategic Planning Committee discussions which preceded the agency survey, Committee members were very aware of the unstable nature of agency budgets. Various administrative actions, such as the phasing out of Department of Social Services open referral contracts, combined with legislative rescissions, made it difficult for agencies to know what their true budgets would be by the time the fiscal year ended. It should be understood, too, that the survey affords only a "snapshot" of the budgets as known early in calendar year 1991, and that the financial picture for individual agencies continued to change throughout FY91.

Viewing agencies primarily through their financing also tends to obscure certain other changes which are occurring in the service system. In open-ended questions, agencies spoke of staff layoffs. These mean loss of economic power for these workers, which affects the local economy, at the same that services to clients decrease. Agencies are also rethinking their service mix, and choosing to survive by keying provision of services to funding availability, rather than to observed needs. This is a concomitant of a system where it is third parties of some type, rather than users of services, who pay for most of the expenses.

In many cases, agencies which survive will be more reliant on different funding sources than in the past. The emphasis upon private fundraising of all types is rising. Indeed, non-profit funding from "Other" sources increased by \$1.1 million over the two year period. Municipal services saw an increase of about \$4.5 million in non-governmental funding, mostly fees for medical services and third party payments.

Agencies are having to consider, too, what an economically viable organizational size may be. With 40 non-profit agencies providing budgetary information, the average agency budget is a bit over \$1 million, although the range is from under \$100,000 to over \$7 million. While unduplicated client annual counts vary from 20 to 24,000 persons, the average for non-profit and municipal human service agencies is about 500. Despite preferences not to merge with other agencies, more attention is being given to this option than in the past. Most agencies reported willingness to work collaboratively with other agencies in ways which fall short of merger. One idea that is mentioned from time to time is retention of agency identities, but development of centralized service pools among groups of agencies for accounting, purchasing, payroll and similar functions. It may be, too, that agencies' geographic expansion over recent years is the harbinger of a shift also to larger multiservice agencies in the interest of financial strength.

At the time of data collection, the changing funding scene had resulted in program eliminations within 18 agencies. In addition to other programs which subsequently have ceased operation, the oldest non-profit child care provider in Cambridge, KLH Child

Development, is closing its doors. This illustrates another effect of the current funding situation: loss of system capacity. Particularly in child care and possibly in education, shifts in payment mechanisms are likely to curtail the ability of providers to plan adequately. As consumer vouchers replace funding agency contracts with providers, it may be difficult for child care centers to maintain staffing with market fluctuations. These changes call for a new type of planning, at least.

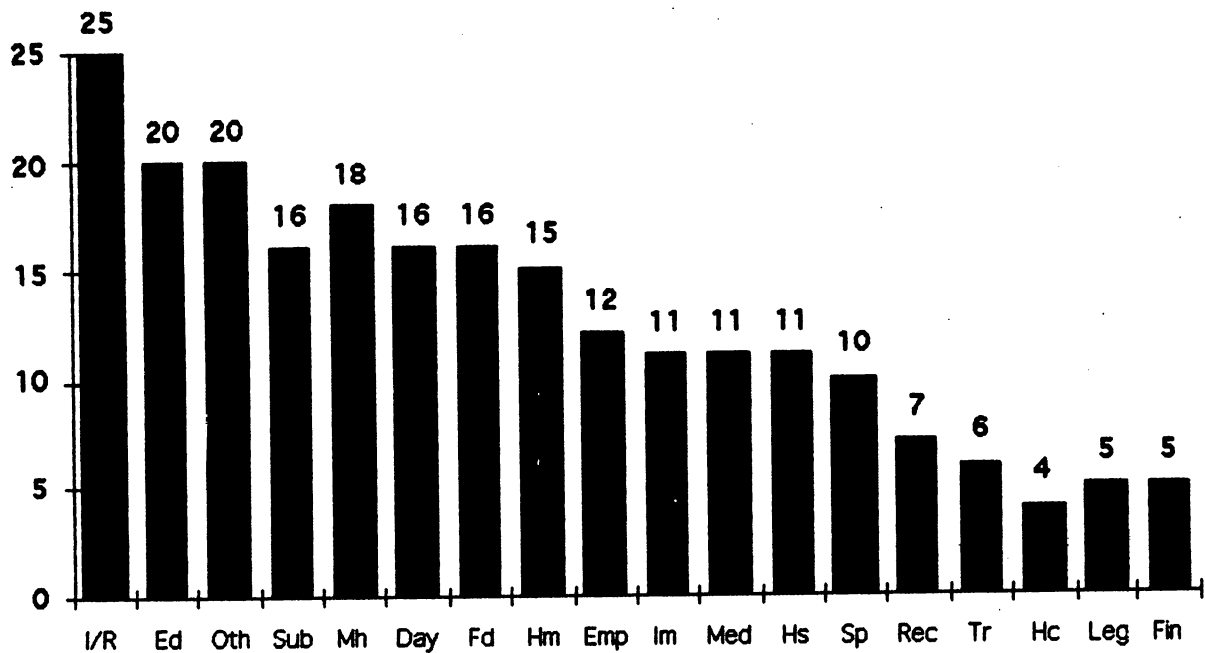
Finally, much deeper and more significant State cutbacks are expected for FY92 in many service areas. The exact magnitude and locus of these cuts will only become known as the State executive agencies implement the resulting the new budget. To remain useful, at least budgetary portions of the survey should be updated as the financial situation for FY92 unfolds. At the time of such an update, special outreach efforts should be made to include service providers who are not represented in the current survey.

Much of what is known of the FY92 budget at this time relates to cash and voucher type benefits made available to the needy through the Department of Public Welfare or the Executive Office of Communities and Development. Cash assistance and medical benefits under General Relief, for example, were cut about 50% over the final FY91 levels. Eligibility changes have cut about 15,000 persons from the program, and the likelihood is high that General Relief will be reshaped significantly in the near future. We know, too, that Aid to Families with Dependent Children has undergone some cost-saving measures which eliminate some benefits and postpone others. The Emergency Assistance program has eliminated most benefits to families other than emergency shelter. This means, on the one hand, no rental and utility arrearages to prevent homelessness, and on the other hand, no first month's rent and security deposit for a family moving from shelter to an apartment. The Rental Subsidy Program (707) has undergone reductions, and the portion of rent paid by the tenant has been raised from 25% to 30% of the household's income. Most state statutes which specified eligibility and service standards for Medicaid have been repealed to clear the way for a restructuring, and funding has been set at \$420 million less than would be required to continue the program at FY91 levels. Funding for the Departments of Social Services and Public Health has been reduced, but possible impacts on Cambridge services are unknown at this time. Services to the mentally ill and mentally retarded are in major transition, as the State-operated institutions are closed, and a system of community-based care is created with fewer dollars. State Aid to Cities and Towns is another area in which the effects upon Cambridge of State funding decreases remain to be seen. Above all, it is most important that elected and appointed officials, funders, planners, administrators and services providers never lose sight of the human faces behind the statistics.

**Figure 1**

**Question 1: Please check the primary areas in which your agency provides or has provided services within the last year.**

(Many of the 57 respondents to this question selected more than one service.)



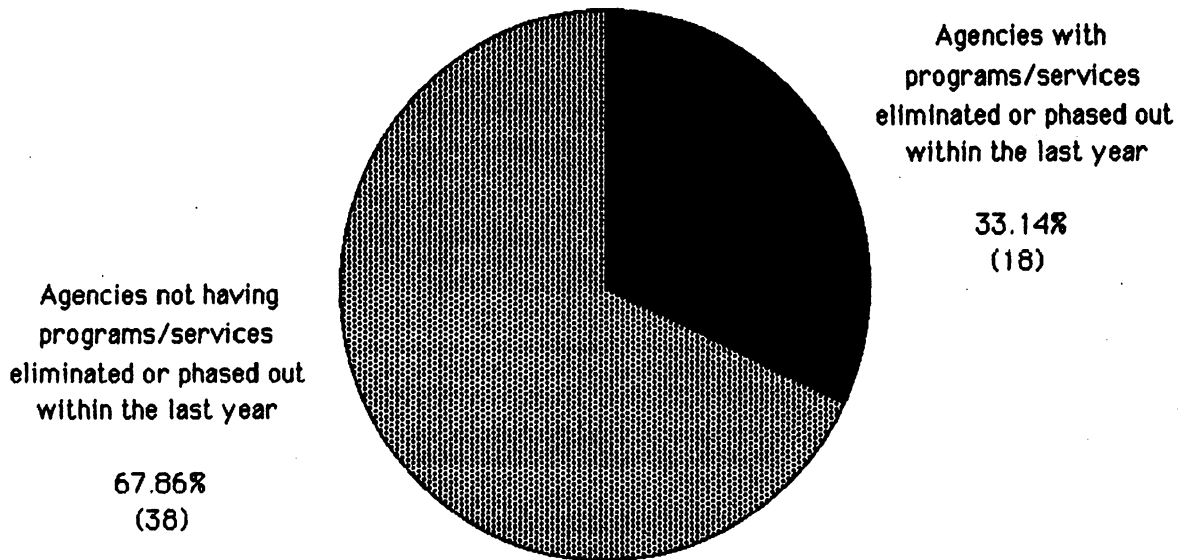
I/R Information and Referral  
 Ed Education  
 Oth Other  
 Sub Substance Abuse  
 Emp Employment/Training  
 Mh Mental Health  
 Hm Homelessness  
 Day Daycare  
 Im Immigrants/Refugees

Fd Food/Meals  
 Med Medical Care  
 Hs Housing  
 Sp Special Needs  
 Rec Recreation  
 Tr Transportation  
 Hc Home Care  
 Leg Legal Services  
 Fin Financial Benefits

**Figure 2**

**Question 2: Please indicate any program or service area that has been eliminated or phased out from your agency in the last year because of budget constraints.**

(56 respondents)



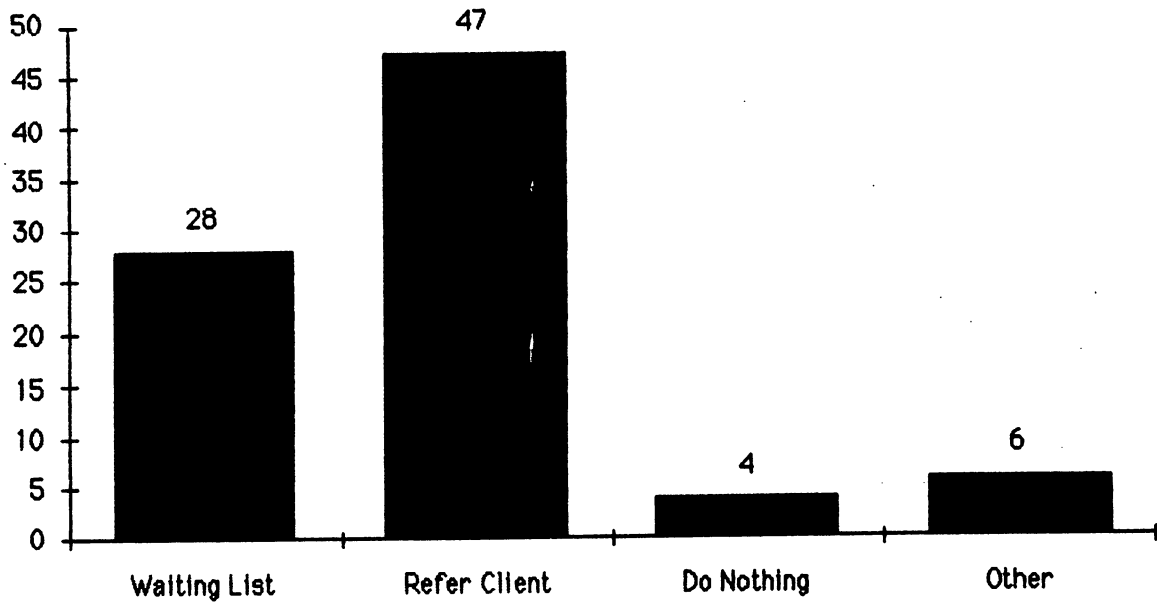
**Agencies having programs/services eliminated/phased out within the last year:**

- Mount Auburn Hospital
- Cambridge Housing Authority
- Community Learning Center
- Cambridge Hospital
- Cambridge Family and Children's Service
- Cambridge Care
- Cambridgeport Problem Center
- Cambridge Haitian American Association
- Child Care Resource Center
- Concilio Hispano
- Employment Resources, Inc.
- Mental Health and Retardation Center
- KLH Child Development Center
- Cambridge Head Start
- Cambridge YMCA
- COPA, Inc.
- Community Art Center
- Department of Social Services

**Figure 3**

**Question 3: Which of the following approaches does your agency take when unable to provide for a client:**

(A number of the 57 respondents checked multiple approaches.)



Put client's name on a waiting list

Refer client to other agencies

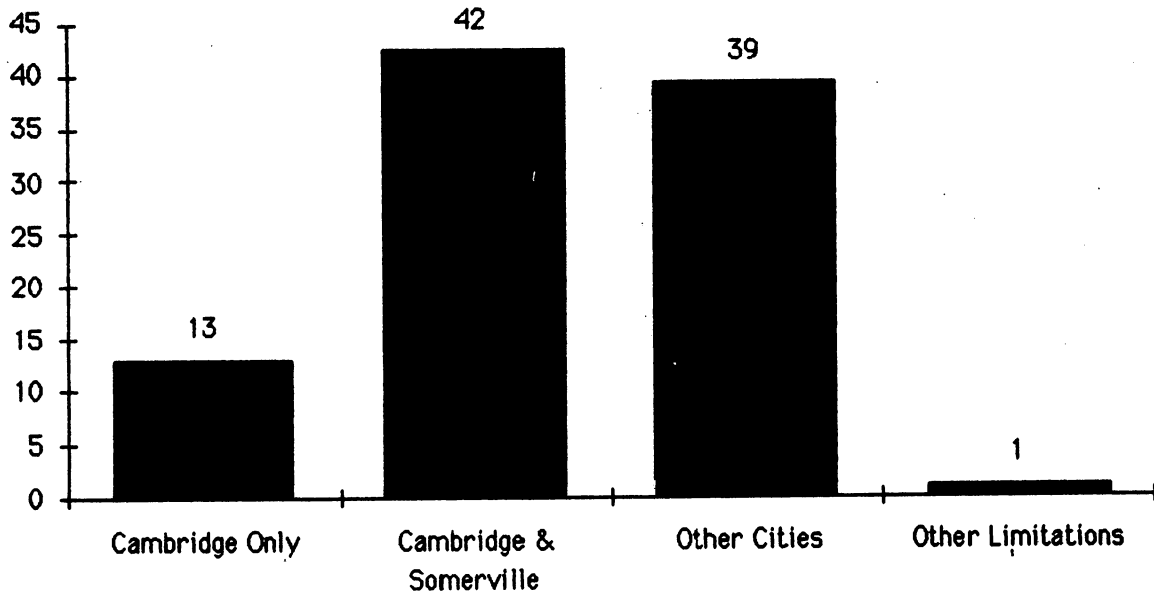
Take no action

Other

**Figure 4**

**Question 4: If you have geographic limits on client eligibility, please explain below.**

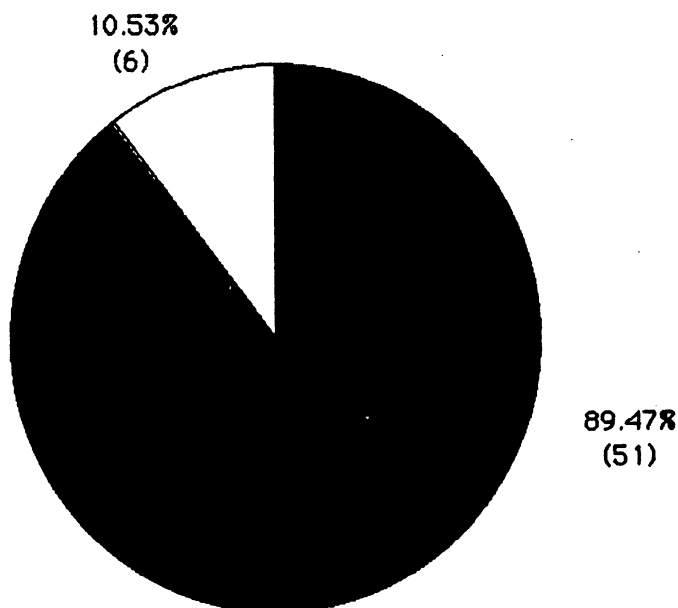
(Of the 57 agencies responding, some had different geographic limits for their different programs.)



**Figure 5**

**Question 5: If you provide services to residents of cities other than Cambridge, please indicate what services and which cities and towns.**

(Of the 57 agencies responding, 47 indicated that they provide services to non-Cambridge residents)



**Note - A very large number of localities in Massachusetts and a variety of services were enumerated. Many agencies have services which are tied to geographic areas designated by State funding sources. Services offered to non-Cambridge residents may be categorized as follows:**

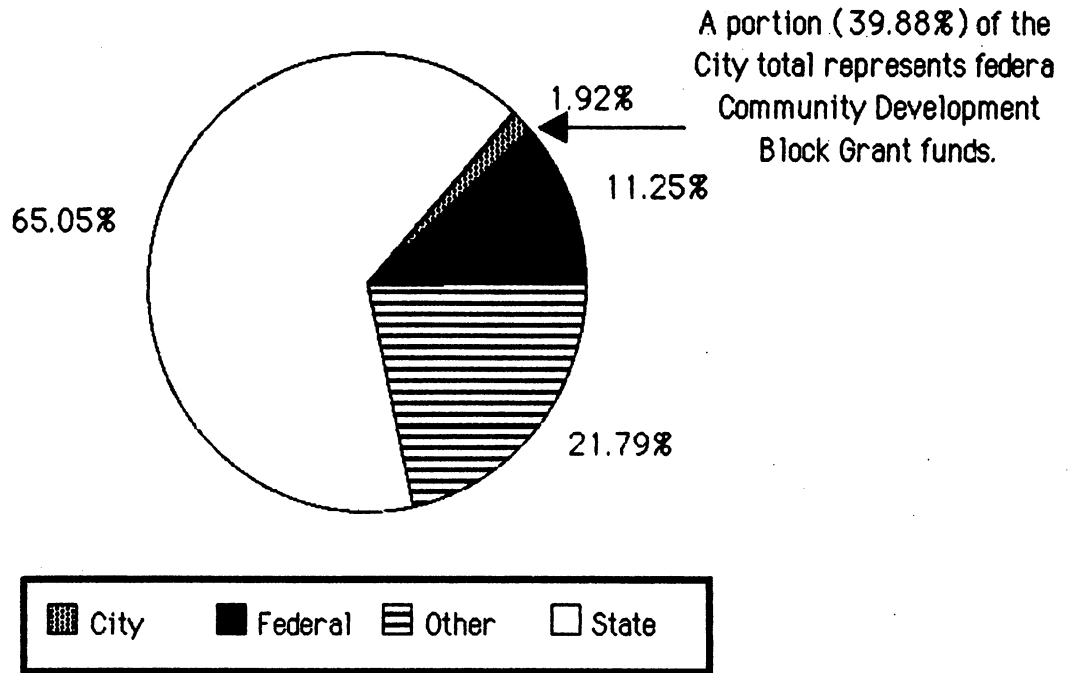
Information and Referral  
Education  
Other  
Substance Abuse  
Employment/Training  
Mental Health  
Homelessness  
Daycare  
Immigrants/Refugees

Food/Meals  
Medical Care  
Housing  
Special Needs  
Recreation  
Transportation  
Home Care  
Legal Services  
Financial Benefits

**Figure 6**

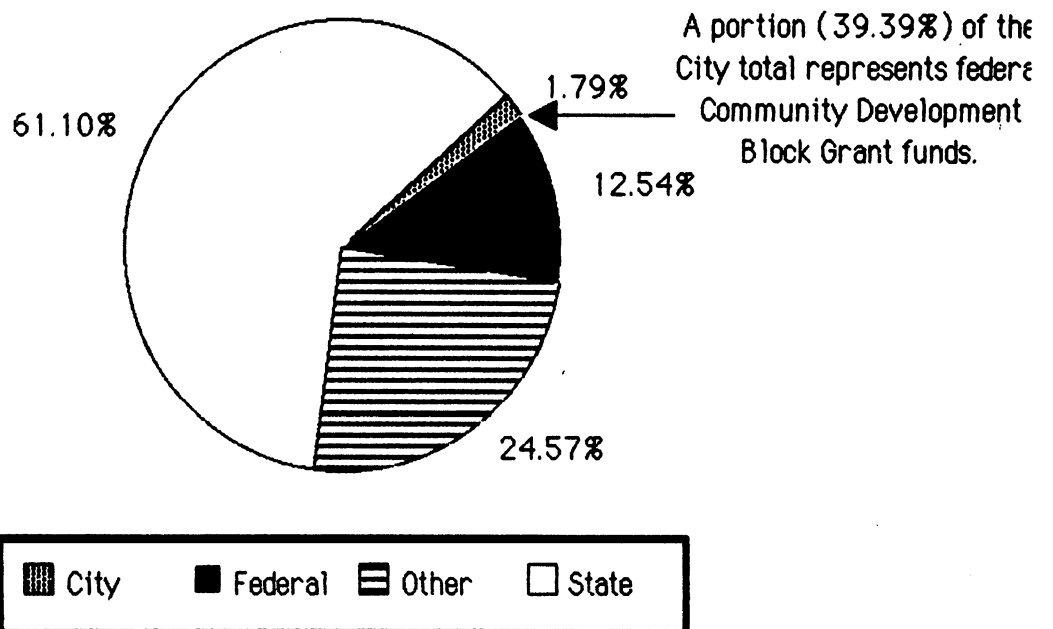
**Non-Profit Agency Funding Sources FY90**

(40 respondents)



**Non-Profit Funding Sources FY91**

(40 respondents)



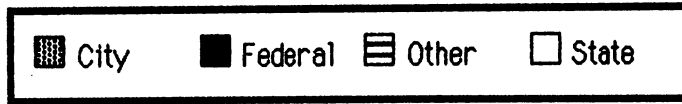
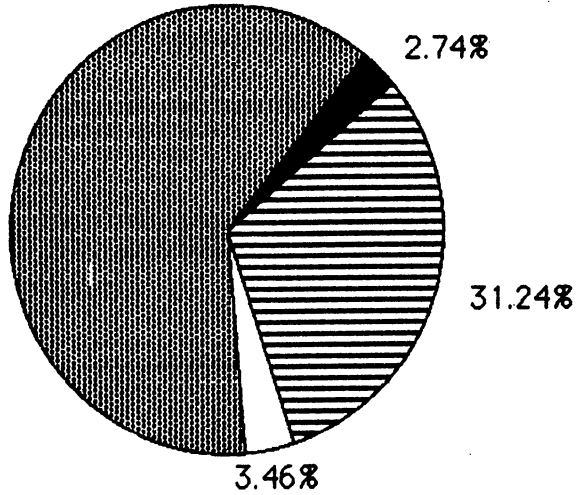
**Figure 7**

**Municipal Human Service Funding Sources FY 90**

(11 respondents)

A portion (0.109%) of the City total represents federal Community Development Block Grant funds.

62.57%

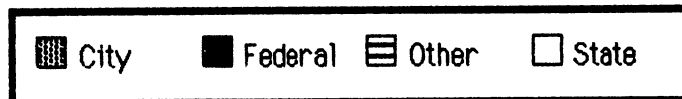
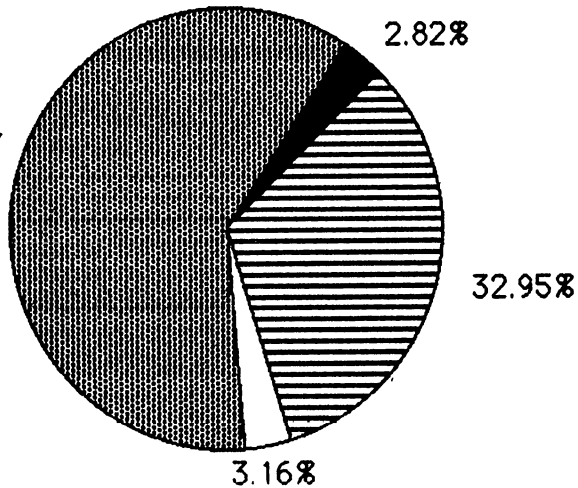


**Municipal Human Service Funding Sources FY 91**

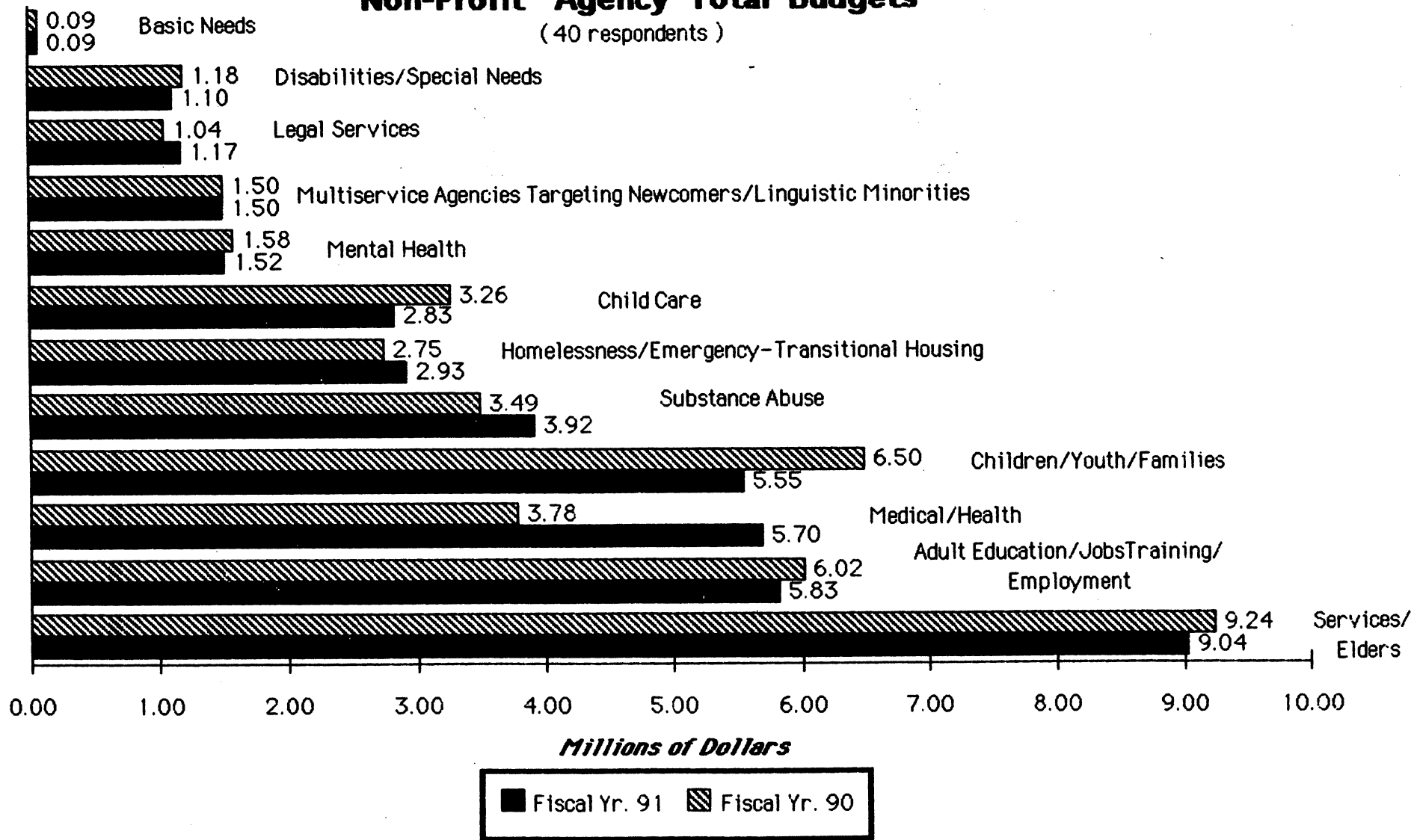
(11 respondents)

A portion (0.107%) of the City total represents federal Community Development Block Grant funds.

61.08%



**Figure 8**  
**Non-Profit Agency Total Budgets**  
 (40 respondents)



**Figure 9**

**Non-Profit Agency State Budgets**

(40 respondents)

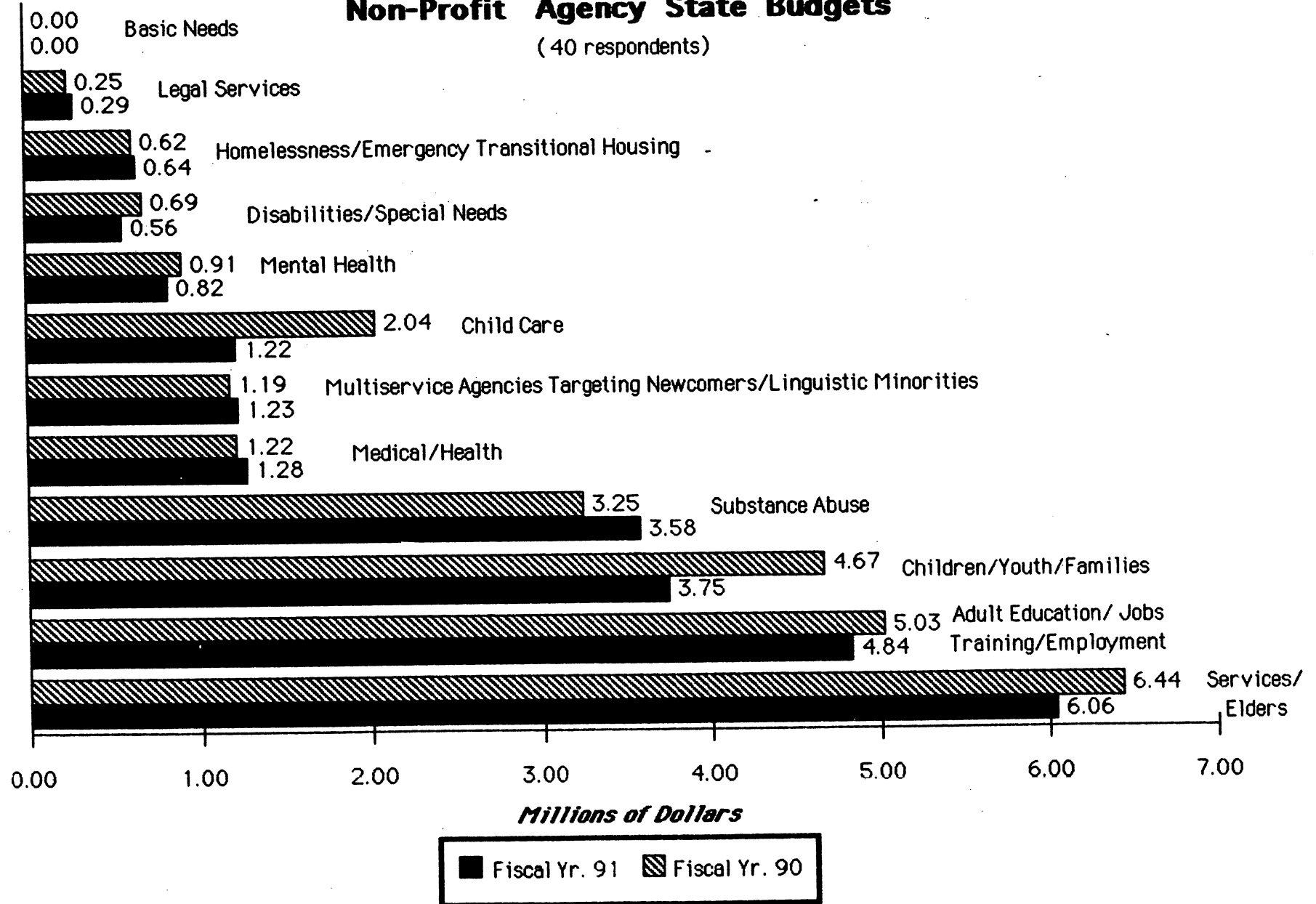
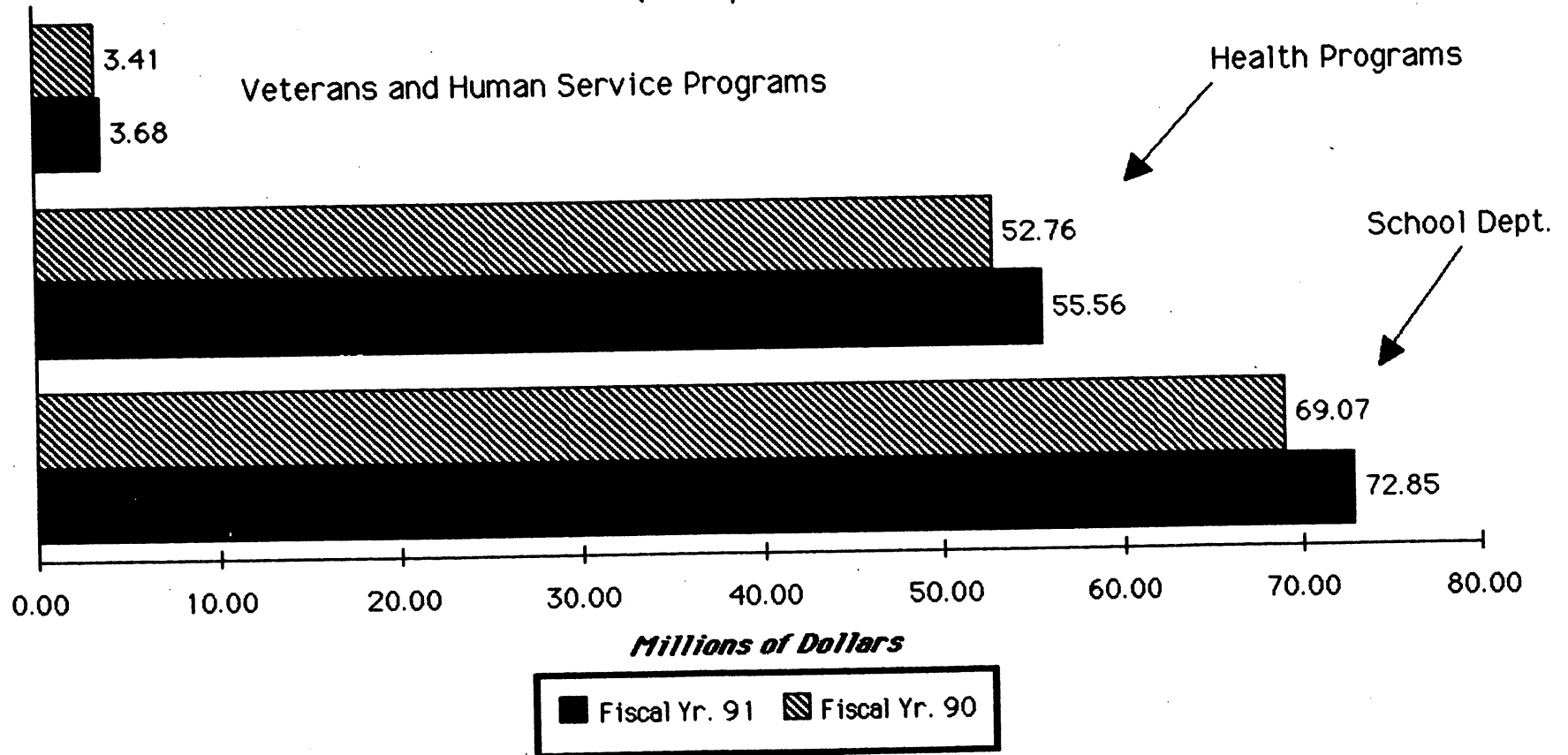
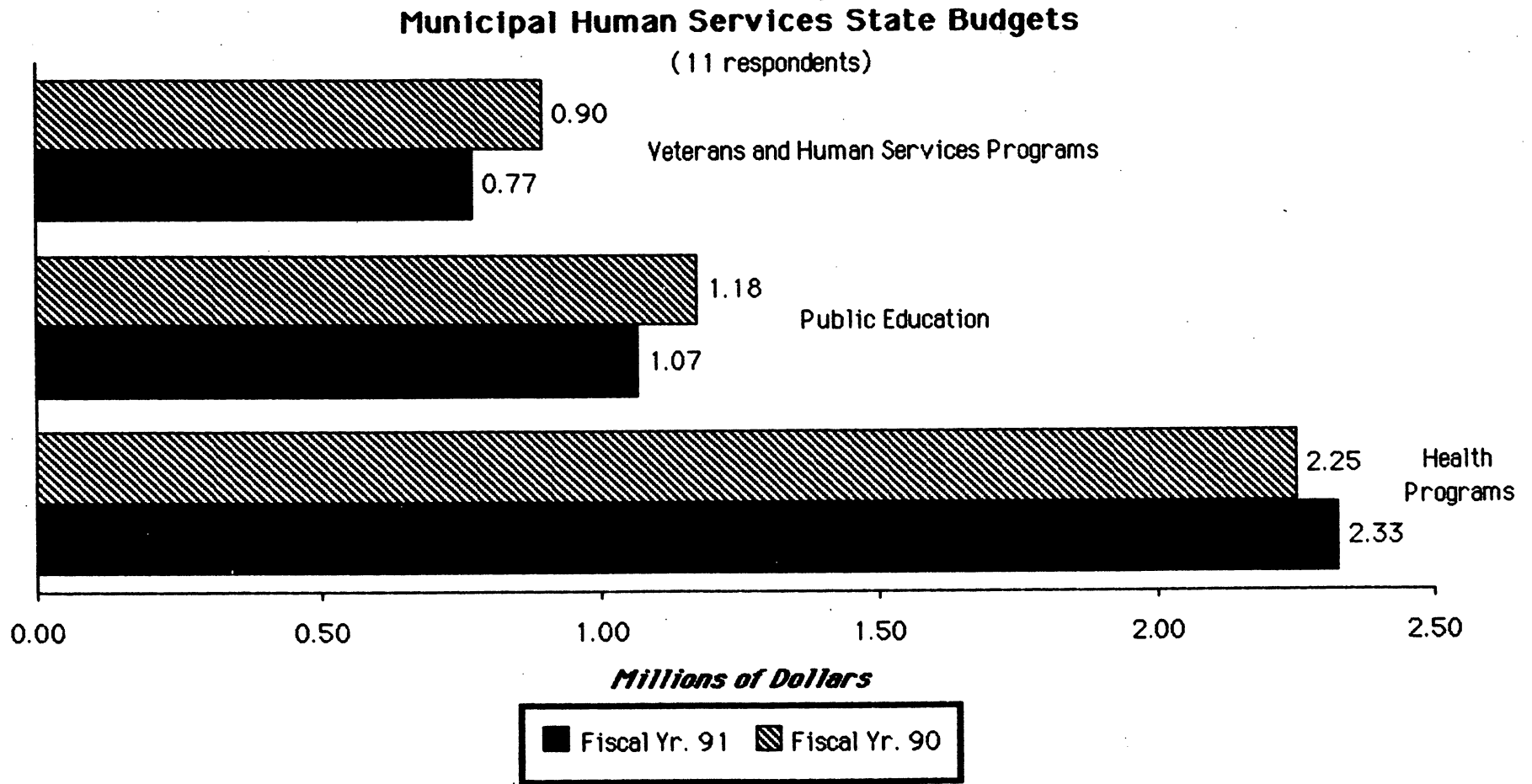


Figure 10

### Municipal Human Services Total Budgets (11 respondents)

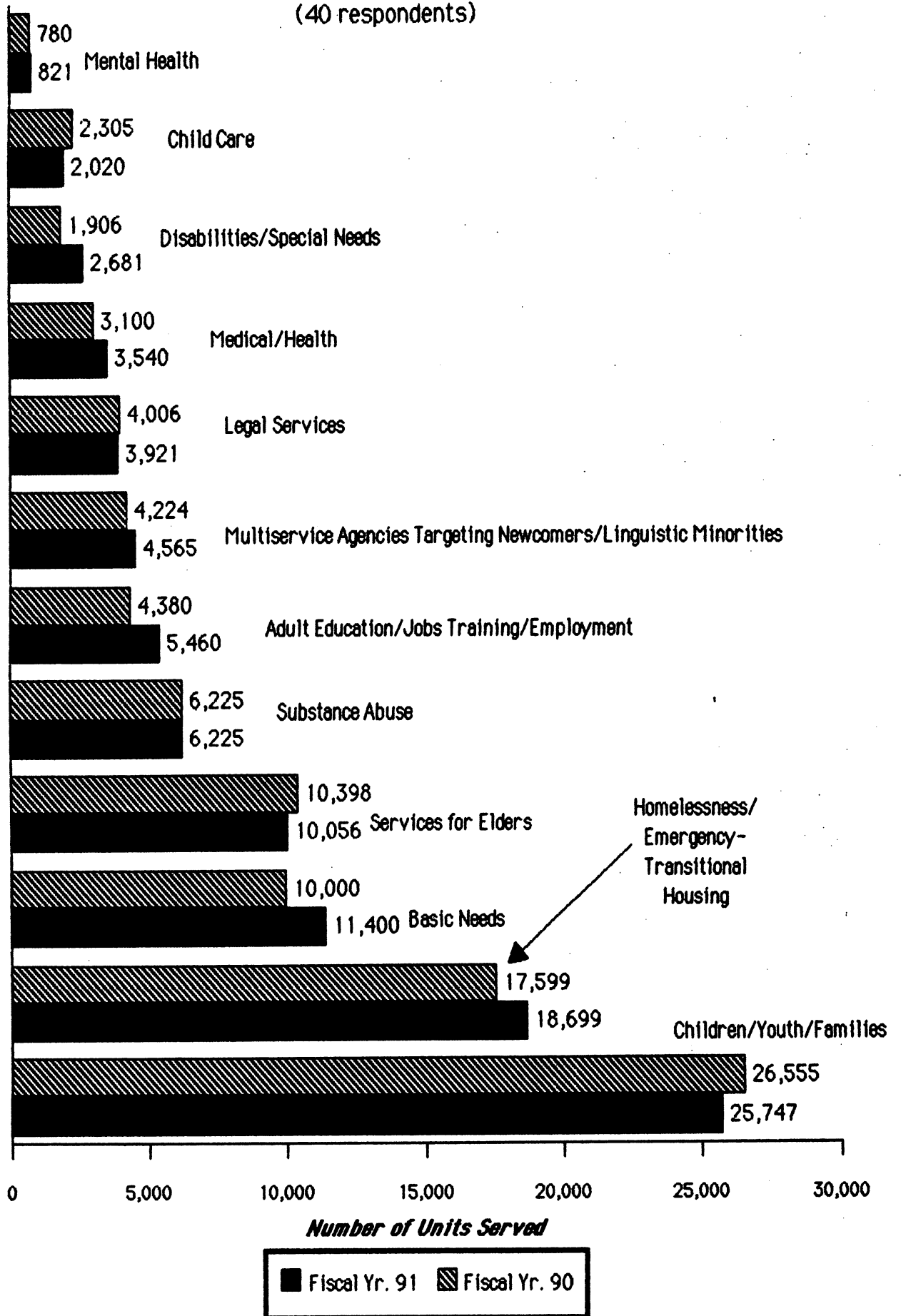


**Figure 11**



**Figure 12**  
**Unduplicated Clients/Non-Profit Agencies**

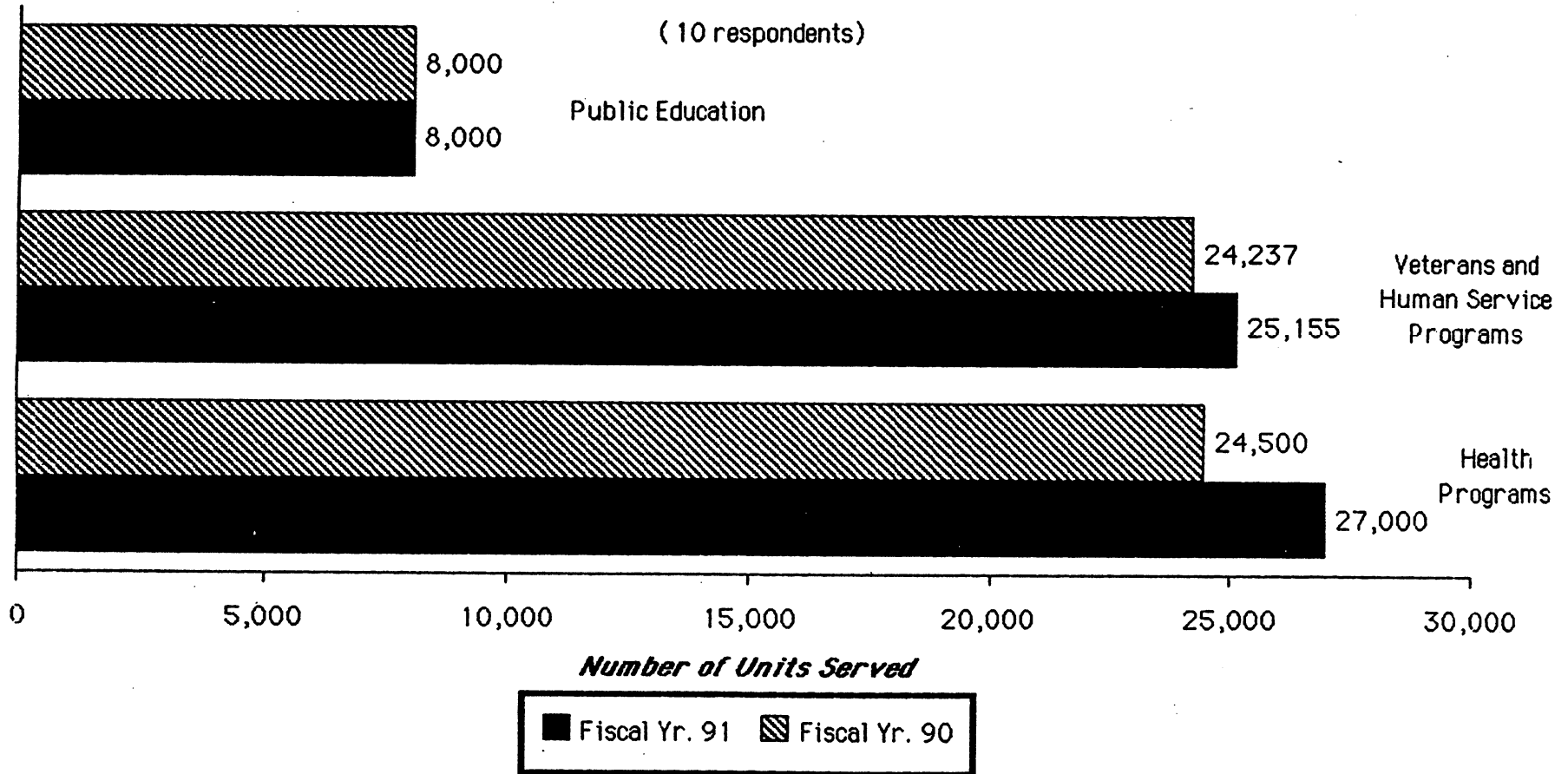
(40 respondents)



**Figure 13**

**Unduplicated Clients/Municipal Agencies**

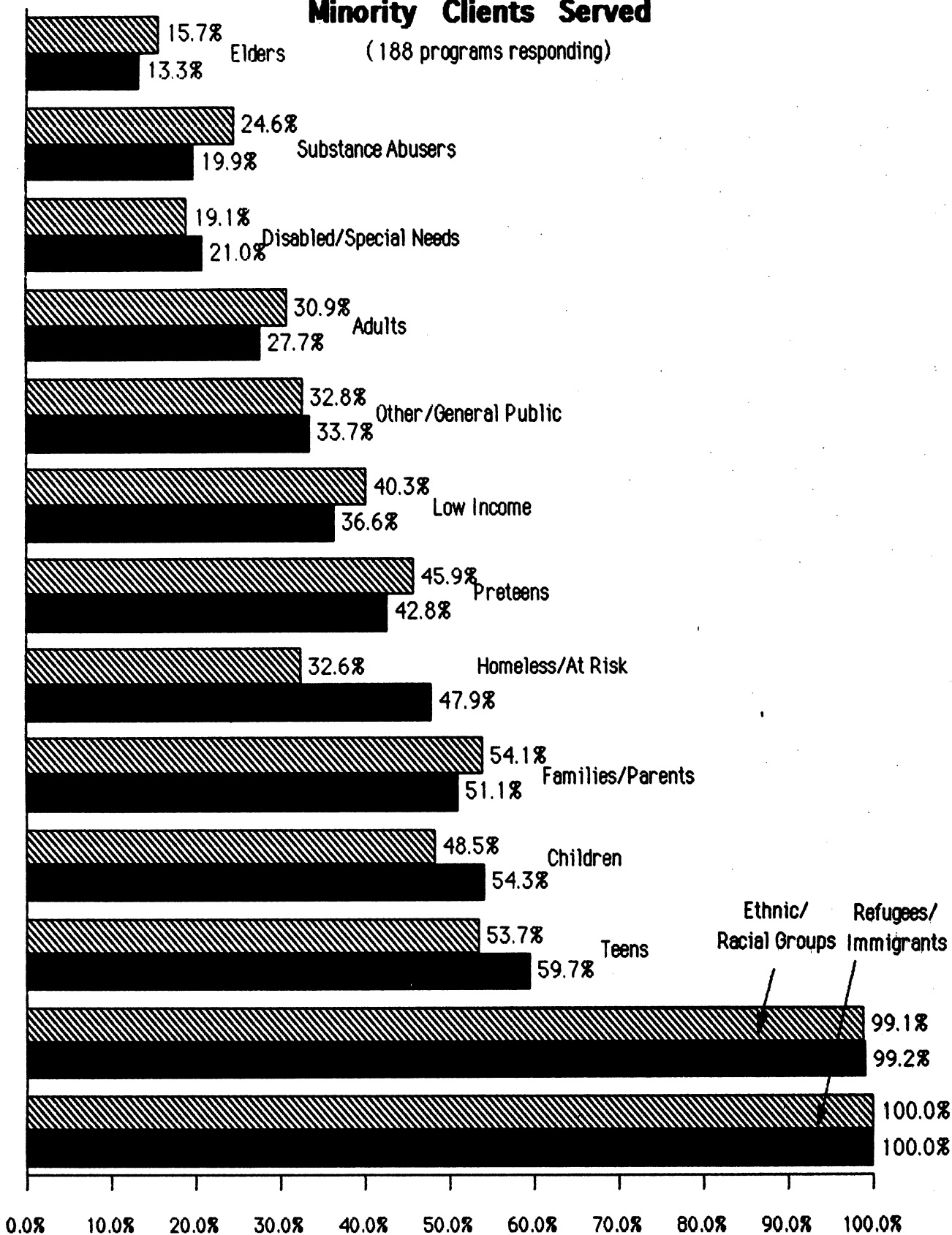
(10 respondents)



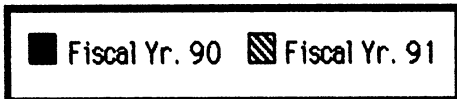
**Figure 14**

**Minority Clients Served**

(188 programs responding)



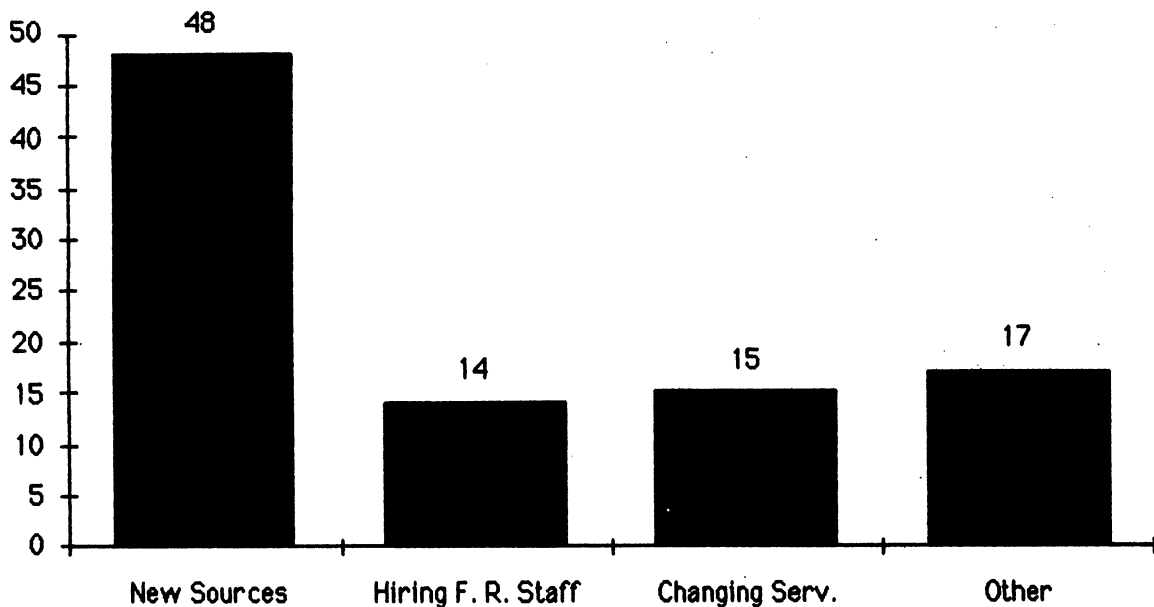
*Mean Percentage of Total Clients*



**Figure 15**

**Question 7:** Listed below are some strategies pursued by agencies in response to the fiscal climate. Please check any of the following which your agency is considering or pursuing:

(56 respondents)



**Approaching new sources of funding**

**Hiring staff with fundraising responsibilities**

**Changing services or programs to secure funding from non-threatened areas**

**Other:**

**Women's Job Counseling Center - More group work, less individual.**

**KHL Child Development Center - Cutting costs.**

**Mental Health and Retardation Center - Entrepreneurial; billing more aggressively for services which are billable.**

**Concilio Hispano - Cutting back on staff/services.**

**Child Care Resource Center - Exploring new collaborations and fundraising initiatives. Active lobbying.**

**Cambridge and Somerville Legal Services - Legal and legislative action.**

**Cambridge Economic Opportunity Committee - Attract paying clients to subsidize low income clients.**

**Cambridge Community Services - Cutting back on expenses.**

**Cambridge Family and Children's Service - Affiliation and/or merger with other agencies.**

**Cambridge Hospital - Increase revenues from third parties.**

**Massachusetts Rehabilitation Commission - Exploring prior resources.**

**Cambridge Community Schools - Collaboration and use of in-house skills and resources.**

**Council On Aging - Developing a 501 c(3) for fundraising.**

**COPA - Merger with SPAL.**

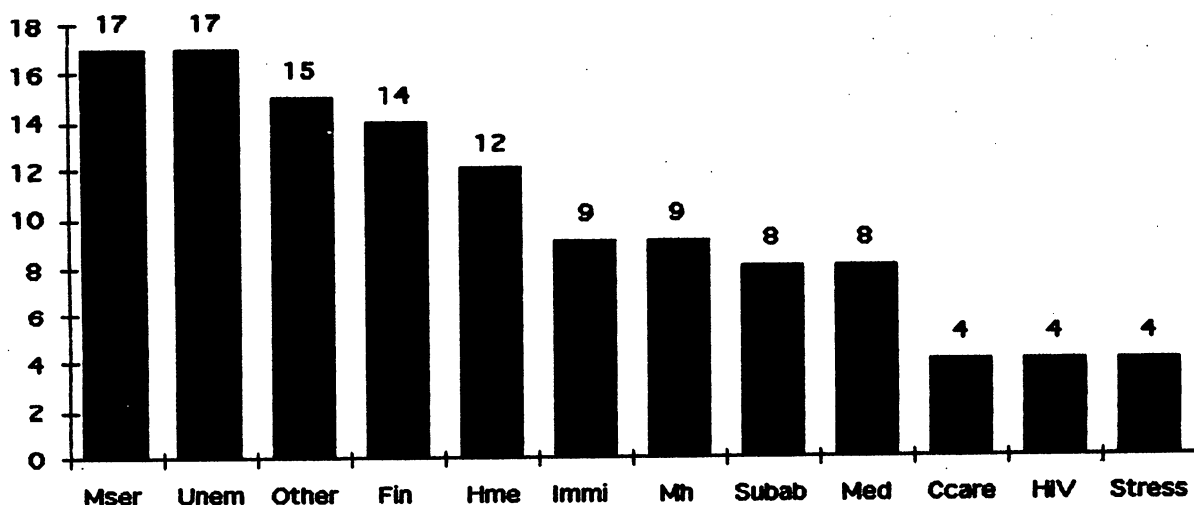
**Cambridge Cares About AIDS - Sponsoring specific fundraisers.**

**Wellmet - Reducing administrative staff.**

**Figure 16**

**Question 8: What trends or changes among your clients and/or in the general Cambridge community as a whole are you noticing?**

(57 respondents)



- Mser Clients need more services
- Unem Unemployment/need for jobs program
- Other See below
- Fin Financial problems/poverty
- Hme Homelessness/need for housing
- Immi Immigrant influx
- Mh Mental health problems
- Subab Substance abuse
- Med Medical problems increasing/frail clients
- Ccare Need for child care
- HIV HIV/AIDS
- Stress More stress

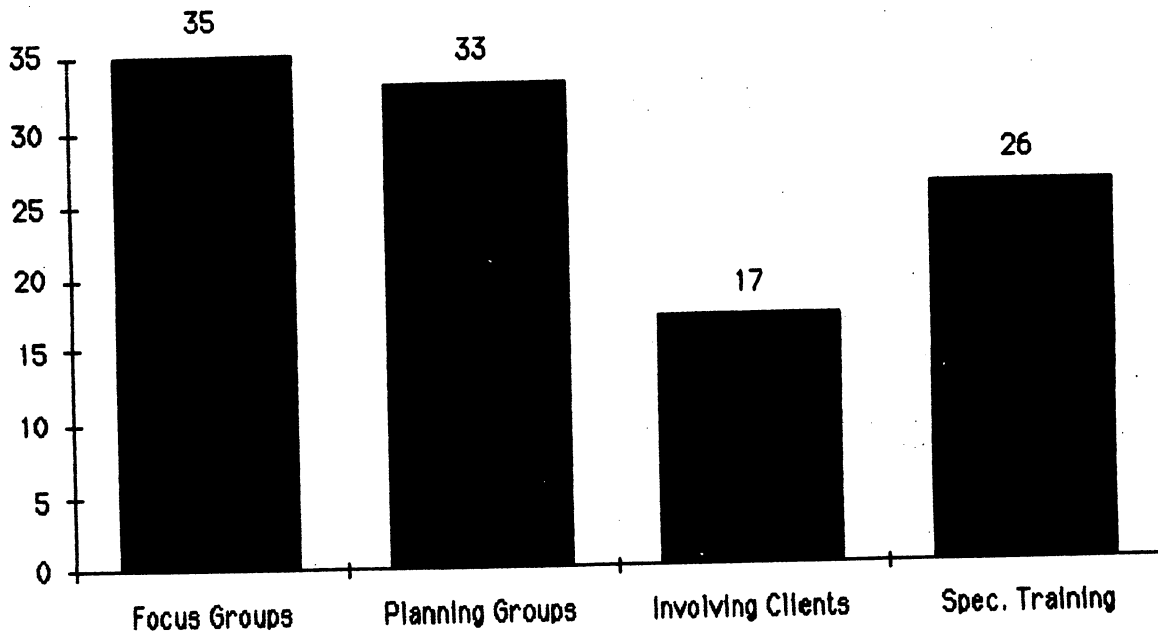
**Other:**

- COPA - Older population.
- DSS - Increase in child abuse.
- DHSP (MultiService Center) - Fewer homeless women seeking shelter/services.
- Mount Auburn Hospital - Shift from inpatient to outpatient care.
- Cambridge Health Department - Probable stabilization of TB case rate.
- Community Learning Center - Demographic changes, increases and decreases.
- Massachusetts Rehabilitation Commission - Increase in referrals.
- Bread and Jams - Increase in the number of single and female parents.
- Cambridgeport Problem Center - Greater legal needs.
- Cambridge Mental Health Association - More clients enrolled in HMOs, reducing the number that they can access or service.
- Cambridge/Somerville Legal Services - Increase in caseload.
- Focus, Counseling and Consulting - Providing shorter treatment.
- Headstart - Family problems more severe.
- Women's Job Counseling - Inability of agencies to overcome City and State regulations.

**Figure 17**

**Question 10a: Please indicate whether your agency would be interested in participating in any of the following community human service planning approaches.**

(A number of the 57 respondents selected multiple approaches.)



**Focus groups with agencies providing similar services**

**Planning groups with agencies representing a mix of human services**

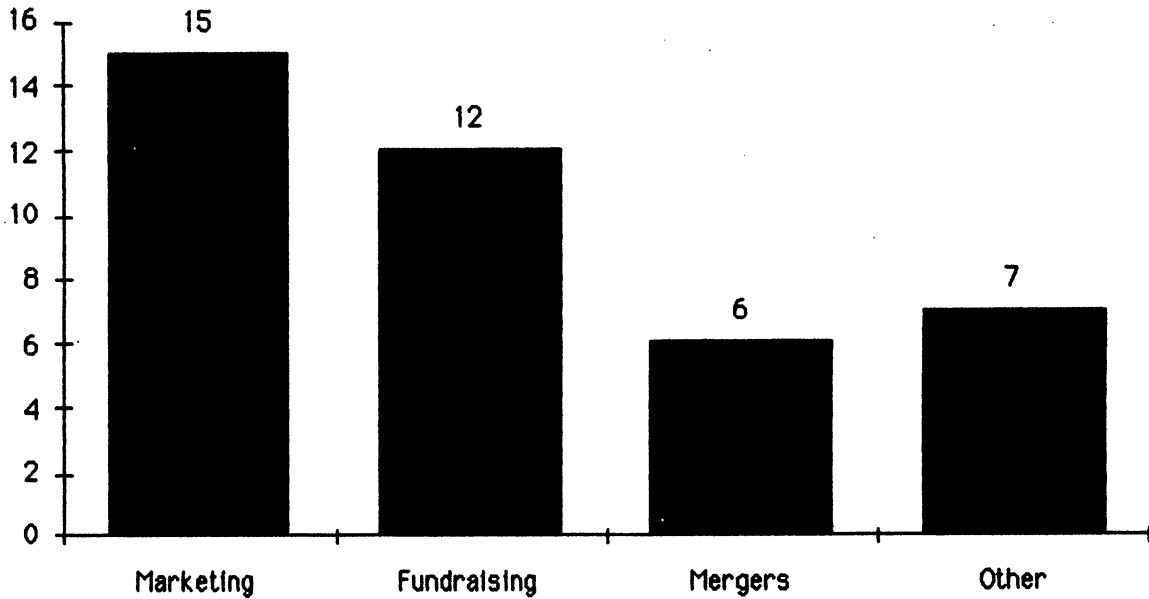
**Involving clients in public hearings/planning meetings**

**Specialized training (see graph 10b)**

**Figure 18**

**Question 10b: Specialized training in the following areas:**

**(23 respondents.)**



**Other:**

**Women's Job Counseling Center - Providing low cost services.**

**Child Care Resource Center - Collaborations.**

**Cambridge Family and Children's Service - Collaborations.**

**Community Learning Center - Computerized financial and statistical record keeping.**

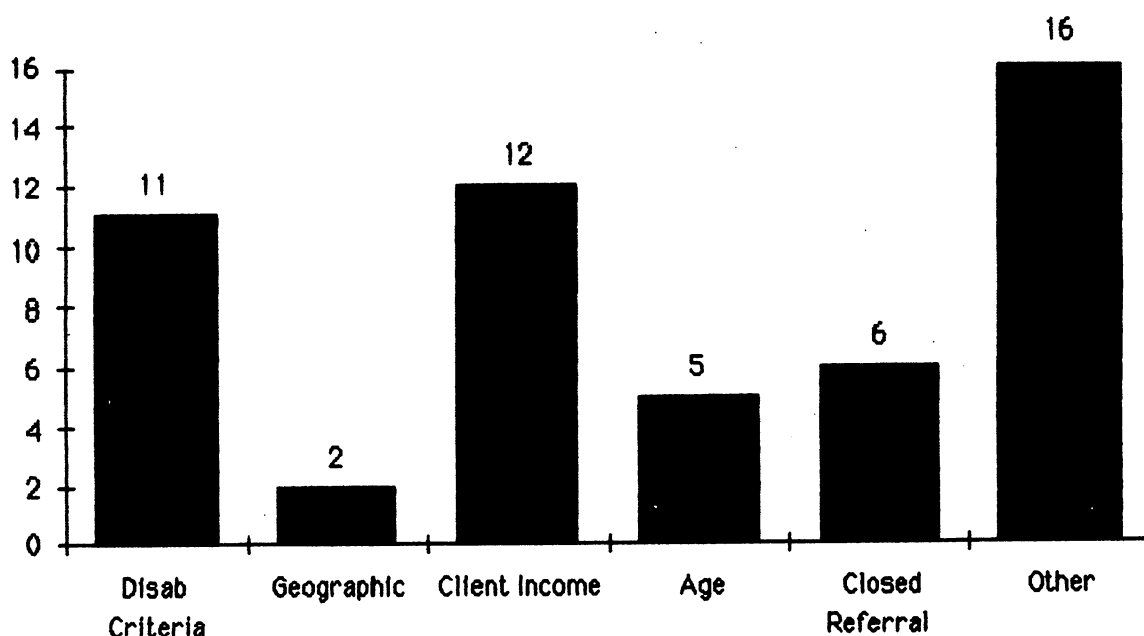
**Cambridge Housing Authority - Corporate fundraising.**

**Cambridge School Department - Collaborations.**

**Figure 19**

**Question 13: If your agency operates under constraints imposed by law or by funding sources, please indicate how this affects services offered and eligibility for services.**

(52 respondents.)



**Disab Criteria - Disability criteria: mental/physical/medical/emotional**

**Other:**

**Veterans Services - Benefits eligibility to veterans only**

**KLH Child Development Center - Frozen day care slots. Less services available for low income people**

**North Charles, Inc. - Federal funding constraints prevents them from lobbying.**

**Employment Resources, Inc. - Clients must be registered in ET to get benefits.**

**Cambridge Community Services - Must follow funding requirements of private foundations.**

**Bread and Jams - High rents result in fewer services.**

**Community Learning Center - Unable to charge fees to clients for services.**

**Cambridge Health Department - Required to limit services to Cambridge area except for their TB program**

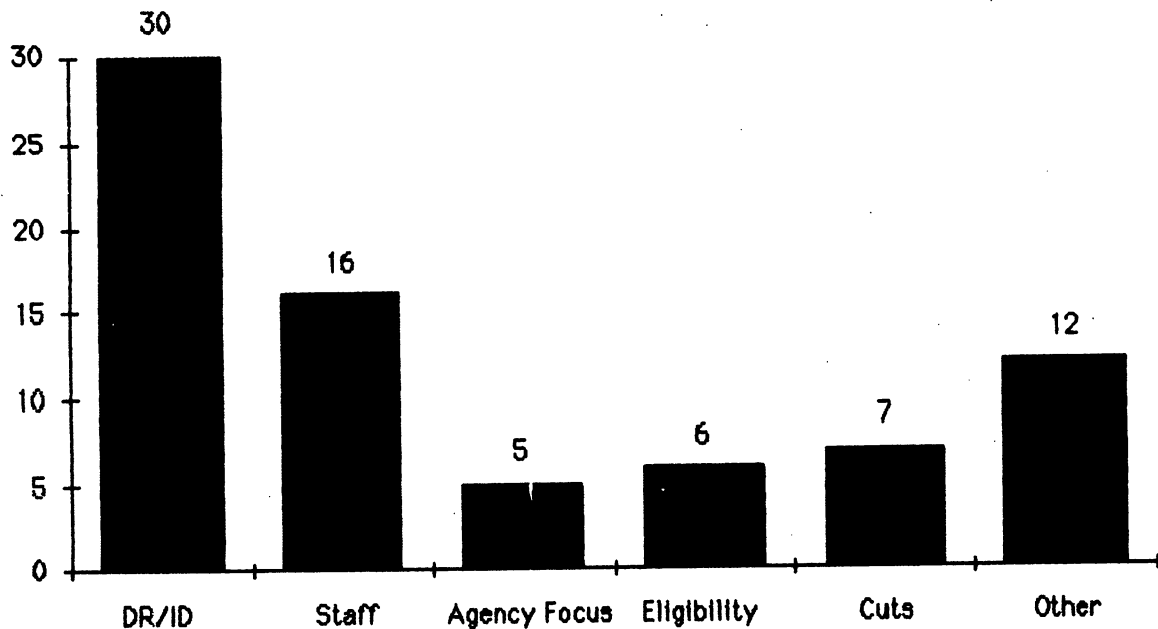
**Cambridge Housing Authority - Cannot acquire private funds because of their public entity standing.**

**\*The other five responses did not directly answer the question so they are not listed here.**

**Figure 20**

**Question 14: Additional comments on the impact budget cuts have had upon your clients and your agency.**

(43 respondents)



DR/ID	Declining resources/increasing demand
Staff	Staff reductions/insufficient staff
Agency Focus	Change in agency focus/change in treatment model/change in mix of services
Eligibility	Changes in eligibility criteria
Cuts	Cuts in other agencies are increasing demand in this agency

**Other:**

**Big Brother Association - Declining number of new clients served.**

**Mental Health and Retardation Center - Services becoming too expensive for low-income clients.**

**Cambridge Community Schools (DHSP) - Programs will become less accessible for those clients who cannot afford to pay for them.**

**Cambridge Visiting Nurse Association - Declining health of clients.**

**Cambridge/Somerville Legal Services - Increase in domestic violence.**

**North Charles, Inc. - Increased hospitalization and anxiety for clients.**

**Cambridge Head Start - Unable to maintain full daycare enrollment resulting in a loss of State reimbursements.**

**Veterans Services - Financial assistance to veterans has remained stable.**

**Cambridge  
Human Services Strategic Planning Committee**

**Chair:**

City Councillor Jonathan Myers

Goretti Almeida  
The Cambridge Hospital  
Riverside Health Clinic

Susan Ayers  
Executive Director  
Cambridge Youth Guidance

Lori Berry  
Admin., Ambulatory Care Services  
The Cambridge Hospital

Lynn D'Ambrose  
Executive Director  
Cambridge Community Services

Elaine DeRosa  
Executive Director  
CEOC

Susan Duley  
Executive Director  
Shelter, Inc.

Deborah Lerme Goodman  
Assistant to the Mayor

Jill Herold  
Assistant City Manager  
for Human Services

Jorge Luna  
Executive Director  
Concilio Hispano

Mary Lou McGrath  
Superintendent  
Cambridge School Department

John O'Neill  
Executive Director  
Somerville/Cambridge Elder  
Services

Gloria Smith  
Executive Director  
Margaret Fuller House

Steven Swanger  
Director of Tenant Services  
Cambridge Housing Authority

Sandra Wixted  
Executive Director  
Cambridge Family and Children's  
Service

**Staff—Department of Human  
Service Programs**

Stephanie Ackert  
Director of Planning and  
Development

Fred Berman  
Planning Assistant

Andrew Taylor  
Planning Assistant

# CAMBRIDGE PLAN SURVEY

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Please check the primary areas in which your agency provides or has provided services within the last year.

Daycare	_____	Education	_____	Employment/Training	_____
Recreation	_____	Mental Health	_____	Food/Meals	_____
Medical Care	_____	Immigrants/Refugees	_____	Home Care	_____
Substance Abuse	_____	Homelessness	_____		
Special Needs	_____	Financial Benefits	_____		
Info. & Referral	_____	Legal Services	_____		
Transportation	_____	Housing	_____		
Other (Please Specify)	_____				

2. Please indicate any program or service area that has been eliminated or phased out from your agency in the last year because of budget constraints.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Which of the following approaches does your agency take when unable to provide for a client.

Put client's name on a waiting list	_____
Refer client to other agencies	_____
Take no action	_____
Other (Specify)	_____

4. If you have geographic limits on client eligibility, please explain below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. If you provide services to residents of cities other than Cambridge, please indicate what services and which cities or towns.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





10. Please indicate whether your agency would be interested in participating in any of the following community human service planning approaches.

- Focus groups with agencies providing similar services \_\_\_\_\_
- Planning groups with agencies representing a mix of human services \_\_\_\_\_
- Involving clients in public hearings/planning meetings \_\_\_\_\_
- Specialized training in the following areas (please circle):

Marketing      Fundraising      Mergers      Other \_\_\_\_\_

11. If your agency is involved in collaborative service provision efforts with other agencies, please describe briefly, mentioning which agencies are participating.

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-----  
-----

12. Are there other areas in which you might be willing to collaborate? \_\_\_\_\_  
\_\_\_\_\_ Unwilling? \_\_\_\_\_

13. If your agency operates under constraints imposed by law or by funding sources, please indicate how this affects services offered and eligibility for services.

-----  
-----  
-----

14. Additional comments on the impact budget cuts have had upon your clients and your agency:

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-----  
-----  
-----  
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15. Use the remaining space to add comments, ideas, concerns, etc.

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-----  
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# CAMBRIDGE CITY COUNCIL

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

(617) 498-9094

Jonathan S. Myers  
City Councillor

January 18, 1991

Dear Executive Director,

I want to let you know about several upcoming opportunities to communicate with the City and the larger community about human service needs in Cambridge. On February 7th, from 7:30 to 10:00 p.m. in the City Council Chambers at City Hall, you are invited to a public hearing regarding human service needs and challenges for Cambridge in the 1990's. As Chair of the City Council's Human Services and Youth Committee, I will convene the meeting. This meeting will serve also as the annual Community Development Block Grant Human Services hearing, with the Human Services Commission present to make a brief statement and to hear testimony. We are hoping that you, your staff, your board members and your clients will be able to attend and participate in this important event. We ask particularly that you distribute the enclosed flyer to your board of directors. The emphasis in testimony should be community needs rather than the resource needs of particular agencies.

To place this hearing in perspective, in October, 1990, I initially convened a small group of agency directors representing different services and communities within Cambridge. We started meeting periodically as the Human Services Strategic Planning Committee to discuss issues surrounding budget cutbacks and the delivery of human services in Cambridge. We hope ultimately to devise a strategy for a "Healthy Cambridge," a Cambridge most effectively using its resources to provide high quality services to meet the needs of our residents. The Human Services Strategic Planning Committee will be involved in several efforts to solicit community input. These informational gathering approaches will include public hearings, the enclosed agency survey, a random sample resident telephone survey, community focus groups, and other activities. This information will be amalgamated into the "Cambridge Plan." It is my goal to use the "Cambridge Plan" as a tool to guide City government in reexamining existing patterns of service provision and resource allocation.

The "Cambridge Plan" can also serve as a tool to assist our provider community to confidently and cohesively approach funding sources at the State house, private sources, and other areas. A unified effort from a community aware of its services, its strengths, weaknesses, and a commitment to serving the most important needs of the community is paramount in attracting and maintaining external resources.

A critical part of the "Cambridge Plan" is the information that will be gathered from the enclosed survey. Please take the necessary steps to complete and return it. This survey is aimed at gathering information on services your agency provides, funding sources, clients served, and cutbacks suffered within the last fiscal year. Thank you for completing the survey. Please return it by Tuesday, February 8th to the following address:

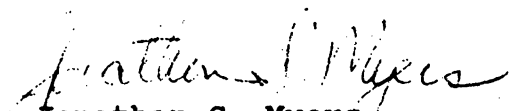
City of Cambridge  
Department of Human Service Programs  
Planning and Development  
51 Inman Street  
Cambridge, MA 02139

Questions related to the survey should be directed to Stephanie Ackert or Andy Taylor at 349-6200 at the Department.

Planning Committee members will be conducting survey follow-up calls as needed to providers of similar services. These follow-up calls are designed to assist you in the survey and encourage your participation in this critical matter. Individuals on the Planning Committee represent agencies including the City's Department of Human Service Programs, the Cambridge Hospital, Cambridge Youth Guidance, Cambridge Community Services, Cambridge Economic Opportunity Committee, Shelter Inc., the Mayor's Office, Concilio Hispano, the Cambridge School Department, Somerville/Cambridge Elder Services, the Margaret Fuller House, the Cambridge Housing Authority, and Cambridge Family and Children's Services.

Thank you, and we look forward to a completed survey and your participation at the February 7th hearing.

Sincerely,

  
Jonathan S. Myers  
City Councillor, Chair, Human  
Services and Youth Committee

RESPONDENTS TO AGENCY SURVEY BY CATEGORY

NON-PROFIT AGENCIES

1. Adult Education/Jobs Training/Employment

002 Women's Job Counseling Center  
012 Employment Resources Incorporated  
030 Massachusetts Rehabilitation Commission

2. Child Care

004 Cambridge Head Start  
005 KLH  
015 Child Care Resource Center

3. Mental Health

050 Wellmet Project  
007 North Charles Comprehensive Community Day Treatment  
011 Focus, Counseling & Consultation, Inc.  
044 Adolescent Consultation Services

4. Disabilities/Developmental Delays

006 Mental Health and Retardation Center of Cambridge (Center  
Inc.)  
016 Children's Developmental Center  
043 NSSI  
054 Temporary Care Services  
042 Project HELO

5. Substance Abuse

040 North Charles Institute of the Addictions  
051 CASPAR

6. Services for Elders

009 S/C Elder Services  
008 SCM Transportation  
002 The Cambridge Homes

7. Legal Services

010 Harvard Legal Aid  
017 C/S Legal Services  
023 Cambridgeport Problem Center

8. Multiservice Agencies Targeting Newcomers/Linguistic Minorities

014 Concilio Hispano  
021 CHAMA  
048 COPA

9. Medical/Health

025 Hospice of Cambridge  
026 Visiting Nursing Association  
027 Cambridge Care  
013 Daybreak  
038 Mount Auburn Hospital

10. Homelessness/Emergency-Transitional Housing

001 Cambridge YMCA  
056 Transition House  
053 Salvation Army

11. Children/Youth/Families

036 Cambridge Housing Authority Tenant Services  
020 Cambridge Mental Health Association (Cambridge Youth  
Guidance)  
057 Big Brothers  
028 Cambridge Family and Children's Service  
045 Department of Social Services  
046 Cambridge Community Center  
047 Community Art Center, Inc.  
018 CEOC  
019 Cambridge Community Services  
055 Castle School

12. Basic Needs

052 Food for Free  
024 Bread & Jams

MUNICIPAL HUMAN SERVICES

13. Veterans and Human Service Programs

003 Veterans Services and Benefits  
031 DHSP Community Learning Center  
034 DHSP Child Care  
041 DHSP Council on Aging  
032 DHSP Youth Program  
033 DHSP Community Schools

14. Health Programs

029 The Cambridge Hospital  
035 Cambridge Health Department  
049 Cambridge AIDS Task Force

15. Public Education

037 Cambridge School Department

Three-digit numbers are for purposes of agency identification.

Cambridge Human Services Providers

(\* indicates survey participant)

ADOLESCENT CONSULTATION CLINIC \*  
CAMBRIDGE DISTRICT COURT  
40 THORNDIKE STREET  
CAMBRIDGE MA 02141

AGASSIZ NEIGHBORHOOD COUNCIL  
20 SACRAMENTO STREET.  
CAMBRIDGE MA 02139

ALEF-BET CHILDCARE CENTER  
8 TREMONT STREET  
CAMBRIDGE MA 02139

AMERICAN RED CROSS OF MASS BAY  
9 WATERHOUSE STREET  
CAMBRIDGE MA 02138

BIG BROTHER ASSOCIATION \*  
1151 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02138

BIG SISTER ASSOCIATION  
161 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02115

BIGELOW COOPERATIVE CARE  
ZERO GARDEN STREET  
CAMBRIDGE MA 02138

BOSTON AREA RAPE CRISIS CENTER  
99 BISHOP ALLEN DRIVE  
CAMBRIDGE MA 02139

BOY SCOUTS OF AMERICA  
ONE SCOUTING WAY  
CAMBRIDGE MA 02138

BREAD & JAMS \*  
55 NORFOLK STREET  
CAMBRIDGE MA 02139

BRIDGE OVER TROUBLED WATERS  
47 WEST STREET  
BOSTON MA 02111

BRIGHT HORIZONS  
ONE KENDALL SQUARE  
CAMBRIDGE MA 02139

CALEB'S CORNER  
40 NORRIS STREET  
CAMBRIDGE MA 02140

CAMBRIDGE ACCESS/MODEL JOBS  
TRAINING CENTER  
6 PEARL STREET  
CAMBRIDGE MA 02139

CAMBRIDGE AND SOMERVILLE  
COOPERATIVE APARTMENT PROJECT  
678 MASSACHUSETTS AVENUE, 10TH FLOOR  
CAMBRIDGE MA 02139

CAMBRIDGE AND SOMERVILLE PROGRAM  
FOR ALCOHOLISM REHABILITATION \*  
240 BEACON STREET  
SOMERVILLE MA 02143

CAMBRIDGE CAMPING ASSOCIATION  
99 BISHOP RICHARD ALLEN DRIVE  
CAMBRIDGE MA 02139

CAMBRIDGE CARE \*  
186 ALEWIFE BROOK PARKWAY  
CAMBRIDGE MA 02139

CAMBRIDGE CARES ABOUT AIDS \*  
CAMBRIDGE HOSPITAL  
1493 CAMBRIDGE STREET  
CAMBRIDGE MA 02139

CAMBRIDGE COMMITTEE OF ELDERS  
15 PEARL STREET  
CAMBRIDGE MA 02139

CAMBRIDGE COMMUNITY CENTER \*  
5 CALLENDAR STREET  
CAMBRIDGE MA 02139

CAMBRIDGE COMMUNITY SCHOOLS \*  
NEIGHBORHOOD COUNCILS  
51 INMAN STREET  
CAMBRIDGE MA 02139

CAMBRIDGE COMMUNITY SERVICES \*  
99 BISHOP RICHARD ALLEN DRIVE  
CAMBRIDGE MA 02139

CAMBRIDGE DISPUTE SETTLEMENT  
CENTER  
1 WEST STREET  
CAMBRIDGE MA 02139

CAMBRIDGE ELLIS SCHOOL  
1991 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02140

CAMBRIDGE FAMILY & CHILDREN'S  
SERVICE \*  
99 BISHOP RICHARD ALLEN DRIVE  
CAMBRIDGE MA 02139

CAMBRIDGE FAMILY YMCA \*  
820 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

CAMBRIDGE HAITIAN AMERICAN ASSOCIATION \*  
105 WINDSOR STREET  
CAMBRIDGE MA 02139

CAMBRIDGE HEAD START PROGRAM \*  
221 HAMPSHIRE STREET  
CAMBRIDGE MA 02139

CAMBRIDGE HOSPITAL  
NEIGHBORHOOD HEALTH CENTERS  
1493 CAMBRIDGE STREET  
CAMBRIDGE MA 02139

CAMBRIDGE HOSPITAL \*  
1493 CAMBRIDGE STREET  
CAMBRIDGE MA 02139

CAMBRIDGE HOSPITAL  
NEVILLE MANOR  
650 CONCORD AVENUE  
CAMBRIDGE MA 02138

CAMBRIDGE MONTESSORI SCHOOL  
161 GARDEN STREET  
CAMBRIDGE MA 02138

CAMBRIDGE NURSERY SCHOOL  
6 HILLSIDE PLACE  
CAMBRIDGE MA 02140

CAMBRIDGE NURSING HOME  
1 RUSSELL STREET  
CAMBRIDGE MA 02140

CAMBRIDGE ORGANIZATION OF \*  
PORTUGUESE AMERICANS (COPA)  
1046 CAMBRIDGE STREET  
CAMBRIDGE MA 02139

CAMBRIDGE PARTNERSHIP  
FOR PUBLIC EDUCATION  
MIT, ROOM 20B-129  
77 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

CAMBRIDGE PRE-SCHOOL UNIT \*  
12 MAPLE AVENUE  
CAMBRIDGE MA 02139

CAMBRIDGE PUBLIC LIBRARY  
449 BROADWAY  
CAMBRIDGE MA 02139

CAMBRIDGE PUBLIC SCHOOLS \*  
159 THORNDIKE STREET  
CAMBRIDGE MA 02141

CAMBRIDGE SCHOOL VOLUNTEERS  
459 BROADWAY, #A220  
CAMBRIDGE MA 02141

CAMBRIDGE & SOMERVILLE LEGAL  
SERVICES \*  
432 COLUMBIA STREET  
CAMBRIDGE MA 02141

CAMBRIDGE YWCA  
7 TEMPLE STREET  
CAMBRIDGE MA 02139

CAMBRIDGE-SOMERVILLE CATHOLIC  
CHARITIES  
270 WASHINGTON STREET  
POST OFFICE BOX 457  
SOMERVILLE MA 02143

CAMBRIDGE-SOMERVILLE MENTAL  
HEALTH CENTER \*  
12 MAPLE AVENUE  
CAMBRIDGE MA 02139

CAMBRIDGEPORT CHILD CARE  
CENTER  
65 R CHESTNUT STREET  
CAMBRIDGE MA 02139

CAMBRIDGEPORT PROBLEM CENTER \*  
1 WEST STREET  
CAMBRIDGE MA 02139

CAMBRIDGE YOUTH GUIDANCE  
CENTER \*  
5 SACRAMENTO STREET  
CAMBRIDGE MA 02138

CAMP FIRE COUNCIL  
FOR GREATER BOSTON  
380 GREEN STREET  
CAMBRIDGE MA 02139

CANTABRIDGIA HEALTH CARE INC.  
195 PROSPECT STREET  
CAMBRIDGE MA 02139

CASTLE SCHOOL \*  
298 HARVARD STREET  
CAMBRIDGE MA 02139

CENTER FOR ALCOHOL PROBLEMS  
MOUNT AUBURN HOSPITAL  
330 MOUNT AUBURN STREET  
CAMBRIDGE MA 03138

CENTRAL SCHOOL  
43 ESSEX STREET  
CAMBRIDGE MA 02139

CENTRO PRESENTE  
54 ESSEX STREET  
CAMBRIDGE MA 02139

CEOC \*  
11 INMAN STREET  
CAMBRIDGE MA 02139

CHILD CARE RESOURCE CENTER \*  
552 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

CHILDCARE DIVISION/  
DEPARTMENT OF HUMAN SERVICES \*  
51 INMAN STREET  
CAMBRIDGE MA 02139

CHILDREN'S COOP  
1151 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

CHILDREN'S DAYCARE CENTER  
245 COLUMBIA STREET  
CAMBRIDGE MA 02139

CHILDREN'S DEVELOPMENTAL CENTER \*  
16 CAMELIA AVENUE  
CAMBRIDGE MA 02139

CHILDREN'S VILLAGE  
55 WHEELER STREET  
CAMBRIDGE MA 02139

CITY YEAR  
11 STILLINGS STREET  
BOSTON MA 02210

CIVIC UNITY COMMITTEE/  
CITY OF CAMBRIDGE  
57 INMAN STREET  
CAMBRIDGE MA 02139

COMMISSION FOR PERSONS WITH  
DISABILITIES/CITY OF CAMBRIDGE  
51 INMAN STREET  
CAMBRIDGE MA 02139

COMMISSION ON THE STATUS OF WOMEN/  
CITY OF CAMBRIDGE  
57 INMAN STREET  
CAMBRIDGE MA 02139

COMMUNITY ART CENTER \*  
31 NEWTOWNE COURT  
P.O. BOX 554  
CAMBRIDGE MA 02142

COMMUNITY LEARNING CENTER/  
DEPARTMENT OF HUMAN SERVICES \*  
19 BROOKLINE STREET  
CAMBRIDGE MA 02139

COMMUNITY & YOUTH DIVISION/  
DEPARTMENT OF HUMAN SERVICES \*  
51 INMAN STREET  
CAMBRIDGE MA 02139

CONCILIO HISPANO DE CAMBRIDGE \*  
16 CHERRY STREET  
CAMBRIDGE MA 02139

CONSUMER'S COUNCIL/  
CITY OF CAMBRIDGE  
831 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

COUNCIL ON AGING/  
DEPARTMENT OF HUMAN SERVICES \*  
51 INMAN STREET  
CAMBRIDGE MA 02139

CREATIVE LEARNING CENTER  
122 RINDGE AVENUE  
CAMBRIDGE MA 02140

DANTE ALIGHIERI SOCIETY  
41 HAMPSHIRE STREET  
CAMBRIDGE MA 02139

DAYBREAK \*  
1384 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

DELTA HOUSE  
21 WALDEN SQUARE ROAD  
CAMBRIDGE MA 02140

DEPARTMENT OF MENTAL RETARDATION  
255 ELM STREET, SUITE 205  
SOMERVILLE MA 02144

DEPARTMENT OF PUBLIC WELFARE  
CAMBRIDGE AREA OFFICE  
51 INMAN STREET  
CAMBRIDGE MA 02139

DEPARTMENT OF SOCIAL SERVICES \*  
432 COLUMBIA STREET, UNIT 15 & 16  
CAMBRIDGE MA 02141

DREAMER'S, INC.  
71 CHERRY STREET  
CAMBRIDGE MA 02139

EAST END HOUSE  
105 SPRING STREET  
CAMBRIDGE MA 02141

EGYPTIAN AMERICAN ASSOCIATION  
922 MASSACHUSETTS AVENUE, #16  
CAMBRIDGE MA 02139

EMPLOYMENT RESOURCES, INC. \*  
432 COLUMBIA STREET  
CAMBRIDGE MA 02141

EPISCOPAL DIVINITY SCHOOL  
CHILD CARE CENTER  
99 BRATTLE STREET  
CAMBRIDGE MA 02138

FAMILY CENTER  
385 HIGHLAND AVENUE  
SOMERVILLE MA 02144

FAMILY WORLD CHILD CARE CENTER  
147 NORFOLK STREET  
CAMBRIDGE MA 02139

FARR ACADEMY  
71 PEARL STREET  
CAMBRIDGE MA 02139

FIRST STEPS/  
CAMBRIDGE RINDGE & LATIN SCHOOL  
459 BROADWAY  
CAMBRIDGE MA 02139

FOCUS \*  
COUNSELING AND CONSULTATION  
186 1/2 HAMPSHIRE STREET  
CAMBRIDGE MA 02139

FOOD FOR FREE COMMITTEE \*  
11 INMAN STREET  
CAMBRIDGE MA 02139

FOSTER GRANDPARENT PROGRAM  
270 WASHINGTON STREET  
SOMERVILLE MA 02143

GARDEN COOPERATIVE NURSERY  
24 FARWELL PLACE  
CAMBRIDGE MA 02138

GREENHOUSE  
46 PEARL STREET  
CAMBRIDGE MA 02139

HARVARD LAW SCHOOL CHILD CARE CENTER  
23 EVERETT STREET  
CAMBRIDGE MA 02138

HARVARD LEGAL AID BUREAU \*  
1511 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02138

HARVARD MANOR NURSING HOME  
273 HARVARD STREET  
CAMBRIDGE MA 02139

HARVARD YARD CHILD CARE CENTER  
25 FRANCIS AVENUE  
CAMBRIDGE MA 02138

HENRY BUCKNER SCHOOL  
37 BISHOP ALLEN DRIVE  
CAMBRIDGE MA 02139

HILDEBRAND FAMILY CENTER  
41 COLUMBIA STREET  
CAMBRIDGE MA 02139

HOSPICE OF CAMBRIDGE \*  
186 ALEWIFE BROOK PARKWAY  
CAMBRIDGE MA 02139

HUMAN RIGHTS COMMISSION/  
CITY OF CAMBRIDGE  
57 INMAN STREET  
CAMBRIDGE MA 02139

HUMAN SERVICES DEPARTMENT/  
CITY OF CAMBRIDGE \*  
51 INMAN STREET  
CAMBRIDGE MA 02139

INDOCHINESE MUTUAL ASSISTANCE  
14 CHAPEL STREET  
SOMERVILLE MA 02144

INTEGRATED FOSTER CARE, INC.  
1991 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02140

JEFFERSON PARK WRITING CENTER  
6 JEFFERSON PARK  
CAMBRIDGE MA 02140

JUST-A-START CORPORATION \*  
432 COLUMBIA STREET, #12  
CAMBRIDGE MA 02141

K.L.H. CHILD DEVELOPMENT CENTER \*  
136 MAGAZINE STREET  
CAMBRIDGE MA 02139

LITTLE FOLKS FELLOWSHIP  
1418 CAMBRIDGE STREET  
CAMBRIDGE MA 02139

MARGARET FULLER NEIGHBORHOOD HOUSE  
71 CHERRY STREET  
CAMBRIDGE MA 02139

MASSACHUSETTS REHABILITATION COMM. * 2464 MASSACHUSETTS AVENUE CAMBRIDGE MA 02140	MIT/WELLESLEY UPWARD BOUND 18 VASSAR STREET, BLDG. 20C-006 CAMBRIDGE MA 02139	MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE MA 02138
MULBERRY CHILD CARE CENTER 840 MEMORIAL DRIVE CAMBRIDGE MA 02139	MULTISERVICE CENTER/ DEPARTMENT OF HUMAN SERVICES * 19 BROOKLINE STREET CAMBRIDGE MA 02139	NEIGHBORHOOD SUPPORT SYSTEM FOR 167 HOLLAND STREET INFANTS * SOMERVILLE MA 02144
NORFOLK STREET ELDERLY CENTER 116 NORFOLK STREET CAMBRIDGE MA 02139	NORTH CAMBRIDGE CHILD CARE CENTER 21 C WALDEN SQUARE ROAD CAMBRIDGE MA 02140	NORTH CHARLES INC. * 130 BISHOP RICHARD ALLEN DRIVE CAMBRIDGE MA 02139
OXFORD STREET DAYCARE CO-OP 25 FRANCIS AVENUE CAMBRIDGE MA 02138	PAINE SOCIAL SERVICES 3 CHURCH STREET CAMBRIDGE MA 02138	PARENTS NURSERY SCHOOL 40-A RESERVOIR STREET CAMBRIDGE MA 02138
PATRIOT'S TRAIL GIRL SCOUT COUNCIL 95 BERKELEY STREET BOSTON MA 02116	PEABODY TERRACE CHILDREN'S CENTER 900 MEMORIAL DRIVE CAMBRIDGE MA 02138	PEACE COMMISSION/ CITY OF CAMBRIDGE 57 INMAN STREET CAMBRIDGE MA 02139
PEQUOD COUNSELING CENTER 1146 MASSACHUSETTS AVENUE CAMBRIDGE MA 02138	PHILLIPS BROOKS HOUSE ASSOCIATION HARVARD UNIVERSITY CAMBRIDGE MA 02138	PLANNED PARENTHOOD LEAGUE OF MASS 99 BISHOP ALLEN DRIVE CAMBRIDGE MA 02139
PROJECT MANNA/ MASSACHUSETTS AVENUE BAPTIST CHURCH 146 HAMPSHIRE STREET CAMBRIDGE MA 02139	RADCLIFFE CHILD CARE CENTER 69 BRATTLE STREET CAMBRIDGE MA 02138	RECORDING FOR THE BLIND 43 THORNDIKE STREET CAMBRIDGE MA 02141
RECREATION DIVISION/ DEPARTMENT OF HUMAN SERVICES 51 INMAN STREET CAMBRIDGE MA 02139	SALVATION ARMY CORP * 402 MASSACHUSETTS AVENUE CAMBRIDGE MA 02139	SANCTA MARIA NURSING FACILITY 799 CONCORD AVENUE CAMBRIDGE MA 02238
SCM COMMUNITY TRANSPORTATION * 167 HOLLAND STREET SOMERVILLE MA 02144	SHELTER, INC. P.O. BOX 516 CAMBRIDGE MA 02139	SHORTSTOP YOUTH EMERGENCY SHELTER P.O. BOX 235 SOMERVILLE MA 02143

SOCIAL SECURITY ADMINISTRATION  
P.O. BOX 310  
240 ELM STREET  
SOMERVILLE MA 02144

SOMERVILLE/CAMBRIDGE ELDER SERVICES\*  
P.O. BOX 338  
DAVIS SQUARE CENTER  
SOMERVILLE MA 02144

STRIDE RITE CHILD CARE  
5 CAMBRIDGE CENTER, 2ND FLOOR  
CAMBRIDGE MA 02142

T.S.C. TOT CHILDCARE PROGRAM  
55 BROADWAY  
CAMBRIDGE MA 02142

TAPESTRY, INC.  
20 SACRAMENTO STREET  
CAMBRIDGE MA 02138

TECHNOLOGY CHILDREN'S CENTER  
60 WADSWORTH STREET  
CAMBRIDGE MA 02142

TEMPORARY CARE SERVICES\*  
P.O. BOX 542  
CAMBRIDGE MA 02238

TENANT SERVICES/  
CAMBRIDGE HOUSING AUTHORITY\*  
270 GREEN STREET  
CAMBRIDGE MA 02139

THE CAMBRIDGE HOMES\*  
360 MOUNT AUBURN STREET  
CAMBRIDGE MA 02138

THE NEWTOWNE SCHOOL  
11 GARDEN STREET  
CAMBRIDGE MA 02138

THORNDIKE STREET SCHOOL  
71 CHERRY STREET  
CAMBRIDGE MA 02139

TRANSITION HOUSE\*  
P.O. BOX 530  
HARVARD SQUARE STATION  
CAMBRIDGE MA 02138

TUTORING PLUS OF CAMBRIDGE  
71 CHERRY STREET  
CAMBRIDGE MA 02139

UNICEF COMMITTEE OF GREATER BOSTON  
99 BISHOP RICHARD ALLEN DRIVE  
CAMBRIDGE MA 02139

UNITARIAN UNIVERSALIST SERVICE  
130 PROSPECT STREET  
CAMBRIDGE MA 02139

VERNON HALL NURSING HOME  
8 DANA STREET  
CAMBRIDGE MA 02138

VETERAN'S SERVICES/  
CITY OF CAMBRIDGE\*  
57 INMAN STREET  
CAMBRIDGE MA 02139

VISION FOUNDATION  
818 MOUNT AUBURN STREET  
WATERTOWN MA 02172

VISITING NURSES ASSOCIATION\*  
186 ALEWIFE BROOK PARKWAY, RM 206  
CAMBRIDGE MA 02138

WELLMET PROJECT\*  
99 BISHOP RICHARD ALLEN DRIVE  
CAMBRIDGE MA 02139

WINDSOR HOUSE ADULT DAY HEALTH  
116 NORFOLK STREET  
CAMBRIDGE MA 02139

WOMEN'S CENTER  
46 PLEASANT STREET  
CAMBRIDGE MA 02139

WOMEN'S JOB COUNSELING CENTER\*  
34 FOLLEN STREET  
CAMBRIDGE MA 02138

YOUVILLE HOSPITAL  
1575 CAMBRIDGE STREET  
CAMBRIDGE MA 02138

Department of Public Welfare Benefits <sup>1</sup>

PROGRAMS	FY 90	FY 91
<b>Supplemental Security Income (SSI)</b>	2,224 clients	2,234 clients <sup>2</sup>
...Monthly Averages	\$87 benefit / case	\$93 benefit / case
...Monthly Averages <sup>3</sup>	\$12 Food Stamps / case	\$15 Food Stamps / case
...Annual Expenditures <sup>4</sup>	\$2.31 million	\$2.49 million
<b>Aid to Families with Dependent Children (AFDC)</b>	950 cases (2,688 persons)	1,050 cases (2,994 persons)
...Monthly Averages	\$518 benefit / case	\$515 benefit / case
...Monthly Averages	\$131 Food Stamps / case	\$151 Food Stamps / case
...Annual Expenditures	\$5.9 million	\$6.5 million
<b>General Relief</b>	517 cases (613 persons)	613 cases (748 persons)
...Monthly Averages	\$320 benefit / case	\$316 benefit / case
...Monthly Averages	\$131 Food Stamps / case	\$131 Food Stamps / case
...Annual Expenditures	\$1.98 million	\$2.32 million
<b>Refugee Assistance</b>	16 cases (32 persons)	2 cases (4 persons)
...Monthly Averages	\$454 benefit / case	\$479 benefit / case,
...Monthly Averages	\$131 Food Stamps	\$131 Food Stamps
...Annual Expenditures	\$10,890	\$11,493
<b>Food Stamps</b>	638 cases Food Stamps only	722 cases Food Stamps only
...Monthly Averages	\$113 Food Stamps only / case	\$124 Food Stamps only / case
...Annual Expenditures <sup>5</sup>	\$4.7 million	\$5.67 million
<b>Medicaid</b>	1,916 Medicaid only cases	2,189 Medicaid only cases
Monthly Averages <sup>6</sup>	\$361 benefit / case	\$395 benefit / case
Annual Expenditures <sup>7</sup>	\$29.58 million	\$35.16 million

(Footnotes continued on next page.)

<sup>1</sup> Information in this table is based on average monthly client counts and benefit figures provided by the Massachusetts Department of Public Welfare Budget and Finance Office. All figures are for persons residing in Cambridge, including those in nursing homes located in the city.

<sup>2</sup> Of the 2,234 clients receiving SSI in FY91, 671 were elderly and 1,563 were disabled.

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3 SSI Food Stamp benefit level averages shown are computed with total client figures. In fact, only 28.6% of all SSI recipients utilize Food Stamps, so actual monthly benefits are more in the range of \$51.

4 Expenditures reflect only the State portion of SSI benefits, which are supplemented by the federal government.

5 Food Stamp annual expenditure estimates include both persons who receive Food Stamps only (638 in FY90 and 722 in FY91) and those who receive benefits under other Welfare programs (3,707 and 3,899 cases, respectively). Average Food Stamp levels for the public assistance beneficiaries are shown under each of the cash benefit programs.

6 Medicaid benefit and expenditure estimates include both persons who receive Medicaid only (1,916 in FY90 and 2,189 in FY91, respectively) and those who receive benefits under other Welfare programs (4,944 and 5,232 recipients, respectively). Monthly averages shown are for the combined Medicaid Only and Medicaid with public assistance caseloads.

7 Medicaid annual expenditure estimates refer to spending that occurred during Fiscal Years 90 and 91, although some of the billings were for services rendered in previous periods.

## **SELECTED GENERAL COMMENTS FROM SURVEY PARTICIPANTS**

**"It is unrealistic to think that fundraising can compensate for dollar losses in public support for programs which have always derived most of the dollars from State contracts...DSS day care eligibility/funding shifts are crazy-making for programs and families to plan around...I'd welcome the opportunity to participate in community-wide planning/discussion, especially in (the) children's services realm."**


**"Our goal for the upcoming period is to aid in the stabilization of the childcare community. We would like to work with Mayor Alice Wolf's Advisory Committee on Children, Youth and Families."**

**"A primary concern for us is the gutting of the prevention and early intervention programs as a result of this fiscal crisis and the redefinition of mandates that agencies experience as resources shrink....Most of the population is underinsured or not insured at all for mental health services and our community mental health clinic has been able to breach the gap with DMH and community resources. Without DMH support the community will be left with a huge burden to bear...This time of crisis is forcing us all to talk to one another in ways that haven't been possible or necessary before. At this point those talks focus on "worst case scenario" when mergers might be in order. However, lots of ideas are being generated and relationships formed that may, in time, strengthen the community's capacity to respond."**

**"Since the closure of the drop-in center at St. Paul's Rectory, when the rectory was sold, there has been no program to meet the needs of the unique homeless population of Harvard Square. Our group hopes to operate a community center near Harvard Square to help meet those needs."**

**"I believe there has to be a restructuring of how the state does business and spends its money in a way that will utilize the resources available in a cost effective, quality oriented manner. I agree with Peter Nessen in that we must become outcome oriented The individual agencies have been doing the business for years, yet have little to say as to how it should be provided or delivered. We need to have control over this delivery since we are the ones who see the overutilization as well as the underutilization of services."**

**"The Massachusetts Rehabilitation Commission receives 80% of its funding from the federal government and 20% State match. The reduction of State funded programs and programs provided by other State agencies - DMR, DMH, etc. impacts upon the clients we serve."**



**"We are very concerned about proposed cuts in adult basic education funding for the next fiscal year. The Governor's budget eliminates the Commonwealth Literacy Campaign, which funds the equivalent of one full-time position to supervise an average of 75 volunteers and cuts the ABE budget at the Department of Education by \$380,000. These cuts put the state in violation of the federal Maintenance of Effort rule, thereby costing the state \$4.3 million in federal funds. The Metro North Service Delivery Area is also anticipating a cut in ET funds."**

**"We are interested in offering more services to minority elders through collaboration with CHAMA, COPA, and Committee of Elders by consolidating services in a central senior center and outstationing staff from minorities agencies or others (SCES, CASLS, Social Security) at the center and doing more outreach to homebound elders. Also, we need to expand volunteer services as it is a very cost effective way to increase services."**

**We have had to terminate with families because of decreased funding causing families to quit work or make inadequate arrangements for children who were already at risk. We currently have to limit enrollment to families who can pay \$3.50 to \$4.40 per hour for day care."**

**"Compounding the new Department of Social Services intake policy is the fact that all United Way affiliates will be funded at 65% of the prior year's levels."**

**"My concern is that the agency might be forced to close for an undetermined period of time, if it loses any more funds, until the economy starts picking up again."**

**"We need the help and support of the community and local government agencies if we are to continue serving low-income, mentally ill adults. Our operating costs are only \$25.00 per day per person, and this is a bargain considering we provide food, housing and daily staff contact. We are effective in deterring hospitalizations and in sustaining the mentally ill in the community, and provide a valuable service to the community and our clients at little cost."**

**Over 65% of Food For Free's revenue comes from private sources. From year to year, it is difficult to depend on these sources. Fortunately, Food For Free received some needed grant money last year. However, some of our previous contributors (Polaroid, Share Our Strength) rejected our appeals this past year. The funds we receive through the Community Development Block Grant program provide the real foundation for our work and allow us to do at least some planning without feeling vulnerable to private contributors. With continued budgetary concerns, Food for Free is looking for ways to collaborate**

with other agencies and to advocate more actively on behalf of the people we serve."

"We would like to see further investments by our entire community (both public and private) in solution oriented programs for the downtrodden clients we are merely helping to survive. We need education, training and affordable housing with in-house support systems."

"Our biggest concerns (besides surviving) are: the lack of protection of children from situations of extreme danger in families until a tragedy occurs; the lack of any attention to preventative services, increasing the need for expensive services like ours; and elimination of outpatient services for teens at great emotional risk - due to dismantling of community mental health centers ."

# City of Cambridge

The Human Services and Youth Committee conducted a public hearing on Wednesday, September 11, 1991 beginning at 4:06 p.m. in the Sullivan Chamber, City Hall.

Councillor Jonathan S. Myers, Chair of the above referenced Committee convened the hearing and stated that the purpose of the proceedings was to discuss the Cambridge Plan Agency Survey Report dated August, 1991 completed by the Human Services Strategic Planning Committee. Present at the hearing were: Councillor Francis H. Duehay, Councillor Timothy J. Toomey, Jr. and Deputy City Clerk John E. Flynn.

To begin the presentation, Councillor Myers recognized Ms. Jill Herold, Assistant City Manager for Human Services for the historical background of the survey. Ms. Herold stated that the survey is one of the components of the information gathering mechanism employed by the Strategic Planning Committee in its goal to better understand the myriad of human services being provided to the community. She further stated that this information gathering would be on-going.

At this time, Ms. Stephanie Ackert, Director of Planning and Development (Department of Human Services Programs) provided the Committee with a summation of the survey's findings (a copy of this survey is attached):

- 119 agencies were invited to participate in this survey - 57 respondents of which 46 were non-profits and 11 were municipal.
- Survey is based on service delivery and budgetary experiences in Fiscal Year 1990 and Fiscal Year 1991.
- 41 Agencies serve both Cambridge and Somerville in some of their programs; 37 offer some services to residents of other municipalities-based on funding availability.
- Focus of budgetary information based on direct service operations in Cambridge.
- Total funding of this type was \$165.5 million in FY90 and \$175.5 million in FY91 - with the following break out: non-profits \$40.4 million and \$43.4 million and municipal services \$125.1 million and \$132.1 million.

- The 40 non-profits which provided financial information the range in budgetary allotments was from under \$100,000. to over \$7,000,000.
- The 40 non-profits budgetary allotments was financed by state monies in FY90 at 65% (61% in FY91), federal monies 11% (13%), and "other" 22% (25%)
- Largest percentage cuts realized in non-profit child care, -13% overall, -40% state. Children/Youth/Families -14% from all sources, -20% state. Disabilities/Special Needs -19% state.
- Other large losses overall: Legal services -37%. Adult Education/Training Employment -14%.
- FY92: Major topics and changes to be discussed and realized include: General Relief, entrenchment (who is entitled), restructure of various state agencies and child care delivery.

Upon conclusion of Ms. Ackert's presentation, Councillor Myers inquired of the rationale employed behind the cutback in child care (-13%) given the recession and its implication. Ms. Herold stated that the Commonwealth was in the process of moving away from a purchase service system to a voucher system and that the Commonwealth recently announced a further 20% reduction in funding to the City.

At this time Councillor Myers opened the hearing for public comment and discussion.

Ms. Rebecca Schwartz, C.E.O.C., stated the need for the City to work closely with the Cambridge/Somerville Child Care Alliance to forge a strong advocacy for the protection of benefits for those clients using child care. She further stated that it is important to bring all groups together and speak with one voice since a number of changes will be taking place over a short period of time.

Ms. Sandra Wixted, Executive Director, Cambridge Family and Child Services, outlined the cuts in services her agency has endured and urged the City to work as a catalyst to bring people and agencies together and pool their resources for the common good.

Mr. Gerald Bergman, Food Program Coordinator, Bread and Justice Food Programs/C.E.O.C. stated the need to better study the impacts on lives of public policy statements. Mr. Bergman cited the school lunch program rate increase and bus routes as negatives in the lives of school aged children using the educational system.

Councillor Toomey in response stated that the School Committee may revisit the school lunch issue in the near future.

Mr. Steve Swanger, Director of Tenants Services, Cambridge Housing Authority, outlined to the Committee the magnitude of cuts his area received with the recent enactment of the State budget as well as federal cutbacks. He stated that the CHA is more than just collecting rents and maintaining buildings.

Ms. Leslee Kline, Cambridgeport Problem Center, commented on the spiral effects budgetary cuts force upon people receiving services .

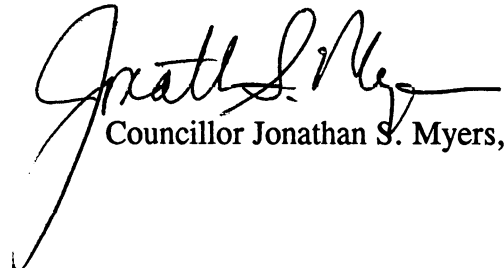
Ms. Susan Dooley, Shelter, Inc., endorsed the advocacy approach mentioned earlier and stated that an area of particular attention should be paid to the Mental Health System. Ms. Dooley also commended the City for its efforts in the homelessness field.

Mr. Jorge Luna, Executive Director, Concilio Hispano, noted the fact that agencies are being forced due to financial cutbacks to move away from preventative matters and services and deal only with response. He further stated that due to state regulations he has to offer other services in order to survive.

Councillor Myers thanked all who participated in the survey and hearing.

The hearing was adjourned at 5:38 p.m.

For the Committee

  
Councillor Jonathan S. Myers, Chair

1.

S-1031

COMMITTEE REPORT

Report from the Human Services and  
Youth Committee for a hearing held on  
Sept. 11, 1991 relative to the Cambridge  
Plan Agency Survey Report.

In City Council,

Sept. 23, 1991

*Report accepted  
Placed on file*