

**TOOLS FOR SERVICE COORDINATION:  
AN EXPLORATION OF SOCIAL SERVICE PROVIDERS'  
EXPECTATIONS AND RESERVATIONS  
IN SOMERVILLE, MASSACHUSETTS**

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## **ABSTRACT**

Since the 1960s, scholars, policymakers, and practitioners have recognized that our social service delivery system is highly fragmented. Many argue that certain tools, such as universal client intake forms, shared client data systems, and colocation, can help improve the coordination of social services across agencies. However, relatively little has been written about these tools, and it is unclear how service providers perceive their utility and feasibility. To help address that gap, this study surveyed and interviewed service providers in the small city of Somerville, Massachusetts, and focused on two specific coordination tools: community resource guides and colocation. The study shows that many providers expect that coordination tools would facilitate better client referrals and help reduce duplication, resulting in increased effectiveness and efficiency. However, providers also have some reservations about the cost and difficulty of implementing these tools, and some question whether the tools would actually achieve the expected benefits.

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## INTRODUCTION

Since as early as the 1960s, it has been recognized that our social service delivery system is highly fragmented. Categorical funding streams limit the programmatic flexibility of individual social service agencies and make it highly unlikely that they will be able to single-handedly provide the range of programs and services their clients need (Agranoff 1991; Alter 1990; Brown 1996; Graddy and Chen 2006; Hagebak 1979; Morrissey et al. 1997; Provan 1984; Stone 2000). The result is that low-income and other vulnerable individuals and families typically must travel to multiple public and nonprofit organizations in order to access services, which can be confusing, frustrating, and time-consuming (Agranoff 1991; GAO 1992; Provan and Milward 1995). The disjointedness also often results in duplicated efforts by service providers, particularly of data collection and data entry (Fitch 2009; Sandfort 1999).

Acknowledging these problems, many scholars, policymakers, and funders have identified interorganizational coordination, collaboration, and a more holistic approach to service delivery as promising strategies for enhancing the efficiency and effectiveness of our social services sector (Agranoff 1991; Chaskin et al. 1997; Levine 2013; Morrissey et al. 1997; Provan and Milward 1995; Selden et al. 2006; Yip et al. 2002). Much of the growing body of scholarly literature on coordination and collaboration discusses the potential benefits and challenges of these strategies, explores potential coordination structures (e.g., formal service delivery networks), and identifies potential coordination mechanisms (e.g., shared client data systems). Although policymakers' interest in service coordination has

waxed and waned over the past few decades, there have been many efforts to promote interagency coordination both within government and among grantee organizations. Recent federal initiatives like the Continuum of Care, Choice Neighborhoods, and Promise Neighborhoods programs aim to support comprehensive, community-based solutions to social problems. Private funders such as the Annie E. Casey Foundation and the Ford Foundation have also become increasingly interested in supporting “comprehensive community initiatives” (CCIs) and “collective impact initiatives,” which are discussed in the next chapter.

While the increased attention to coordination, collaboration, and comprehensiveness is encouraging, many of the new initiatives (and the funding that accompanies them) are being targeted at high-poverty neighborhoods in large cities, such as Boston, Chicago, and Los Angeles. Smaller, more socioeconomically diverse cities, particularly those in close proximity to these larger cities, tend to be overlooked, even though many of them have large low-income populations who could benefit from improved service coordination. Furthermore, although most of the new initiatives bring a diverse group of stakeholders together to engage in joint problem-solving, that problem-solving doesn't always address the fragmentation and duplication that exists at the direct service delivery level.

What, then, are some alternative tools or strategies that small cities can use to improve coordination at the direct service delivery level? And how useful and feasible would those tools be for service providers? The purpose of this thesis

project was to begin to address these questions by assessing service providers' attitudes toward five coordination tools: community resource guides, electronic referral systems, standardized client intake/assessment forms, shared client data systems, and colocation. I conducted a case study of the social services system in the small city of Somerville, Massachusetts, to investigate the following research questions:

1. To what extent do providers think services in their community are already coordinated, and how interested are they in pursuing coordination efforts?
2. Which service coordination tools or strategies do service providers consider most useful and most feasible to implement?
3. What do providers see as the benefits, drawbacks, and limitations of those service coordination tools?
4. From providers' perspective, what type of entity (e.g., nonprofit, city government, coalition) should take the lead on coordination efforts? Why?

My study focused specifically on social service agencies in Somerville that are engaged in anti-poverty work, meaning that they help low-income people secure basic needs (e.g., food, housing, health care) and/or overcome barriers to employment (e.g., limited English, lack of affordable childcare, mental health issues). The first part of my study involved a survey of service providers in Somerville, which helped me to begin to answer my research questions and identify two coordination tools—resource guides and colocation—to investigate in more depth. The second part of my study was focused specifically on exploring the utility and feasibility of developing a) a comprehensive, citywide resource guide and b) multi-agency colocation in Somerville. I conducted interviews with

practitioners (as close by as Somerville and as far away as Washington state) who had experience with one of these coordination tools to learn more about the benefits and challenges they bring. I then interviewed twelve service providers from eight different organizations in Somerville to find out what they see as the advantages, disadvantages, and limitations of resource guides and colocation.

Some of the findings from my survey and interviews came as little surprise. For example, most service providers felt that improving service coordination is important, but it is unlikely to happen without additional resources. Other findings were more unexpected. For example, when survey respondents were asked about the five service coordination tools mentioned above, they deemed the seemingly most simplistic one—a citywide resource database—to be the most useful and the most worthwhile to research further. In addition, my case studies of existing resource guides and colocation models revealed some of the positive and negative consequences of decisions made during the development of these tools, decisions such as which organization(s) will lead the effort and what types of programs will be included. These findings shed light on some of the challenges of planning and implementing coordination tools that are not typically discussed in the scholarly literature.

The next chapter provides a review of the scholarly literature on service coordination, including how the term “coordination” gets defined, what its expected benefits and challenges are, and what sort of tools and strategies are commonly associated with it. Following the literature review chapter, there is a short chapter about the city of Somerville, Massachusetts, and a chapter

describing my methodology. After that, I describe and analyze the findings from my survey of Somerville service providers. I then dedicate a chapter each to resource guides and colocation, synthesizing and analyzing the data collected on these topics from my survey and interviews. The thesis concludes with a brief summary of my major findings, an explanation of the limitations of my study, suggestions for further inquiry, and recommendations for practitioners in Somerville and elsewhere.

## CHAPTER 1: LITERATURE REVIEW

Scholars have been writing about service coordination since the 1960s. The literature on this topic highlights the problem of fragmentation, emphasizes the need for service coordination and attempts to define it, outlines the benefits and challenges of coordination, and describes various coordination mechanisms. Although the service coordination literature is extensive, few (if any) studies have examined service providers' attitudes toward service coordination mechanisms. This thesis seeks to address that gap in the literature.

### **Fragmentation and the Push for Service Coordination**

The problem of service fragmentation, including its causes and consequences, is well-documented in the literature. Many low-income individuals and other vulnerable individuals have multiple service needs (Agranoff 1991; Alter 1990; Graddy and Chen 2006; Morrissey et al. 1997; Provan 1984; Stone 2000). For example, they might not only need affordable housing, but also mental health services and job training. These individuals are often referred to in the literature as “multi-problem clients” (Martin et al. 1983; Meyers 1993; Nylén 2007; Selden et al. 2006). Despite the prevalence of individuals with multiple, interrelated service needs, most government funding is categorical, meaning that it can only be used for very specific purposes, such as homelessness prevention or employment counseling (Brown 1996; Hagebak 1979). These categorical funding streams, in turn, limit organizations' ability to address the multiple problems their clients face (Agranoff 1991; Alter 1990; Brown 1996; Graddy and Chen 2006; Hagebak 1979; Morrissey et al. 1997; Provan 1984; Stone 2000).

The result is a fragmented service delivery system that can be confusing and frustrating for clients and service providers alike. Not only must clients travel to multiple offices in order to access services (Agranoff 1991; GAO 1992; Provan and Milward 1995), but they must also deal with different eligibility requirements, intake procedures, and programmatic rules and expectations at each agency (Agranoff 1991; GAO 1992; Selden et al. 2006; Yip et al. 2002). They often have to “repeat their story” and present the same personal documentation (e.g., birth certificates, social security cards, proof of income) each time they access services (Fitch 2009; Sandfort 1999). Service providers spend “countless hours” collecting information that has already been collected by other providers, resulting in duplicated efforts (Fitch 2009, 186). The lack of communication between service providers can result not only in duplication, but also in conflicting messages or misinformation to clients (Sandfort 1999). Furthermore, according to Bunger (2010), “as different functions of human services become fragmented or siloed into distinct service categories, clients fall through the cracks of the system because the connections between services are either absent or problematic, or needed services are missing all together” (385).

Just as there is widespread consensus that service fragmentation is a problem, there is also widespread agreement that the remedy is increased service coordination, collaboration, and integration among service agencies, combined with a more holistic, comprehensive approach to addressing clients’ needs (Agranoff 1991; Chaskin et al. 1997; Levine 2013; Morrissey et al. 1997; Provan and Milward 1995; Selden et al. 2006; Yip et al. 2002). As Agranoff (1991) puts

it, “the best minds in social policy and administration agree that comprehensive responses are needed” to address the problem of fragmentation (534). Similarly,

Provan and Milward (1995) write:

The prevailing view among many service professionals, policy makers, and researchers is that by integrating services through a network of provider agencies linked through referrals, case management, and joint programs, clients will gain the benefits of reduced fragmentation and greater coordination of services, leading to a more effective system (2-3).

Indeed, the common assumption is that services will be more effective and efficient when organizations work together compared to when they work alone (Bunger 2010; Grubb and McDonnell 1996; Levine 2013; Mulroy 1997).

### **Defining Service Coordination**

Despite general agreement that service coordination, collaboration, and integration can help reduce fragmentation, there is less consensus on what exactly each of these terms means. They often get used interchangeably, but many researchers see them as distinct types of interorganizational relationships along a continuum. (See Figure 1.) Typically this continuum begins with interagency *cooperation* (which is considered the least intense type of relationship), followed by *coordination*, then *collaboration*, and lastly *service integration* (the most intense type of relationship) (Chen and Graddy 2010; Daka-Mulwanda et al. 1995; Kagan 1991; Peterson 1991; Selden et al. 2006).



Figure 1. Continuum of Interorganizational Relationships (Source: Selden et al. 2006, 413)

### ***Cooperation***

Scholars appear to agree that cooperation is the least formal, but most prevalent type of interorganizational relationship (Kagan 1991). It is often said that cooperation is grounded in informal, personal relationships among the staff of different organizations (Kagan 1991; Selden et al. 2006). According to Peterson (1991), organizations cooperate with one another when they offer general support, share information, or provide endorsements for each other's activities. As Kagan (1991) points out, however, cooperating organizations may have only a superficial awareness of one another's full array of programs and goals and may actually have differing goals.

### ***Coordination***

The next type of interagency relationship along the continuum is coordination. Coordination has been said to occur when organizations "calibrate their actions" (Selden et al. 2006), "synchronize their activities" (Peterson 1991), and make mutual accommodations (Agranoff 1991). According to Kagan (1991), coordination "entails efforts to smooth relationships among organizations and often results in specific modifications in the way agencies operate" (3). Bunger (2010) offers a relatively simple definition; she says service coordination is "characterized by multiple providers working together to serve the same client...in a consistent and continuous manner" (397). Trutko et al. (1991) go into more detail:

Coordination refers to situations where two or more organizations work together, through a formal or informal arrangement, to meet one or more of the following goals: (1) improve the effectiveness of programs, (2) improve the cost effectiveness of programs, (3)

avoid unnecessary duplication of services, and/or (4) improve measured performance on outcomes of interest to the program administrators (iii).

Trutko et al. (1991) also distinguish between “top-down coordination” and “bottom-up coordination.” They explain that the coordination of service delivery generally takes place at the local level, but the impetus to coordinate may be imposed by federal or state officials (top-down coordination) or it may be developed locally (bottom-up coordination). The authors argue that top-down initiatives command attention, but not necessarily compliance, and they frequently do not lead to noticeable changes because local administrators resist the pressure to coordinate and try to maintain the status quo. Bottom-up coordination efforts, on the other hand, may be more sustainable because they arise from the initiative of one or more local program administrators without any reference to particular federal or state initiatives or requirements.

In addition to the distinction between top-down coordination and bottom-up coordination, researchers have also differentiated between pooled, sequential, and reciprocal coordination (Alter 1990; Bunker 2010; Nylene 2007; Stone 2000; Thompson 1967). Pooled interdependencies develop in situations where service providers from different agencies work independently with the same client, but the cumulative sum of their work contributes to the final outcome (Bunker 2010). As Nylene (2007) describes it, “each provider contributes one piece to the overall solution” (145). A sequential interdependency is a slightly more intense form of coordination in that it occurs when the work of one provider is dependent upon the prior completion of another provider’s task (Bunker 2010). Finally, reciprocal

interdependencies require the most intense interactions between service providers, as each provider must continuously adjust his/her actions or interventions based on the actions or interventions of other providers (Bunger 2010; Nysten 2007; Stone 2000).

While coordination and collaboration (the next type of interagency relationship along the continuum) share many similar characteristics—such as mutuality of goals and resource-sharing—the key difference is that organizations engaged in coordination remain completely independent of one another, whereas organizations engaged in collaboration do not (Kagan 1991; Peterson 1991; Selden et al. 2006).

### ***Collaboration***

Although the term “collaboration” is often used as shorthand for any interagency activity, scholars have a more nuanced understanding of what distinguishes collaboration from the other types of interorganizational relationships. According to Peterson (1991), collaboration is “a much more intensive and continuous interaction among agencies involving joint commitment and joint activity” (91). Collaboration is often said to involve making mutual obligations, sharing resources, and relinquishing some autonomy (Foster and Meinhard 2002; Peterson 1991; Selden et al. 2006; Snavely and Tracy 2000). Kagan (1991) defines collaboration as relationships “where resources, power, and authority are shared and where people are brought together to achieve common goals that could not be accomplished by a single individual or organization independently” (3).

### ***Service Integration***

Some scholars (e.g., Kagan 1991; Peterson 1991) view collaboration as the third and final type of interagency relationship along the continuum. Others (e.g., Selden et al. 2006) have added a fourth category: service integration. Service integration is said to occur when organizations “work together to provide a new package of services to their mutual clients” (Selden et al. 2006, 414) and when they combine organizational structures by sharing things like office space, staff, and/or client information (Snaveley and Tracy 2000). Service integration is expected to increase efficiency (by reducing duplication and minimizing costs) as well as effectiveness (by improving accessibility and responsiveness to client needs) (Selden et al. 2006).

Although the term “service integration” can be found in much of the scholarly literature (e.g., Agranoff 1991; Hagebak 1979; O’Looney 1993), the term “integrated service delivery” has become more popular in the social services sector in recent years, even being referred to as “the new black” (Butz 2014). Integrated service delivery can take many different forms, but it is most commonly implemented through a center-based approach in which several services and supports, often provided by different agencies, are housed in one physical location that is easily accessible to the target population (United Way 2011). Many local and national organizations, including the Annie E. Casey Foundation and Local Initiatives Support Corporation (LISC), have developed their own models for integrated service delivery.

### ***Limitations of this Framework***

While the distinctions made in the literature between cooperation, coordination, collaboration, and service integration help us think more critically about how we characterize interagency relationships, the reality is that relationships between organizations are often complex and change over time and therefore do not fit neatly into categories. The continuum described in the literature is somewhat problematic in other ways, as well. For example, some scholars, such as Kagan (1991), suggest that a more intense relationship (e.g., service integration) will be more effective than a less intense relationship (e.g., coordination), but this is not always the case. As Pindus et al. (2000) point out, “different levels of coordination may be appropriate in different communities” (xiii). Furthermore, the continuum gives the impression that an interorganizational relationship must progress sequentially from one phase to the next. However, we can easily imagine two or more organizations that have historically had an informal, cooperative relationship deciding to engage in collaboration (for example, by developing a joint program), even though they have made no efforts to coordinate their services.

Given the ambiguity surrounding the precise meanings of these terms, I have decided to use the term “coordination” in this paper as shorthand for any interorganizational activity that is pursued with the goal of improving service delivery. In some cases, the activities I discuss may be more appropriately categorized as “cooperation,” “collaboration” or “service integration,” but I will use the term coordination for the sake of consistency and simplicity.

## **Benefits of Coordination**

In addition to trying to define coordination, scholars have also outlined a variety of benefits that service coordination may produce for clients and service providers.

### ***Benefits for Clients***

Coordination is often expected to improve both the accessibility and the quality of social services, leading to improved client outcomes (Graddy and Chen 2006; Martinson 1999; Pindus et al. 2000; Provan and Milward 1995; Selden et al. 2006; Trutko et al. 1991). Coordination mechanisms—such as a universal intake form and colocation—can reduce the cost and time associated with accessing services (Martinson 1999; Pindus et al. 2000; Trutko et al. 1991). Coordination can also result in a simplified client referral process and increased awareness among service providers about external programs and services (Pindus et al. 2000; Trutko et al. 1991), which may lead to more appropriate referrals and fewer clients “falling through the cracks.”

Furthermore, when organizations eliminate duplicative activities, refocus their resources on the provision of new or expanded services, and leverage the services and expertise of other agencies, they may be able to offer clients a wider range of services and/or more intensive services (Pindus et al. 2000; Trutko et al. 1991). As Provan and Milward (1995) put it, coordination “supposedly minimizes duplication of services by multiple provider agencies while increasing the probability that all essential services are provided somewhere in the system and that clients will have access to these needed services” (3). Finally, Graddy and

Chen (2006) point out that clients may also have greater access to cultural and linguistic expertise within a coordinated service delivery network.

### ***Benefits for Service Providers***

In addition to benefitting clients, coordination among social service agencies is also expected to benefit the agencies themselves. The literature stresses that coordination will lead to reduced duplication and increased operational efficiency (Chaskin et al. 1997; Culhane et al. 2010; Fitch 2009; Martinson 1999; Provan and Milward 1995; Sandfort 1999; Selden et al. 2006; Stone 2000; Trutko et al. 1991). For example, by developing single intake and eligibility determination procedures and shared information systems, agencies can save time on data collection and entry (Trutko et al. 1991).

It is also possible that coordination will provide organizations with greater access to funding and/or greater flexibility in the use of funding. As Trutko et al. (1991) explain, “coordination provides opportunities for agencies to work together in innovative ways, which sometimes enables agencies to qualify for other sources of funding” (40). Coordination may also lead to increased funding flexibility by enabling an organization to shift funds away from activities that are (now) being performed by other agencies. By coordinating their efforts, organizations may find it easier to focus on “what they do best” rather than venturing outside of their area of expertise in an attempt to provide all of the services their clients need (Trutko et al. 1991).

Finally, one other set of benefits has to do with the tracking of outcomes. It has been argued that coordination will make it easier for organizations to track

all of the services their clients receive, as well as the resulting outcomes (Provan and Milward 1995; Trutko et al. 1991). Coordination may also make it easier for organizations to share credit for client outcomes that result from collaborative efforts (Trutko et al. 1991).

### **Barriers to and Challenges of Coordination**

Despite the many expected benefits of service coordination (e.g., reduced fragmentation, increased efficiency, improved client outcomes), implementing and sustaining coordination efforts is far from easy. Not surprisingly, two of the biggest challenges are the time and cost—including opportunity costs—involved in developing and maintaining interorganizational relationships (Agranoff 1991; Alexander 2000; Alter and Hage 1993; Austin 2000; Graddy and Chen 2006; Pindus et al. 2000; Provan and Milward 1995; Rapp and Whitfield 1999; Trutko et al. 1991). The challenge most frequently cited in the literature, however, is “turf issues.” Organizations often resist working together or have difficulty working together because they are concerned about losing control over decision-making (Alexander 2000; Alter and Hage 1993; Austin 2000; Connor et al. 1999; Daka-Mulwanda et al. 1995; Graddy and Chen 2006; Martinson 1999; Mulroy 1997; Pindus et al. 2000; Provan and Milward 1995; Rapp and Whitfield 1999; Sandfort 1999; Stone 2000; Trutko et al. 1991). Trutko et al. (1991) explain that “through coordination, agencies become more vulnerable to other agencies’ decisions, which might mean giving up some of their previous ‘turf’” (50). Austin (2000) highlights “the tension that arises in having to relinquish some control and autonomy to gain the benefits of collaboration” (78). Lack of trust, competition

for funding, and uncertainty about the benefits of collaboration can further fuel organizations' hesitation to work together (Alter and Hage 1993; Connor et al. 1999; Graddy and Chen 2006; Romzek et al. 2014; Stone 2000).

Organizations with different philosophies, missions, or organizational cultures might find it particularly difficult to engage in coordination activities (Martinson 1999; Pindus et al. 2000; Rapp and Whitfield 1999; Romzek et al. 2014). As Martinson (1999) explains, “these philosophical differences across agencies may lead to an exacerbation of turf issues or other coordination problems” (8). Personality differences and conflicts may also inhibit coordination efforts (Pindus et al. 2000; Sandfort 1999).

As mentioned earlier, due in large part to our categorical funding structures, each organization has its own eligibility criteria, geographic service area, data management system(s), performance measures, and reporting requirements (Agranoff 1991; Martin et al. 1983; Martinson 1999; Mulroy 1997; Pindus et al. 2000). The incompatibility of these key programmatic characteristics can make coordination that much more complicated. Concerns about client confidentiality may also make service providers reluctant to work together (Auspos 2012; Daka-Mulwanda et al. 1995; Pindus et al. 2000).

### **Limitations of Coordination**

Not only is coordination difficult, but it also is not a silver bullet. Although there is widespread consensus that social service agencies should try to coordinate their efforts, there is actually limited evidence of the effectiveness of this approach (Bunger 2010; Cross et al. 2009; Grubb and McDonnell 1996; Jolin

et al. 2012; Morrissey et al. 1997; Provan and Milward 1995). As Morrissey et al. (1997) explain, “changing service delivery systems by making them more comprehensive, continuous, and community-based does not necessarily translate into improved...outcomes for clients” (19). It is worth noting that it can be very difficult to measure the effectiveness of interagency relationships (Auspos 2012; Cross et al. 2009; Lynch-Cerullo and Cooney 2011; Petersen 2002; Selden et al. 2006; Weitzman et al. 2009), which might help explain the lack of evidence either proving or discrediting the theory that coordination leads to improved client outcomes. Nevertheless, as Martinson (1999) puts it, “service coordination in and of itself is not enough” (13). Indeed, engaging in coordination efforts does not necessarily fix other problems that social service agencies face, such as inadequate resources and ineffective interventions.

### **History of Service Coordination Efforts**

Although the push for service coordination and integration began in earnest in the 1960s and 1970s, the concept was already being put into practice decades earlier. Many scholars cite the settlement house movement of the late 19<sup>th</sup> century as one of the earliest examples of service coordination (Chaskin et al. 1997; Halpern 1991; Hassett and Austin 1997; Jolin et al. 2012; Waldfogel 1997). Operating at the neighborhood level, settlement houses took a comprehensive approach to poverty alleviation. They not only offered a wide range of services under one roof, but also advocated for social reform.

Decades later, in the 1960s and 1970s, growing concern over inner-city poverty sparked interest among policymakers and funders in holistic anti-poverty

efforts. For example, in 1961, the Ford Foundation sponsored the “Gray Areas” program, which sought to address the problems facing residents of low-income, mostly minority inner-city neighborhoods “through the coordination of activities and a comprehensive view of needs” (Chaskin et al. 1997, 436). A few years later, as part of the War on Poverty and inspired by the Gray Areas experiments, the Johnson administration created the Community Action and Model Cities programs. These initiatives were intended to help “knit together” existing programs and services at the local level in order to launch a comprehensive attack on poverty (GAO 1992; Halpern 1991; Hassett and Austin 1997; Jolin et al. 2012). They had limited success, however, because the local implementers of these initiatives often lacked local political support and the authority and incentives needed to obtain consensus and cooperation from other human service agencies (GAO 1992; Halpern 1991).

In 1972, the U.S. Department of Health, Education, and Welfare (HEW) created the Services Integration Targets of Opportunity (SITO) program. SITO, which involved ten technical assistance projects and 35 research and demonstration projects, was intended to promote comprehensive service delivery at the state and local level through a variety of interagency linkages (Agranoff 1991; Hassett and Austin 1997; Voydanoff 1995). Although many of the SITO projects were successful in developing service-oriented linkages that improved clients’ access to comprehensive services, the projects had limited success in creating system-oriented linkages, such as combining or “pooling” categorical funds from multiple agencies (GAO 1992). By the mid-1970s, many of the SITO

projects were discontinued. According to Hassett and Austin (1997), “the demise of these projects signaled the end of the major ‘top-down’ push for service integration” (11).

During the 1970s and 1980s, as federal funding for distressed communities waned, a growing number of community development corporations (CDCs) established themselves in urban areas. Many CDCs took a holistic approach to community development, providing social services, building affordable housing, and engaging in economic development activities (Chaskin et al. 1997; Jolin et al. 2012). Then, in the 1990s, “comprehensive community initiatives” (CCIs) emerged as a more ambitious strategy for addressing the needs of residents of poor communities (Jolin et al. 2012; Kubisch et al. 2010).

According to Kubisch et al. (2010):

[CCIs] intended to go beyond the achievements of existing community-based organizations, notably social service agencies and community development corporations (CDCs), by concentrating resources and combining the “best” of what had been learned from social, economic, physical and civic development in order to catalyze transformation of distressed neighborhoods (1).

The Dudley Street Neighborhood Initiative (DSNI) in the Roxbury neighborhood of Boston is typically cited as the earliest example of a CCI. Founded in 1984 by an alliance of local social service agencies, CDCs, and churches, DSNI has addressed issues of environmental justice, public safety, youth development, and physical development, and has made resident participation a top priority (von Hoffman 2012).

In recent years, there has been growing interest in “collective impact initiatives” (Hanleybrown et al. 2012; Kania and Kramer 2011). These initiatives are similar to CCIs in that they involve a group of actors from different organizations and sectors coming together to solve a specific social problem. However, they tend to operate at the city or regional level, rather than at the neighborhood level. Furthermore, according to Kania and Kramer (2011), collective impact initiatives are distinct from other collaborations in that they involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants. A frequently cited example of a collective impact initiative is “Shape Up Somerville” (Hanleybrown et al. 2012; Kania and Kramer 2011). Based in Somerville, Massachusetts (the city that this thesis focuses on), Shape Up Somerville is a citywide effort to reduce and prevent childhood obesity in elementary school children.

What the various types of organizations, programs, and initiatives discussed above (e.g., settlement houses, Community Action Program, CDCs, CCIs) have in common is that they are premised on the idea that we must take a comprehensive and, often, collaborative approach to poverty and other social problems. Some of the variation in these efforts comes from the types of actors involved (e.g., federal government, foundations, community-based organizations) and the specific strategy employed (e.g., direct services, physical community development, community organizing). In looking at the evolution of anti-poverty efforts, it appears that as one particular approach falls out of favor with

policymakers or private funders, they turn their attention (and resources) to a new approach.

However, at the direct service delivery level, there are certain coordination mechanisms that have long been in service providers' "toolboxes" and seem unlikely to disappear because their purpose is to improve the basic (but critical) processes of service delivery, such as intake, referrals, and data tracking. These mechanisms—which include coordinated client intake/assessment, shared client data systems, and colocation—may not be as "hip" as CCIs or collective impact initiatives, but I would argue that they are no less deserving of attention and funding from scholars, policymakers, and private funders. Indeed, service providers may have the will but not the ability to implement these tools without outside support.

### **Coordination Mechanisms**

The service coordination literature describes a variety of coordination mechanisms that are expected to increase the efficiency and effectiveness of service delivery. Five of the most commonly discussed mechanisms are information-sharing, referrals, single client intake and assessment, shared client data systems, and colocation. If we return to the spectrum of interorganizational relationships described earlier, some of these tools (e.g., information-sharing, referrals) might best be characterized as cooperation or coordination, whereas others (e.g., single intake, shared data systems, colocation) would probably be considered examples of collaboration or service integration because they are more

intensive and require organizations to share resources and relinquish some autonomy.

In the survey component of my study, service providers in Somerville were asked questions related to these five coordination mechanisms. Each tool is discussed below, and two—information-sharing and colocation—will be explored in the context of Somerville later in this paper.

### ***Information-Sharing***

There are many references in the academic literature to information-sharing between service providers. According to Trutko et al. (1991), “the simplest form of coordination is the sharing of information by two or more programs” (iii). Daka-Mulwanda et al. (1995) identify the sharing of information as one of the defining characteristics of coordination, distinguishing it from cooperation and collaboration.

A review of the literature reveals that there are several different types of information that organizations might exchange in order to improve service coordination. Perhaps most importantly, service providers can (with permission) share information about mutual clients to improve their understanding of a client’s situation and to ensure that the client is receiving all the services he or she needs (Fitch 2009; Ragan 2003; Sandfort 1999; Snavelly and Tracy 2000). In certain situations, organizations may also share information about their internal operations, experiences, agendas, abilities, and limitations, which can help foster interorganizational trust (Agranoff 2003; Provan 1984; Romzek et al. 2014; Thomson and Perry 2006). Another type of information that organizations might

share is data about the social problem they are jointly trying to address or about the community they serve (Brown 1996; Thomson and Perry 2006).

While all of these types of information are valuable and relevant to service delivery, there is little in the academic literature regarding the sharing of basic information about a community's service delivery system (e.g., what kinds of programs and services are available, what the eligibility criteria are, whether there are waitlists). Scholars have pointed out that one of the factors contributing to service fragmentation is service providers' and clients' lack of familiarity with available programs and services (Hagebak 1979; Inkelas and Bowie 2014; Martinson 1999; Sandfort 1999; Trutko et al. 1991), yet few have investigated this information gap in more depth.

One exception is Milne and Neuhauser (2003), who conducted a study in East Cleveland, Ohio, to answer the question: How do you find all the nonprofit organizations in a community in need? They write:

East Cleveland is a good candidate for the kind of needs and resource analysis that has long been characteristic of community social services planning. One major feature of such planning is investigation of the range and scope of existing resources, including nonprofit organizations in the community. But therein lies a problem seldom discussed in the nonprofit literature. In an effort to assess the nonprofit institutions serving this community within the city's boundaries, we used five readily available data sources and quickly found little overlap between them and problems with their use (291-2).

The situation is similar in Somerville, where there are several community "resource guides" listing local service providers and their programs/services, but there is little consistency among the resource guides and many contain outdated information. Given that the use of resource guides has received little (if any)

attention in the academic literature, appears to be a relatively low-cost coordination tool, and was of interest to many of the service providers I surveyed, I decided to explore the utility and feasibility of a citywide resource guide for Somerville. (See Chapter 5.)

### ***Referrals***

It is virtually impossible to talk about service coordination without talking about referrals. Referrals are one of the most common ways of linking clients to services (Bunger 2010; Provan 1984). Provan (1984), drawing on resource dependence theory, posits that social service agencies often depend on both an in-flow and an out-flow of client referrals:

By receiving referrals from other organizations, agencies can reduce some of the uncertainty as to whether or not a sufficient number of clients will come to the agency to justify increases in or at least maintenance of funding...Agencies also can reduce uncertainties through the process of referring clients to other organizations. The uncertainty here is internal and stems from having clients that the agency cannot serve. By having an outlet for these clients, the [agency]...need not be concerned with providing all services to all the clients it attracts (813).

While referrals are expected to help link clients to services, there is widespread concern about clients “falling through the cracks” when being referred from one agency to another (Bunger 2010; Ezell and Patti 1990; Martin et al. 1983; Trutko et al. 1991). Inappropriate referrals and lack of follow-up seem to be contributing to this concern. As mentioned above, some service providers lack familiarity with external programs and services, which can lead to inappropriate referrals (Pindus et al. 2000; Provan 1984; Sandfort 1999; Trutko et al. 1991). Furthermore, service providers may not have the capacity to follow up with

clients and/or external providers to determine the outcomes of referrals and discuss next steps (Inkelas and Bowie 2014; Meyers 1993; Pindus et al. 2000; Provan 1984). According to Inkelas and Bowie (2014):

Asking about a range of [client] needs without having some pre-determined pathways in mind, and without encouraging the family to come back if that pathway does not work as planned, does not produce a consistent, effective response (20).

These issues have led many researchers to call for simplified, standardized referral and follow-up procedures to ensure consistency and continuity in service delivery (Bunger 2010; Hagebak 1979; Inkelas and Bowie 2014; Martinson 1999; Meyers 1993; Peterson 1991; Pindus et al. 2000; Trutko et al. 1991). To this end, many agencies are developing formal referral agreements and trying out electronic referral software (Fitch 2009; Peterson 1991; Pindus et al. 2000; Snavely and Tracy 2000; Trutko et al. 1991).

### ***Single Client Intake and Assessment***

One of the tools discussed most frequently in the literature in conjunction with service coordination and integration is single client intake and assessment procedures (Agranoff 1991; Ezell and Patti 1990; Hagebak 1979; Pindus et al. 2000; Selden et al. 2006). According to O’Looney (1993), “clients and whole families are unnecessarily burdened by multiple intakes, case manager interactions, and assessments” (505). To minimize duplication for both clients and service providers, organizations operating within the same service delivery system have been encouraged to develop standardized intake and assessment procedures. In some cases, this is achieved through the development of a standardized intake/assessment tool (Ragan 2003; Trutko et al. 1991); regardless of which

agency within the network a client goes to first, he or she will be asked a standard set of questions, and the information will later be shared (with permission) with any other agencies in the network to which the client is referred. In other cases, networks of service providers serving the same clientele (e.g., children, people experiencing homelessness) establish a “single point of entry” system in which one agency handles client intake and assessment for all other providers in the network (Bradbury et al. 2011; Hambrick and Rog 2000; Peterson 1991; Voydanoff 1995).

Single intake and assessment procedures are expected to produce benefits for clients and providers alike, including time savings, cost savings, and more holistic service provision (GAO 1992; Meyers 1993; O’Looney 1993; Trutko et al. 1991). Nevertheless, like most coordination mechanisms, these procedures are difficult to implement. One of the most significant challenges is developing a standardized intake/assessment tool that satisfies all of the agencies’ individual regulations and reporting requirements (Martin et al. 1983; Minicucci 1997; Trutko et al. 1991). In addition, as Hassett and Austin (1997) point out, a comprehensive intake/assessment tool might be burdensome for clients with minimal service needs:

If all potential clients seeking services...are required to undergo a comprehensive needs assessment, fill out lengthy forms, and be assigned to a case manager, individuals seeking only minimal services may need to spend far more time than they would otherwise and may or may not use the services. Therefore, integrated systems need to account for different levels of client needs and preferences in their intake procedures (22).

### *Shared Client Data System*

While the coordination of referrals and intake/assessment procedures can be achieved without shared data management systems, such systems may help facilitate these processes and appear to be increasingly popular and viable (Culhane et al. 2010; Fitch 2009; Hanleybrown et al. 2012; Ragan 2003; United Way 2011). Shared client data systems typically enable service providers with mutual clients to access information about the clients' demographics, service needs, referral status, and/or progress and outcomes. By sharing this information, service providers can save time and effort on data collection and data entry and gain a more holistic picture of each client's situation.

Despite the major benefits of shared client data systems, they present significant implementation challenges. First, data management systems can be expensive, although more affordable options are available (Fitch 2009; Hanleybrown et al. 2012; Trutko et al. 1991). Second, most agencies have their own data system(s), which are often mandated by funders and incompatible with one another. Switching to an entirely new data system might not be an option, and entering data into multiple data systems is highly time-consuming (Trutko et al. 1991; United Way 2011). Finally, shared data systems often raise major concerns about client confidentiality. However, as Bardach (1998) points out, these concerns are sometimes "more imaginary than real" (285), and they can often be addressed by having clients sign release of information forms (Fitch 2009; Ragan 2003) and by restricting access to certain data based on each agency's "need-to-know" (Hanleybrown et al. 2012; Pindus et al. 2000).

## ***Colocation***

Colocation refers to a situation in which two or more organizations share physical space, either permanently or temporarily (Bradbury et al. 2011). It is often considered an example of service *integration* (as opposed to cooperation or coordination) because it can be very resource-intensive and sometimes involves combining organizational structures (Ezell and Patti 1990; Packard et al. 2013; Ragan 2003; Selden et al. 2006).

Many researchers and practitioners see colocation as a promising strategy for improving and simplifying clients' access to services and for improving communication among service providers (Bradbury et al. 2011; Ezell and Patti 1990; Hagebak 1979; Martin et al. 1983; Meyers 1993; Packard et al. 2013; Ragan 2003; Trutko et al. 1991). Rather than having to travel to several different offices, clients can access multiple services in a single location. Furthermore, many assume that colocation will lead to increased familiarity, formal and informal communication, information-sharing, and relationship-building among service providers from different agencies (Ezell and Patti 1990; Martin et al. 1983; Meyers 1993; Packard et al. 2013; Ragan 2003; Trutko et al. 1991). As Martin et al. (1983) put it, "use of [a] common staff lounge and coffee pots should...result in increased personal contacts with workers in other program areas and, possibly, greater identification with the gamut of human services" (752). Ragan (2003) found that colocation can also help service providers understand how different programs contribute to larger community goals. He goes on to explain that colocation "is, in many instances, a critical step in facilitating...other

[coordination] strategies,” such as standardized client intake and assessment processes and joint case-conferencing (26).

However, as Ragan and others point out, colocation alone does not ensure that services will become better coordinated (Adams and Nelson 1997; Martin et al. 1983; Meyers 1993; Ragan 2003). As Adams and Nelson (1997) explain:

[Colocation] may be a first step in integrating services and making them more accessible, but it does not ensure that the services are experienced as integrated, responsive, culturally competent, flexible, or comprehensive. They may be geographically more accessible, but no less dominated by narrowly professional, categorical, fragmented practice (72).

Indeed, in some of the sites that Packard et al. (2013) studied, “co-located facilities became collections of silos, with agencies working alone toward their own objectives” (365). Bradbury et al. (2011) developed a colocation matrix that highlights the possibility of high physical integration between organizations without high integration of focus, and vice versa. (See Figure 2.)

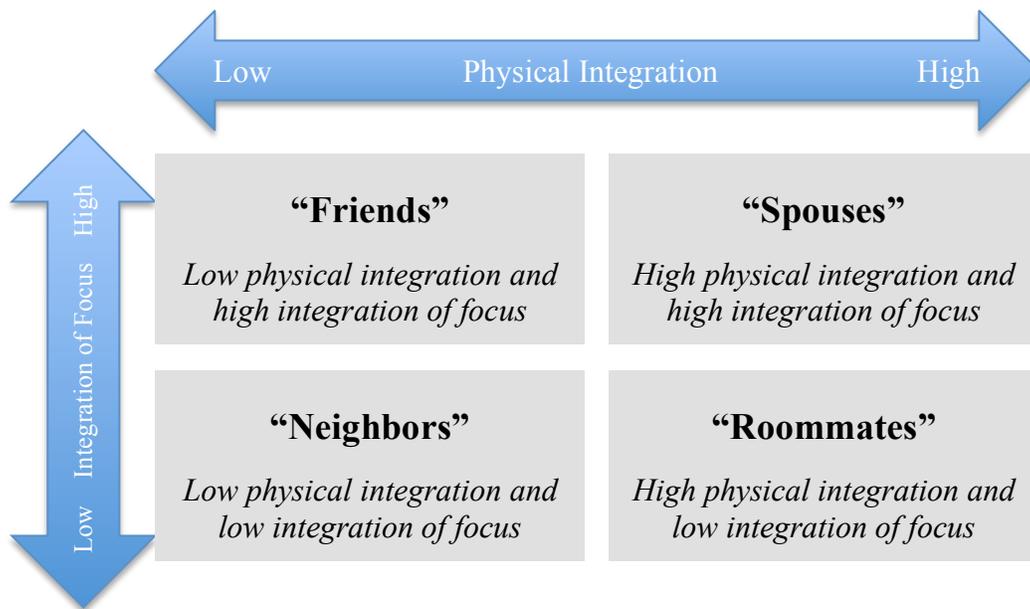


Figure 2. Colocation Matrix (Source: Bradbury et al. 2011, 17)

Colocation is also one of the more challenging coordination mechanisms to implement. According to Ragan (2003), “developing a collocated site is a complex and resource-intensive process, involving many players, difficult decisions, and multiple funding issues” (39). In addition to searching for an appropriate and affordable physical space, the players must also make decisions about management, staffing, and information technology (Ezell and Patti 1990; Ragan 2003). Many organizations fear that their individual identities will be lost in the colocation process (Hagebak 1979). However, despite the formidable obstacles to colocation, many have found that the benefits ultimately outweigh the costs. For example, in his study of integration initiatives, Ragan (2003) found that “managers and staff were emphatic that regardless of the amount of effort that was involved in developing a collocated site, the benefits are worth the effort” (39).

While colocation is frequently mentioned in the literature on service coordination and integration, few articles or studies have focused exclusively on colocation. Indeed, Bradbury et al. (2011) found that “though a wealth of literature on collaboration theory is available, current research specifically focusing on nonprofit co-location is limited” (7). Furthermore, some of the articles that do focus on colocation appear more concerned with the cost-saving benefits of shared space and shared back-office services than they are with potential improvements to service delivery (e.g., Butzen 2012; Vinokur-Kaplan and McBeath 2014).

A few social service agencies in Somerville have already experimented with part-time, “out-stationing” colocation (meaning they have external providers stationed in their office during certain times each week), but some of them—and others in the city—are interested in larger-scale and/or more permanent colocation arrangements. For this reason, it seemed worthwhile to explore the possibilities for expanded colocation in Somerville. (See Chapter 6.)

### **Gaps in the Literature**

Although there is a substantial body of literature on service coordination, there are a few gaps in the literature that this thesis aims to help fill. First, while service coordination mechanisms are frequently mentioned in the literature, they have rarely been the primary focus of a study. A deeper exploration of service coordination mechanisms might help foster a more nuanced understanding of the benefits and challenges of each of these tools. Furthermore, even though several of the case studies on service coordination have drawn from the ground-level experiences of service providers, surveys and interviews with practitioners are often conducted *after* they have implemented a coordination tool(s). This insight is critical, but it might also be beneficial to explore the perspective of providers who have no or limited experience with coordination mechanisms. Their feedback could help us understand what holds providers back from implementing these tools. For small, underfunded cities like Somerville, coordination efforts are more likely to be initiated by providers than by city government or external funders (although these latter two parties may become involved later), so it would be

valuable to know what providers in these cities think about the viability of service coordination mechanisms.

## **CHAPTER 2: SOMERVILLE**

The city of Somerville, Massachusetts, has experienced significant economic and demographic changes over the last century and a half, which have resulted in a high degree of socioeconomic, racial, and ethnic diversity among residents. This diversity is a source of pride for the city and is part of what has attracted people to live there. However, new commercial development and a new transit line are driving up the cost of housing in Somerville, putting the city's lower-income residents at risk of displacement. Organizations that provide social services to low-income Somerville residents could help minimize displacement by helping their clients avoid housing crises and increase their incomes. While Somerville has a strong spirit of cooperation and collaboration, it may be lacking the level of interorganizational coordination and the resources needed to launch an effective anti-displacement/anti-poverty effort.

### **Background on Somerville**

Somerville is located about two miles north of Boston. With a population of close to 79,000 in just 4.1 square miles (U.S. Census Bureau 2015), it is the most densely populated city in New England. Somerville has long been known as a "city of immigrants." It became home to thousands of Irish, Italian, Portuguese, and Greek immigrants in the late 19<sup>th</sup> century and first half of the 20<sup>th</sup> century, and working-class residents of Irish and Italian heritage remain a significant demographic group in Somerville today (Ostrander 2013). In the 1980s, large numbers of immigrants from Brazil, El Salvador, and Haiti started arriving in the city, usually settling in the neighborhood of East Somerville. Around the same

time, middle-class, mostly white professionals began moving into West Somerville, attracted to its proximity to public transportation and its affordable rents (Ostrander 2013). The arrival of this last group marked the beginning of gentrification in Somerville, a process that has accelerated in recent years due to new residential and commercial development.

Today, the most pressing challenge facing the city of Somerville is how to reap the benefits of new development while preserving affordable housing and preventing the displacement of low- and moderate-income residents (many of whom come from immigrant families). The extension of the Green Line into Somerville will bring five new transit stations to previously-isolated neighborhoods over the next five years, and rents in those areas could increase by more than 25% and as much as 67% (Metropolitan Area Planning Council 2014). It is expected that 700 to 800 lower-income households near the planned transit stations will be forced to dedicate over 30% of their income to rent (i.e. become “housing cost-burdened”) and that conditions will worsen for the 3,600 lower-income renters in the Green Line Extension corridor who are already cost-burdened (Metropolitan Area Planning Council 2014).

While the Mayor of Somerville has made it a priority to expand the City’s housing affordability efforts (City of Somerville 2014), the existing and proposed initiatives focus primarily on the supply side of affordability and largely neglect the other side of the affordability equation: increasing residents’ incomes so that they can afford to remain in the city. This is where social service organizations can step in and assist in anti-displacement efforts. In the short term, some of these

organizations can help low-income residents avoid housing crises (for example, through tenant-landlord mediation and eviction prevention services). Over the long term, these organizations can help residents overcome barriers to employment (e.g., limited English, lack of affordable childcare, mental health issues) so that they can take advantage of new job opportunities, increase their incomes, and afford to remain in Somerville.

### **Somerville Social Services Landscape**

Somerville is home to a variety of public and nonprofit organizations that provide low-income residents with food, housing, health care, childcare, adult education, career counseling, legal services, and more. Some of these organizations (e.g., Somerville Community Corporation) are relatively small, are headquartered in Somerville, and primarily serve Somerville residents, whereas others have a regional (e.g., Cambridge Health Alliance), state-wide (e.g., Massachusetts Alliance of Portuguese Speakers), or even national (e.g., LIFT) presence and have only a satellite office in Somerville. While certain types of programs and services, such as emergency shelter and ESOL (English for Speakers of Other Languages) classes, are provided by multiple organizations in Somerville, other types of programs are either lacking or absent. For example, Somerville does not have a community college and has very few job training programs. The City of Somerville's Human Services Division (which is part of the Health Department) is tiny and does not provide any direct social services. Other programs within the Health Department provide more direct assistance to residents, as do the City's Housing Department and School Department.

Compared to other nearby cities, Somerville is in a relatively weak position when it comes to attracting public and private funding. For example, unlike Boston and Cambridge, Somerville does not have a community foundation, an institution that often provides critical resources to community-based nonprofits. In addition, Somerville's proximity to Boston means that it often gets overlooked for funding. As a much larger city with more concentrated pockets of high poverty, Boston is much more likely than Somerville to be selected for federal demonstration programs, CCI funding, and other major investments. Massachusetts has also recently been giving a lot of attention and resources to "Gateway Cities," which are midsize urban centers that used to be manufacturing hubs but have struggled to rebuild and reposition themselves for the changing economy. Although Somerville shares some characteristics with these cities, it is not one of the 26 designated Gateway Cities according to Massachusetts legislation (MassINC 2015) and therefore does not qualify for certain funding opportunities.

While Somerville may be at a disadvantage compared to well-funded neighboring cities like Boston and Cambridge, one provider told me that this has made providers in Somerville more "scrappy" and more willing to work together. Indeed, there is a strong spirit of cooperation and collaboration in the city. There are numerous coalitions (e.g., the Food Security Coalition, Affordable Housing Organizing Committee, Early Childhood Advisory Council) that regularly bring service providers together to discuss key issues. Several collaborative initiatives have also been launched in Somerville in recent years to address local social

problems. These include a health-focused initiative called Shape Up Somerville, an education-focused initiative called SomerPromise, and an employment-focused initiative called First Source Jobs.

I mention these coalitions and campaigns because they serve as examples of cooperation and collaboration among service providers and other stakeholders in Somerville, but they tell us relatively little about the extent of interorganizational *coordination* at the direct service delivery level. It is unclear how (if at all) these coalitions and initiatives help reduce the fragmentation of social services. One of the goals of my thesis project was therefore to better understand the extent of existing coordination and the potential for improved coordination in Somerville.

It is also important to note that, of the many coalitions and initiatives in Somerville, none has an explicit anti-poverty agenda. The existing initiatives tend to focus on specific issues related to poverty, such as health, education, and employment, as opposed to taking a broader, more comprehensive approach to the problem. This raises the question whether there ought to be an overarching anti-poverty strategy that links and coordinates some of the more issue-specific collaborative efforts that are already underway. Given the absence of an explicit anti-poverty coalition or initiative in Somerville and the growing threat of displacement for low-income residents, I felt it would be worthwhile to focus my research project on Somerville social service organizations engaged in the kind of anti-poverty work that—if better coordinated—could help minimize displacement.

## CHAPTER 3: METHODS

In order to assess the perceived utility and feasibility of various service coordination tools from the perspective of service providers, I both surveyed and interviewed providers in Somerville. I also conducted interviews with practitioners (in Somerville and elsewhere) who had experience implementing one of two coordination tools: resource guides and colocation.

### **Survey**

The purpose of my survey was to gain a better understanding of existing coordination efforts in Somerville and to begin to assess the utility and feasibility of implementing certain service coordination tools. More specifically, I wanted to find out what service providers in Somerville see as: 1) the major challenges of service delivery, 2) the extent of existing coordination in Somerville, 3) the major barriers to improving service coordination, 4) how much of a priority coordination is for their organization and their funders, 5) the perceived utility and feasibility of various service coordination tools and strategies, and 6) the type of entity that would be most appropriate to lead coordination efforts in Somerville. (For a copy of the survey instrument, please see Appendix A.)

### ***Sample***

As discussed earlier, my project focused on service coordination among organizations engaged in anti-poverty work in Somerville. Selecting organizations to include in my survey sample was somewhat complicated. First of all, there is no formal anti-poverty coalition or providers' network in Somerville that could serve as my survey population. Furthermore, not all organizations that play a role

in reducing poverty (for example, by providing affordable childcare or addiction services) have an explicit anti-poverty mission. Lastly, many organizations located in Somerville also serve other cities and towns. In an effort to delimit the scope of my study, I established the following criteria for selecting organizations:

1. Must serve Somerville residents
2. Must have a main office or satellite office in Somerville
3. Must primarily serve adults or families (as opposed to children, youth, or the elderly)
4. Must provide direct services to clients that help them secure basic needs (e.g., food, clothing, housing, health care) and/or overcome barriers to employment (e.g., limited job skills, limited English, immigration issues, lack of affordable childcare, mental health issues)
5. Must be a nonprofit organization or a city-level public agency

In order to develop a list of organizations that met these criteria, I began by collecting eight resource guides from local service providers. (See Table 1 on the next page.) The resource guides contained information about various organizations and their programs and services. Most of the guides were developed for public use, but two (CAAS's and LIFT-Somerville's) were intended primarily for internal use by the agency's staff. The resource guides varied in length, level of detail, and currency.

Once I had collected the eight resource guides, I compiled a spreadsheet of all the individual organizations listed in the guides, removing any duplicates. I then filtered the spreadsheet to include only those organizations that appeared to meet the above-mentioned criteria, based on information from their websites and from GuideStar.org. Two organizations—Cambridge and Somerville Legal

Services (CASLS) and the City of Cambridge’s Cambridge-Somerville Fuel Assistance Program—are located in Cambridge, not Somerville, but an exception to that criterion was made because these organizations are included in several of the resource guides and because the services they provide (legal services/representation and fuel assistance) are not provided by any organizations based in Somerville.

**Table 1. Somerville Resource Guides**

<b>Resource Guide Title</b>	<b>Author</b>	<b>Method of Access</b>
“Community Resources”	City of Somerville	Available online
N/A	Community Action Agency of Somerville (CAAS)	Already had a hard copy
“The Elizabeth Peabody House Community Resource Guide”	Elizabeth Peabody House	Available online
“Social Services Information Sheet – LIFT Boston Region”	LIFT-Somerville	Inquired via email and received an electronic copy
N/A	SomerPromise	Available online
“Resource Guide for People Homeless in Somerville and Arlington”	Somerville Arlington Homeless Providers Group	Available online
“Agencies and Service Organizations” (in Members Directory and Buyers Guide, 2013-2014)	Somerville Chamber of Commerce	Already had a hard copy
“Family Resources”	Somerville Early Childhood Hub	Available online

In order to narrow the list of organizations a bit further and make it more manageable and relevant, I tallied the number of resource guides in which each organization was mentioned and ranked the organizations based on the number of “mentions” they had received. Organizations that were only listed in one or two resource guides were eliminated from the spreadsheet, with the exception of the Committee on Refugees from El Salvador (CORES). CORES was only listed in

two resource guides, but because it is the only organization in Somerville dedicated to serving the city's large Salvadoran population, an exception was made. Having completed this selection process, my final sample included the following 24 organizations:

1. Cambridge and Somerville Legal Services (CASLS)\*
2. Cambridge Health Alliance
3. CASPAR
4. Catholic Charities
5. City of Cambridge, Cambridge-Somerville Fuel Assistance Program\*
6. Committee on Refugees from El Salvador (CORES)\*
7. Community Action Agency of Somerville (CAAS)
8. Elizabeth Peabody House
9. Just-A-Start
10. LIFT-Somerville
11. Massachusetts Alliance of Portuguese Speakers (MAPS)
12. Mystic Learning Center
13. Parent Information Center
14. Parenting Journey
15. RESPOND
16. Riverside Community Care/The Guidance Center
17. Somerville Center for Adult Learning Experiences (SCALE)
18. Somerville Community Corporation (SCC)
19. Somerville Family Learning Collaborative (SFLC)
20. Somerville Haitian Coalition
21. Somerville Homeless Coalition
22. Somerville Housing Authority
23. The Welcome Project
24. Wayside Youth & Family Support Network

\* indicates that an exception to the criteria was made

I decided to use the organization as my unit of analysis instead of individual programs. While it might have been valuable to be able to account for differences between programs within an organization (especially those that offer different types of programs, such as housing and financial literacy), using the program as the unit of analysis did not seem practical for my project. There are far more programs than organizations in Somerville, so compiling an inventory of all

current programs and selecting a representative sample would have been very time-consuming and complicated. It also would have been unreasonable to ask staff at the organizations to take the time to fill out a separate survey for each of their programs. Finally, many organizations offer a variety of services (e.g., job search assistance, assistance with public benefits applications) that are not part of a formal program and therefore might have been overlooked if I used programs as the unit of analysis.

### ***Survey Distribution***

The survey was administered through Qualtrics, an online survey software. I distributed the survey by sending individualized emails to the executive directors, site managers, or equivalent at the 24 organizations identified above. Each email contained an explanation of the project, a link to the survey, and a request that—if possible—a senior-level staff person and a front-line staff person each complete the survey to ensure a diversity of perspectives. (See Appendix B for a sample recruitment email.)

### ***Responses***

In the week after I initially distributed the surveys, I received seven survey responses. I then sent a reminder email to the organizations that had not yet responded. By the end of the third week, I had received a total of 18 survey responses, and I closed the survey. The 18 survey responses represented 14 different organizations:

1. Cambridge and Somerville Legal Services (CASLS)
2. Cambridge Health Alliance
3. Catholic Charities
4. City of Cambridge, Cambridge-Somerville Fuel Assistance Program

5. Community Action Agency of Somerville (CAAS)
6. LIFT-Somerville
7. Massachusetts Alliance of Portuguese Speakers (MAPS)
8. Mystic Learning Center
9. RESPOND
10. Riverside Community Care/The Guidance Center
11. Somerville Center for Adult Learning Experiences (SCALE)
12. Somerville Family Learning Collaborative
13. Somerville Homeless Coalition
14. The Welcome Project

I received one survey response from each organization, with the exception of CAAS, LIFT-Somerville, and the Somerville Homeless Coalition, which each had two survey responses. Fourteen of the survey responses came from executive directors and site managers (in most cases, the person whom I originally contacted), and the other three responses came from a program manager, a program assistant, and a front-line staff person. One survey response was anonymous, so I was unable to identify which organization it came from or what type of position that respondent holds.

Given that the majority of the responses came from senior-level staff members rather than direct service staff members, the responses may be biased. While senior-level staff might be better positioned than front-line staff to answer questions about (for example) their organization's and funders' priorities and the feasibility of implementing coordination tools from a logistical and financial perspective, they might have a more limited understanding of the benefits and challenges these tools would present for front-line staff and clients. Nevertheless, the 14 organizations that I received responses from represented a diverse group in terms of size, geographic scope (e.g., local, regional, national), and the types of programs and services they offer. The percentage of nonprofit organizations that

responded was almost exactly the same as the percentage of public agencies that responded (57% and 60%, respectively). There was also a mix of organizations headquartered in Somerville and organizations with satellite offices in Somerville. The findings from my survey are discussed in detail in the next chapter.

## **Interviews**

After conducting the survey of Somerville service providers, I selected two service coordination tools—resource guides and colocation—to investigate in more depth. I chose these two tools over the three others I was considering (electronic referral system, standardized client intake form, and shared client data system) for a couple of reasons. First, as will be explained in the next chapter, there was strong interest among the survey respondents in a citywide resource guide or database. I also knew from informal conversations with service providers in Somerville that colocation was of interest to several of them. It seemed that the other three tools would involve an investigation of individual organizations' data practices and software systems that I did not think I would have the time or expertise for.

In order to explore the utility and feasibility of resource guides and colocation as coordination mechanisms, I conducted three sets of interviews.

### ***Background Interviews on Existing Resource Guides***

The first set of interviews I conducted was with people who used to be, currently are, or will be responsible for maintaining a resource guide in Somerville. I identified three resource guides to focus on based on comments written by the survey respondents: the Cambridge Somerville Resource Guide, the

Resource Guide for People Homeless in Somerville and Arlington, and a resource guide currently being developed by the City of Somerville’s Human Services Director. I then identified and interviewed the individuals previously or currently responsible for each of these resource guides. (See Table 2.) Two of these interviews were conducted in person, and two were conducted over the phone. My findings from these interviews will be discussed in Chapter 5.

**Table 2. Resource Guide Interviewees**

<b>Resource Guide</b>	<b>Entity Responsible</b>	<b>Interviewee(s)</b>
Cambridge Somerville Resource Guide	City of Cambridge, Department of Human Service Programs, Planning and Development Department (past) and Kids’ Council (current)	Marianne Colangelo, HMIS Project Manager, Planning and Development Department, City of Cambridge Nancy Tauber, Executive Director, Kids’ Council, City of Cambridge
Resource Guide for People Homeless in Somerville and Arlington	Somerville Arlington Homeless Providers Group	Kelly Donato, Director of Special Projects and Housing Counsel, Housing Department, City of Somerville
Untitled resource guide (still in development)	City of Somerville, Human Services Division	Nancy Bacci, Human Services Director, City of Somerville

***Background Interviews on Colocation Models***

My second set of interviews was with people whose organizations are the lead agency for a colocation arrangement. I wanted to explore a range of colocation models with variation in the type of lead agency (e.g., existing nonprofit, city government, new nonprofit), the amount of time spent colocating (part-time vs. full-time), and the types of services shared (e.g., client intake, client data systems, back-office services). I was already aware of two of the colocation entities I selected: CONNECT and the Cambridge Multi-Service Center.

I then used a report prepared by Mt. Auburn Associates (2011) for the Nonprofit Centers Network to identify two multi-tenant nonprofit centers that might serve as examples. (I thought it would be helpful to have two examples because this colocation model is more complex than the other two I looked at.) I decided to select the Children and Family Services Center in Charlotte, North Carolina, and Together Center in Redmond, Washington, for further inquiry because—unlike some of the other centers listed in the report—they involve nonprofits that provide direct services to clients and because their websites contain a lot of detailed information about their history and current operations. My findings from these interviews will be discussed in Chapter 6.

**Table 3. Colocation Models Interviewees**

<b>Name</b>	<b>Location</b>	<b>Lead Agency</b>	<b>Interviewee</b>
CONNECT	Chelsea, MA	The Neighborhood Developers	Blake Roberts, Financial Programs Coordinator
Cambridge Multi-Service Center	Cambridge, MA	City of Cambridge, Department of Human Service Programs	Stephanie Ackert, Director
Children and Family Services Center (CFSC)	Charlotte, NC	Children and Family Services Center (CFSC)	Shelley White, Executive Director & CFO
Together Center	Redmond, WA	Together Center	Pam Mauk, CEO

***Interviews with Somerville Providers***

Once I had collected sufficient background information about resource guides and colocation from my first two sets of interviews, I began conducting interviews with service providers in Somerville. I selected people to interview based on the survey results. Since I was focusing my inquiry on resource guides and colocation, I wanted to interview people who had expressed particular interest

in one or both of those two tools. In reviewing the survey responses, I used the following criteria to select potential interviewees:

1. Survey respondent gave the citywide resource database a combined utility/feasibility score of 16 or higher (Question 8, Parts A-D)  
*and/or*
2. Survey respondent gave colocation a combined utility/feasibility score of 16 or higher (Question 12, Parts A-D)  
*and/or*
3. Survey respondent gave a weighted combined score of 8 or higher for the citywide resource database and colocation (Question 13, with 1<sup>st</sup> choice = 5, 2<sup>nd</sup> choice = 4, 3<sup>rd</sup> choice = 3, 4<sup>th</sup> choice = 2, and 5<sup>th</sup> choice = 1)  
*and*
4. Survey respondent was willing to be interviewed (Question 16)

After filtering out duplicates and people who indicated that they did not want to be interviewed, I was left with a list of eight potential interviewees from eight different organizations.

I contacted those eight people by email and asked if they and/or another person from their organization (ideally a front-line staff person) would be willing to meet with me. I heard back from all but one of the eight people I contacted. I decided to also reach out to the CEO of the Somerville Community Corporation (SCC) and invite him and/or one of his staff members to participate in an interview. No one from SCC had completed my survey, but they play a significant role in the Somerville service delivery system and have expressed some interest in colocation, so I thought it would be important to include them. The CEO of SCC agreed to participate in an interview.

Table 4 on the next page includes a list of the people I interviewed. In most cases, I met with one person from each organization (usually the person I

originally contacted). For three of the organizations, I had the opportunity to speak with multiple staff people, either at the same time or separately.

**Table 4. Somerville Service Provider Interviewees**

<b>Organization</b>	<b>Interviewee(s)</b>
Catholic Charities	Nancy Kavanagh, Director, St. Patrick’s Shelter
Community Action Agency of Somerville (CAAS)	David Gibbs, Executive Director Sam Davidson-Weiss, Homelessness Prevention Program Advocate Meghan Cary, Head Start Advocate
Riverside Community Care/The Guidance Center	Lee King, Director, Cambridge-Somerville Early Intervention
Somerville Center for Adult Learning Experiences (SCALE)	Janice Philpot, Director
Somerville Community Corporation (SCC)	Danny LeBlanc, CEO
Somerville Family Learning Collaborative (SFLC)	Nomi Davidson, Director
Somerville Homeless Coalition	Mark Alston-Follansbee, Executive Director Nina Burke, Homeless Prevention Program Manager
The Welcome Project	Warren Goldstein-Gelb, Executive Director Annabel Gill, Intern

The goal of these interviews was to gain a better understanding of what service providers in Somerville see as the benefits of resource guides and colocation, what concerns they have about these tools, and what they consider to be the limitations of these tools. In each interview, I began by asking questions related to information-sharing and, more specifically, resource guides. (See Appendix C for a full list of my interview questions.) I then shifted the conversation to colocation and explained three possible colocation models (multi-agency colocation at an existing nonprofit, a municipal multi-service center, and a nonprofit center) and very briefly described my case studies for each model. I also gave the interviewees handouts with graphic depictions of the colocation models.

(See Appendix D.) My findings from this last set of interviews will be discussed in Chapters 5 and 6.

## **CHAPTER 4: SURVEY FINDINGS**

This chapter summarizes the major findings from the survey I conducted of service providers in Somerville. The survey responses revealed that certain service delivery challenges (e.g., difficulty tracking the outcomes of client referrals) are prevalent in Somerville and that improving service coordination is a priority for many providers and their funders. While the majority of respondents think there is already some—or even a lot of—interorganizational coordination in Somerville, many indicated that insufficient time and resources are major barriers to further coordination. Most expressed interest in developing service coordination tools, especially a citywide resource database, but felt it would not be feasible to implement these tools without additional resources. Finally, the majority of respondents thought that a coalition (rather than city government or a nonprofit) would be the most appropriate entity to lead a coordination effort.

### **Service Delivery Challenges**

The survey results revealed that the most significant service delivery challenge for respondents is tracking the outcomes of referrals they make for clients. (See Table 5 on the next page.) All of the survey respondents (with the exception of one respondent who skipped this question) indicated that they either sometimes or often experience difficulty tracking the outcomes of referrals. The next most significant challenge for providers, according to the survey responses, is that the additional services their clients need are either not available or not accessible. About 83% of the survey respondents said that this is an issue for them either sometimes or often.

**Table 5. Service Delivery Challenges**

<i>How often does your organization deal with the following issues?</i>	Often	Sometimes	Rarely	Never
Difficulty tracking the outcomes of referrals you make (N=17)	8 47.1%	9 52.9%	0 0%	0 0%
Additional services clients need are not available or not accessible (e.g., there is a waitlist; services aren't offered in the client's native language) (N=18)	8 44.4%	7 38.9%	3 16.7%	0 0%
Inappropriate referrals from other organizations (e.g., client is not eligible for your services; your organization can't meet the client's needs) (N=18)	1 5.6%	12 66.7%	5 27.8%	0 0%
Information about external programs/services turns out to be inaccurate or not up-to-date (N=18)	2 11.1%	10 55.6%	6 33.3%	0 0%
Difficulty serving certain clients due to limited staff language capacity at your organization (N=18)	0 0%	9 50.0%	6 33.3%	3 16.7%
Uncertainty about where to refer your clients for certain services (N=18)	2 11.1%	4 22.2%	11 61.1%	1 5.6%

The next two challenges that service providers deal with most frequently are inappropriate referrals and inaccurate or outdated information about external programs/services. About 72% of the survey respondents indicated that they either sometimes or often receive inappropriate referrals from other organizations. Inaccurate or outdated information is sometimes or often a problem for two-thirds (67%) of the respondents.

There were two issues that did not appear to be quite as prevalent among the survey respondents: difficulty serving clients due to limited staff language capacity and uncertainty about where to refer clients. Half of the survey respondents (50%) said that limited staff language capacity is sometimes a problem, while the other half said it is either rarely or never an issue. One-third

(33%) of respondents said they sometimes or often experience uncertainty about where to refer their clients, while the other two-thirds (67%) said they rarely or never have this problem.

### **How Much of a Priority is Service Coordination?**

When asked how much of a priority it is for their organization to find ways of improving service coordination, half of the survey respondents (50%) chose the response, “This is something we talk about frequently and see as a top priority.” Another 39% indicated that their organization recognizes service coordination as an issue, but it is not a top priority. Just two respondents said that their organization has not talked about service coordination.

When asked whether or not their funders try to promote service coordination, about 28% of respondents said that most of their funders promote coordination. More than half (61%) said that some of their funders promote coordination and some do not. Only one respondent said that none of his or her organization’s funders promote coordination.

### **Existing Coordination Efforts**

When asked to rank the current extent of service coordination in Somerville, the majority of survey respondents (83%) indicated that there is either some coordination or a lot of coordination. None of the respondents said there is no coordination or seamless coordination, and only three respondents said there is very minimal coordination.

The survey respondents were also asked to indicate which of ten interorganizational activities their organization engages in. Most indicated that

they and staff from other organizations share information about resources (94%), exchange client referrals (94%), interact informally at community meetings (89%), and participate in cross-organizational task forces, coalitions, etc. (83%). Less common activities are sharing client data for mutual clients (50%), participating in joint case conferences about mutual clients (39%), sharing financial resources (39%), offering joint programs (39%), and sharing office space or office buildings (22%).

Survey respondents were then asked about their organization's use of three specific coordination tools. All but one of the respondents (94%) indicated that their organization currently uses some sort of resource guide. However, it appears that only three organizations (Catholic Charities, LIFT-Somerville, and the Somerville Homeless Coalition) are doing colocation, and only one organization (CAAS) uses electronic client referral software.

### **Coordination Challenges and Barriers**

When asked about barriers to improving service coordination in Somerville, perhaps not surprisingly, the survey respondents identified lack of funding and lack of staff time for service coordination efforts as major barriers. (See Table 6 on the next page.) All but one survey respondent (94%) indicated that lack of funding is either somewhat of an issue or a major issue; the case was the same for lack of staff time. About 44% of the respondents identified incompatible client data systems as somewhat of an issue, and another one-third (33%) claimed it was a major issue. More than 70% of the survey respondents felt

that trying to get all stakeholders in the same place at the same time is somewhat of an issue, and another 17% saw it as a major issue.

**Table 6. Major Barriers to Service Coordination**

<i>Which of the following do you think are major barriers to improving service coordination in Somerville? (N=18)</i>	Major issue	Somewhat of an issue	Not an issue
Not enough funding to dedicate to the task of improving service coordination	10 55.6%	7 38.9%	1 5.6%
Not enough staff time to dedicate to the task of improving service coordination	9 50.0%	8 44.4%	1 5.6%
Incompatible client data systems	6 33.3%	8 44.4%	4 22.2%
Difficult to get all stakeholders in the same place at the same time	3 16.7%	13 72.2%	2 11.1%

Other potential barriers to coordination seem to be less problematic from the survey respondents' perspective. In fact, the following were not identified by a single respondent as a major issue: service providers' lack of familiarity with each other's programs/services, different organizational goals, different target populations, and different service areas.

### **Potential Tools and Strategies for Improving Coordination**

The next section of the survey described five potential coordination tools/strategies: a citywide resource database, a universal client intake/assessment form, an electronic referral system, a shared client data system, and colocation. The respondents were asked to rank how useful each tool would be for their organization and how feasible they thought it would be for the tool to be developed (in general, not necessarily by their organization). They were then asked how feasible they thought it would be for their organization to put the tool into practice a) with existing resources and b) with additional resources.

### ***Resource Database***

A hypothetical comprehensive, citywide resource database received the highest average score in all four categories. Two-thirds (67%) of the respondents thought this tool would be quite or very useful, 83% thought it would be at least somewhat useful, and none of the respondents indicated that it would not be at all useful. (See Table 7.) This was somewhat surprising, given that, in an earlier question, all but one respondent said their organization already uses some sort of resource guide. Indeed, in their comments in this section, several survey respondents mentioned resource guides and databases that already exist in Somerville. One interpretation of these findings is that the respondents think a citywide resource database would hold some advantages over the existing resource guides. One person wrote that it “would definitely be useful to find all of that info in one place,” suggesting that perhaps the existing resource guides are not sufficiently comprehensive.

**Table 7. Utility & Feasibility of a Resource Database**

	<b>Very</b>	<b>Quite</b>	<b>Somewhat</b>	<b>Not very</b>	<b>Not at all</b>
How useful? (N=18)	7 38.9%	5 27.8%	3 16.7%	3 16.7%	0 0%
How feasible to develop? (N=17)	4 23.5%	4 23.5%	5 29.4%	3 17.6%	1 5.9%
How feasible to implement with existing resources? (N=17)	4 23.5%	1 5.9%	7 41.2%	3 17.6%	2 11.8%
How feasible to implement with additional resources? (N=17)	5 29.4%	6 35.3%	5 29.4%	1 5.9%	0 0%

However, some respondents were less enthusiastic about the idea of a citywide resource database. The fact that several Somerville resource guides already exist led one person to write, “I’m not sure this is an unmet need.” One of

the respondents whose organization already has its own resource database said that “adding another one would be duplicative and confusing for our team.”

Furthermore, even though the citywide resource database is probably the least resource-intensive of the five tools, the respondents still expressed concern about the feasibility of developing and implementing it. Fewer than half (47%) of the survey respondents thought it would be quite or very feasible to develop such a database. In addition, only about 29% of respondents thought it would be quite or very feasible for their organization to put the database into practice with only existing resources. However, if additional resources were available, that percentage would increase to 65% of respondents. In their written comments, several respondents expressed concerns about the costs (including staff time) of maintaining a database. One respondent who helped develop one of the existing resource guides explained that it is “very expensive to keep current.” Two other respondents pointed out the difficulty of keeping resource guides up-to-date, “especially when things change so frequently.” Finally, one respondent raised the issue of ownership, saying that “who owns/is responsible for the database” is a “critical issue.”

### ***Electronic Referral System***

Although a citywide resource database had the highest average utility and feasibility scores, there also appeared to be strong interest among the survey respondents in an electronic referral system. More than half (56%) said this tool would be quite or very useful, about 83% thought it would be at least somewhat useful, and only three respondents indicated that it would not be very or at all

useful. (See Table 8.) The interest in an electronic referral system makes sense in light of the fact that the most common service delivery challenge among the survey respondents is tracking the outcomes of referrals they make. Furthermore, one person wrote that if case managers receiving referrals already had access to basic information about each client, it would increase the amount of time they could dedicate to discussing issues and solutions with clients, rather than “information disgorgement.”

**Table 8. Utility & Feasibility of an Electronic Referral System**

	<b>Very</b>	<b>Quite</b>	<b>Somewhat</b>	<b>Not very</b>	<b>Not at all</b>
How useful? (N=18)	4 22.2%	6 33.3%	5 27.8%	1 5.6%	2 11.1%
How feasible to develop? (N=17)	0 0%	5 29.4%	9 52.9%	2 11.8%	1 5.9%
How feasible to implement with existing resources? (N=17)	0 0%	1 5.9%	9 52.9%	5 29.4%	2 11.8%
How feasible to implement with additional resources? (N=17)	2 11.8%	6 35.3%	5 29.4%	3 17.6%	1 5.9%

Overall, however, the respondents seemed less convinced of the feasibility of developing and implementing an electronic referral system. Although about 82% of the survey respondents thought that it would be at least somewhat feasible to develop such a system, only one person felt that it would be quite or very feasible for their organization to put it into practice without additional resources. In their written comments about an electronic referral system, a couple of respondents expressed concerns about protecting client confidentiality. One respondent explained that she and her coworkers would be constrained from participating in a Somerville-based referral system because of the larger geographic scope of their organization. Another respondent wondered if

organizations in Somerville would even have the capacity to serve the additional clients that an electronic referral system might bring.

In their comments, two respondents also mentioned the Benefits Enrollment and Coordination System (BECS), an electronic referral software program that is being promoted by the Massachusetts Department of Housing and Community Development (DHCD). The respondents explained that service providers in Somerville have been resistant to implementing BECS. This is somewhat surprising given the apparent interest in an electronic referral system among the survey respondents, but there are a few possible explanations for service providers' resistance to BECS. Part of the problem may be that DHCD is mandating community action agencies, including the Community Action Agency of Somerville (CAAS), to utilize BECS and convince other local agencies to use it. Certain organizations, particularly those that do not receive any funding from DHCD, may feel unfairly pressured to help CAAS fulfill its mandate, and may be hesitant to incorporate an additional data system into their work. Furthermore, from what I have seen and heard, the BECS interface is not particularly user-friendly or attractive, and it can only track whether or not a referral has been received, not the longer-term outcome of the referral for the client. Although the BECS system might not meet the needs of service providers in Somerville, the survey findings suggest that there is still strong interest in an electronic referral system.

### ***Universal Client Intake/Assessment Form***

The survey respondents appeared to have mixed feelings about a universal client intake/assessment form. One-third (33%) of the survey respondents felt that a universal form would be very useful for their organization and about 61% of the survey respondents thought it would be at least somewhat useful, but 39% thought it would not be very or at all useful. (See Table 9.) One person explained that such a form “would be useful if the information gathered would lead to successful referrals that will lead to additional services for clients.” In another part of the survey, one respondent wrote, “We see [service coordination] as an issue related to client dignity and respect. Folks shouldn’t have to be interviewed 97 times to get the services they need.”

**Table 9. Utility & Feasibility of a Universal Client Intake/Assessment Form**

	<b>Very</b>	<b>Quite</b>	<b>Somewhat</b>	<b>Not very</b>	<b>Not at all</b>
How useful? (N=18)	6 33.3%	3 16.7%	2 11.1%	3 16.7%	4 22.2%
How feasible to develop? (N=17)	2 11.8%	4 23.5%	6 35.3%	4 23.5%	1 5.9%
How feasible to implement with existing resources? (N=17)	0 0%	3 17.6%	5 29.4%	6 35.3%	3 17.6%
How feasible to implement with additional resources? (N=17)	4 23.5%	4 23.5%	2 11.8%	5 29.4%	2 11.8%

About 70% of the survey respondents felt that it would be at least somewhat feasible to develop a universal intake/assessment form, but only about 18% of respondents thought it would be quite or very feasible for their organization to implement such a form with existing resources. If additional resources were available, that percentage increases to about 47%, but that is still fewer than half of the respondents.

As was the case with the electronic referral system, a couple of people who worked for regional or national organizations wrote that they had trouble picturing how a Somerville-focused standardized intake/assessment form would work for them. One respondent also expressed concerns about client confidentiality. Another person said that one of his primary funders has made universal intake/assessment a priority, but his organization is struggling to implement it. He pointed out the difficulty of finding enough common data fields and ensuring that each organization’s basic data needs are met, while keeping the form itself manageable.

***Shared Client Data System***

Although 72% of the survey respondents indicated that a shared client data system would be at least somewhat useful for their organization and one-third (33%) felt it would be very useful, many seemed skeptical about the feasibility of developing and implementing such a system. (See Table 10.) About 44% thought it would not be very or at all feasible to develop it, and one-third (33%) felt that it would not be very or at all feasible for their organization to put it into practice, even with additional resources.

**Table 10. Utility & Feasibility of a Shared Client Data System**

	<b>Very</b>	<b>Quite</b>	<b>Somewhat</b>	<b>Not very</b>	<b>Not at all</b>
How useful? (N=18)	6 33.3%	3 16.7%	4 22.2%	3 16.7%	2 11.1%
How feasible to develop? (N=18)	1 5.6%	4 22.2%	5 27.8%	5 27.8%	3 16.7%
How feasible to implement with existing resources? (N=18)	0 0%	3 16.7%	6 33.3%	6 33.3%	3 16.7%
How feasible to implement with additional resources? (N=18)	3 16.7%	4 22.2%	5 27.8%	4 22.2%	2 11.1%

Once again, client confidentiality issues were identified as a potential barrier. In addition, one respondent said that her organization “has so many different databases for its separate government-funded programs, it is hard to think of adding another one.” Another person said there would be “lots of hurdles to overcome to make this a reality,” and thought it would be better to wait and see whether the state is able to develop a shared client data system rather than trying to develop a local system. While a shared client data system might be challenging to implement, one respondent emphasized its utility:

I think this is a great idea. Going back and forth to update other service providers about changes in client situation and needs is time-consuming. Sharing the data electronically would be much easier.

### ***Colocation***

About 78% of the survey respondents felt that colocation would be at least somewhat useful for their organization, but only 39% thought it would be quite or very useful—the lowest percentage of the five tools. (See Table 11 on the next page.) Several of the respondents seemed interested in trying colocation or—for some of those already engaged in colocation—doing more of it. One person wrote that colocation is “something many of us have talked about for years. Main benefit would be access to each other and the resources we have and hopefully more coordination of services.” Another said, “We’ve done this in the past, and hope to do more of it!”

Not surprisingly, however, many respondents felt that colocation would be challenging to implement without additional resources. Close to 60% of respondents thought it would not be very or at all feasible to implement with

existing resources, but more than 75% of respondents thought it would be at least somewhat feasible if additional resources were secured. In their comments, several respondents discussed space limitations. In addition, one respondent, whose organization already does some colocation, said she thinks clients “get confused about who they are receiving services from when colocation is involved.” Once again, client confidentiality was also a concern. One person said that while she would support colocation efforts in Somerville, her organization probably would not be able to participate due to the confidential nature of their work.

**Table 11. Utility & Feasibility of Colocation**

	Very	Quite	Somewhat	Not very	Not at all
How useful? (N=18)	4 22.2%	3 16.7%	7 38.9%	3 16.7%	1 5.6%
How feasible to develop? (N=17)	2 11.8%	3 17.6%	5 29.4%	5 29.4%	2 11.8%
How feasible to implement with existing resources? (N=17)	1 5.9%	2 11.8%	4 23.5%	6 35.3%	4 23.5%
How feasible to implement with additional resources? (N=17)	3 17.6%	3 17.6%	7 41.2%	1 5.9%	3 17.6%

### Structuring Coordination Efforts

The final question on the survey asked the respondents which organization or group they thought should lead a coordination effort in Somerville. The majority (61%) felt that a coalition or steering committee would be the most appropriate entity. As one person put it, “No one organization can pull it off.” Another 17% of the respondents indicated that Somerville City Hall should lead a coordination effort, and just 11% said that the effort should be led by an existing nonprofit. One of the respondents who chose “existing nonprofit” explained that a coalition “with little skin in the game would not work most likely” and suggested

that an existing nonprofit or a coalition with a funded lead agency might be more successful. Another respondent, who chose “coalition/steering committee,” wrote:

It has to be a structure in which all of the participating groups feel investment and ownership. Could be an existing nonprofit, but there would need to be a steering committee or coalition to ensure that no one nonprofit benefits inequitably. Will need to be resources available for all the participating nonprofits. I think there would be a lot of concern about the City coordinating the effort unless there was a governance structure to ensure accountability.

### **Summary**

The survey results suggest that providers in Somerville are making some efforts to coordinate their services, but they recognize that—as one respondent put it—“there’s so much more that we can/should be doing.” Indeed, if we think of the spectrum of interorganizational activity discussed in the Literature Review chapter, much of the existing activity in Somerville seems to fall under the “cooperation” category. For example, the survey results indicate that most providers are sharing information, exchanging referrals, and interacting informally at community meetings, but far fewer are sharing client data, offering joint programs, or engaging in colocation (activities that would probably be categorized as “collaboration” or “service integration”).

Another key finding from the survey is that many service providers in Somerville consider service coordination tools to be useful; each tool was deemed at least somewhat useful by more than 60% of the respondents. However, they are skeptical about the feasibility of implementing these tools without any additional resources.

Overall, a citywide resource database was considered to be the most useful of the five coordination tools and the most feasible to develop and implement. Furthermore, when the survey respondents were asked which of the five tools would be most worthwhile for someone to research further, the resource database had the highest overall weighted score, with half (50%) of the respondents ranking it as their first or second choice and only two people listing it as their fourth or fifth choice. (See Table 12.) This strong interest in a resource database was somewhat surprising given that responses to some of the other survey questions suggested that providers in Somerville already have the knowledge and tools they need to make appropriate referrals for their clients. In the next chapter, I investigate information-sharing and the use of resource guides in Somerville to better understand some of these discrepancies.

**Table 12. Coordination Tools Worth Researching Further**

N=12	1st Choice	2nd Choice	3rd Choice	4th Choice	5th Choice	Weighted Score*
Resource Database	3 25.0%	3 25.0%	4 33.3%	1 8.3%	1 8.3%	<b>42</b>
Universal Client Intake/Assessment Form	2 16.7%	3 25.0%	2 16.7%	3 25.0%	1 8.3%	<b>35</b>
Colocation	3 25.0%	1 8.3%	3 25.0%	1 8.3%	4 33.3%	<b>34</b>
Electronic Referral System	1 8.3%	3 25.0%	2 16.7%	5 41.7%	1 8.3%	<b>34</b>
Shared Client Data System	3 25.0%	2 16.7%	1 8.3%	1 8.3%	5 41.7%	<b>33</b>
Other: “Meetings with agencies”	0 0%	0 0%	0 0%	1 8.3%	0 0%	<b>2</b>

\*1<sup>st</sup> Choice = 5 points, 2<sup>nd</sup> Choice = 4, 3<sup>rd</sup> Choice = 3, 4<sup>th</sup> Choice = 2, 5<sup>th</sup> Choice = 1

When we consider the utility and feasibility rankings and the rankings in Table 12, there is no clear “runner-up” to the resource database. There was wide

variation in how survey respondents prioritized the other four tools, and the weighted scores for these tools were very similar. I decided to explore colocation in more depth because I knew from informal conversations with service providers in Somerville that colocation was something several of them were already discussing. I also thought that it would be interesting and valuable to examine both the seemingly least resource-intensive tool (a resource guide) and the potentially most resource-intensive tool (colocation).

## **CHAPTER 5: RESOURCE GUIDES**

As discussed in the Literature Review chapter, one of the factors that may contribute to service fragmentation is service providers' lack of familiarity with the programs and services that are available in their community. When service providers have a limited understanding of local programs and services, they are more likely to make inappropriate referrals and duplicate services. The creation of a community resource guide can potentially help address these problems by offering providers (and their clients) a centralized source of information about available programs and services.

### **Somerville Service Providers' Attitudes toward Resource Guides**

My survey findings gave some indications that service providers in Somerville are actually not in need of a resource guide (or at least not a new one). For example, the majority of the survey respondents said they rarely feel uncertain about where to refer their clients and do not see service providers' lack of familiarity with available programs/services as a major issue in Somerville. Furthermore, all but one of the survey respondents indicated that their organization already uses some sort of resource guide. However, a majority of the respondents also said they sometimes receive inappropriate referrals from other organizations and find information about external programs and services to be inaccurate or outdated. Even more revealing, when given a choice between five coordination tools, the survey respondents deemed a hypothetical citywide resource database to be (on average) the most useful, most feasible to develop and implement, and most worthwhile to research further.

These inconsistencies in the survey responses merited further exploration. Interviews with service providers in Somerville revealed that, while most of them believe in the *theoretical* value of resource guides, many see flaws in the existing guides and a few of them do question the overall utility of resource guides.

When discussing resources guides, many of the interviewees made positive but vague comments about their value (e.g., resource guides are “really useful,” “definitely worth investing in,” “help fill a real need”). A couple of the providers were slightly more specific, explaining that resource guides help save them and their clients time when looking for information. The four direct-service staff people I spoke with all identified at least one resource guide or database that they sometimes use as a reference when deciding where to refer clients. However, most of them acknowledged that resource guides tend to be more useful for new staff members (especially people who are new to the field and/or the community) than they are for more experienced staff members. Furthermore, resource guides seem to lose their utility as one moves up the organizational hierarchy; most of my interviewees were directors of their organizations, and they did not seem to have much use for resource guides themselves. Many of the providers I spoke with also talked about alternative ways of getting information about external programs and services, such as through email listservs and meetings with other providers. However, they seemed to see these other information-sharing mechanisms as supplementary to—not a replacement for—resource guides.

The most common complaint about existing Somerville resource guides is that they are outdated. The interviewees explained that new resource guides often

get created and then quickly become obsolete. Nevertheless, consistent with the survey results, most of the people I interviewed were enthusiastic about the idea of a single, comprehensive citywide resource guide—so long as it would be frequently updated. The interviewees expressed similar ideas about what such a guide should look like; for example, many felt it should be an interactive database rather than a static PDF document.

A few interviewees, however, had additional concerns about resource guides. For example, one interviewee worried that a new resource guide might lead to a sudden influx of referrals that his agency would not be able to handle. Another interviewee pointed out that the person or agency that compiles and manages a resource guide may not have the authority or influence needed to get other agencies to share information and updates about their work. A couple of interviewees also said that resource guides are a helpful starting point, but they still like to call other providers directly before referring clients, to ensure that the information they have is correct.

Finally, two of the interviewees were somewhat dubious about the overall utility of resource guides and did not think they should be a top priority for providers. One of them felt that people often “jump” to resource guides as some sort of solution without thinking more critically about the problems that a resource guide is expected to solve. He argued that a resource guide can only go so far in helping organizations understand one another’s work and one another’s strengths and weaknesses. He thought that a resource guide might be more

valuable if it were used by providers as a planning tool (for example, as a way of identifying service gaps in the community).

Overall, it seemed that most of the service providers I interviewed see value in resource guides (even if they had trouble articulating what exactly that value is), but have become jaded by the frequency with which new guides get created and then become obsolete. They liked the idea of a single, comprehensive resource database as long as it avoided some of the pitfalls of past resource guides.

### **Assessment of Existing Somerville Resource Guides**

Not all that surprisingly, my review of the stock of existing resource guides in Somerville revealed that a) there are several different resource guides in Somerville, b) they vary in terms of format, geographic area covered, and level of detail, c) many of them are outdated, and d) there is little consistency between them. In the course of my research, I came across about a dozen different Somerville resource guides, though I suspect that even more guides could be found online and in the offices of social service agencies. The resource guides I found had been compiled by individual nonprofits, by coalitions, and by the City of Somerville and City of Cambridge. Some of these resource guides are only accessible online, whereas others are in PDF format and can therefore be viewed online or printed in hard copy. One resource guide—the Cambridge Somerville Resource Guide—is an interactive online database. Most of the guides are primarily focused on Somerville, but some also include resources for a neighboring city or town (either Cambridge or Arlington). While some of the guides simply list the names, addresses, and phone numbers of organizations,

others provide more detailed information about available programs/services, including the referral or application process and eligibility criteria.

Although some of the resource guides I found were produced only a few years ago, they already contain outdated information (for example, the contact person for a program has changed, an organization has a new office location, or a program no longer exists). Furthermore, in reviewing eight of these resource guides to select organizations for my survey sample (see Chapter 3), I found that 65% of the 34 organizations that met my selection criteria were listed in fewer than five resource guides, and only one organization appeared in all eight of the resource guides. This finding highlights the inconsistency in the organizations that are selected for inclusion in the various resource guides. Milne and Neuhauser (2003) made a similar finding when they tried to identify all the nonprofit organizations in East Cleveland, Ohio. They reviewed five different data sources and found little overlap between them; 84% of the organizations were listed in just one or two sources, and only five organizations appeared in all five databases.

The three resource guides I selected to explore in more depth were the Cambridge Somerville Resource Guide, the Resource Guide for People Homeless in Somerville and Arlington, and a new resource guide that is being developed by the City of Somerville's Human Services Division. The following background information and analysis of each guide is informed by my interviews with the guides' administrators, materials that the administrators shared with me, my interviews with Somerville service providers, and my own observations of the guides.

## ***Cambridge Somerville Resource Guide***

The Cambridge Somerville Resource Guide (CSRG) is managed by the City of Cambridge's Department of Human Service Programs (DHSP). Historically, the Cambridge Planning and Development Department (a subdivision of DHSP) was responsible for the site, but about a year ago the Cambridge Kids' Council (also part of DHSP) took over that role.

### *History*

The CSRG grew out of a series of meetings convened by the Cambridge-based Child Care Partnership in 1999 to explore possibilities for sharing information and resources among family and child service providers. It was determined that the CSRG should cover both Cambridge and Somerville because of the overlapping roles and close relationships among providers in the two cities and because of the ease and frequency with which residents travel from one city to the other to access services. The CSRG received start-up funding from Cambridge's Agenda for Children and additional funding and staff support from the Cambridge Department of Human Service Programs and the Somerville Community Health Agenda (a program of the Cambridge Health Alliance). It was modeled after New England INDEX's Massachusetts Network of Information Providers, a state-wide information system for people with disabilities and those that serve them. The CSRG first went online in 2004, after several years of planning.

### *Format and Operations*

The CSRG is accessible online by the general public. The database contains listings of programs and services in Cambridge and Somerville, which are searchable by service categories and subcategories, by location (Cambridge, Somerville, or both), and by key words or phrases defined by the user. After submitting a search, the user is given a list of programs and services that match the search criteria. If the user clicks on a particular program, he or she will see a short summary of the program along with relevant details, such as contact information, target population, eligibility criteria, referral requirements, and language capacity. The CSRG also has a Google Translate function that can translate the text into most languages (though with limited accuracy). Service providers can electronically submit additions and edits for their own programs; these changes are reviewed by the DHSP before being published.

### *Advantages*

Of all the resource guides I found, the CSRG is probably the most comprehensive in terms of the scope of programs and services included. Whereas other resource guides focus on a particular issue (e.g., early education and care) or target population (e.g., people experiencing homelessness), the CSRG covers a wide range of topics and could therefore prove useful to a wide audience. It also covers both Cambridge and Somerville, which—as mentioned above—might make sense given the fluid boundaries between those two cities' service delivery systems. The CSRG also stands out from other resource guides because it is interactive. Whereas the other guides I looked at were static (and, in some cases,

lengthy) paper documents, PDFs, and websites, the CSRG enables the user to easily search for specific information and filter out irrelevant information. In my conversations with Somerville providers, they said that a search/filter feature is very appealing to them. Finally, Marianne Colangelo (the former administrator of the CSRG) made the point that it is advantageous for a City department to hold responsibility for managing something like the CSRG because few nonprofits have the capacity to do it themselves.

### *Challenges and Limitations*

Despite its strengths, the CSRG is far from perfect. Much of the information on the site is outdated. As Ms. Colangelo explained, one of the perils with an initiative like the CSRG is that it receives initial funding, but the ongoing upkeep is not adequately funded. Ms. Colangelo said her capacity to manage and update the CSRG was often dependent on the availability of grants, part-time staff, and interns, which were typically time-limited. Had there been more resources, the site probably would have been more frequently updated and improved.

In addition to funding and staff capacity issues, the CSRG also seems to have some “identity issues.” As mentioned earlier, the CSRG grew out of conversations among providers serving children and families. Accordingly, the initial goal of the site was to help families (of all income levels) navigate resources for themselves and their children. However, when the Planning and Development Department within DHSP was given responsibility for managing the CSRG, the target audience for the CSRG shifted to homeless and low-income individuals and families because the Planning Department primarily serves that

population. Now that responsibility for the site has been transferred from the Planning and Development Department to the Kids' Council, it appears that the focus of the CSRG will once again be on families with children, with no specific focus on lower-income families. The changes to the CSRG over time serve as a reminder that there are certain politics at work behind each resource database, guiding decisions about what information does and does not get included.

Finally, based on the survey responses I received and my interviews with providers, it appears that the CSRG is not widely used by providers in Somerville. Only one survey respondent cited the CSRG in her write-in comments, and her organization was part of the site's original development. Furthermore, only a couple of interviewees independently mentioned the CSRG, and a few others did not seem to even know it existed. Limited use of the CSRG might have to do with insufficient marketing and outreach by the site administrators, concerns among providers about the accuracy of the information on the site, and/or the perception that the site is more focused on Cambridge than Somerville because it is managed by the City of Cambridge.

### *Looking Ahead*

Since taking over responsibility for the CSRG, the Kids' Council has engaged in an extensive planning process to get a better understanding of families' and service providers' information needs. This process has included conducting interviews, surveys, and a day-long workshop to get feedback from parents, providers, and City staff. The Kids' Council is now working with volunteers from Code for Boston to develop and design a new centralized resource website/portal.

The new site will most likely replace the existing CSRG and will most likely focus on Cambridge, rather than Cambridge and Somerville.

***Resource Guide for People Homeless in Somerville and Arlington***

The Resource Guide for People Homeless in Somerville and Arlington (referred to henceforth as the “Homeless Resource Guide”) is more up-to-date than the CSRG and appears to be much more widely used by Somerville providers, but it is essentially a static document and it has a somewhat narrow target audience (people who are experiencing homelessness).

*History*

The Homeless Resource Guide was originally developed several years ago by the Somerville Arlington Homeless Providers Group, which is a committee of representatives from organizations that offer services and housing opportunities to individuals and families that are homeless or at-risk of becoming homeless. The group meets monthly to discuss coordination of services, and they collectively apply for federal McKinney-Vento homeless assistance funding. Organizations that participate in the Providers Group include: Cambridge and Somerville Legal Services (CASLS), CASPAR, Catholic Charities, Just-A-Start, Somerville Community Corporation, Somerville Homeless Coalition, and Wayside Youth and Family Support Network.

Over the years, the Homeless Resource Guide had been updated a few times, but in 2013 members of the Providers Group recognized that the guide had become quite outdated and took on the task of updating it. Staff from CASLS, LIFT-Somerville, the Town of Arlington, and the City of Somerville worked

together to contact local providers and collect updated information about available programs and services.

### *Format and Operations*

The Homeless Resource Guide is a 52-page PDF document, organized by different service categories, with an index of all the agencies and programs at the end. Given its target audience of homeless individuals and families, much of the guide is devoted to information about emergency shelters, daytime drop-in programs, and transitional housing programs. However, it also includes information about several other topics, such as food resources, health care services, childcare, adult education, and employment services. Each entry contains the name of the agency and/or program, its phone number and address, and a short description of the program or service (including hours of operation, eligibility restrictions, and referral instructions).

When the Providers Group finished updating the guide in early 2014, they emailed copies of it to members of the group and to many other local organizations. A link to the guide is also available on the City of Somerville's website. Providers are asked to report changes to the City of Somerville's Housing Department or the Town of Arlington's Planning & Community Development Department. The Providers Group hopes to do a comprehensive update of the document on an annual basis.

### *Advantages*

One of the main advantages of the Homeless Resource Guide is that it is mostly up-to-date (although, as we know, this can quickly change). In addition,

despite being targeted at individuals and families experiencing homelessness (and those that serve them), the guide includes information about a wide variety of resources and could therefore be helpful to other residents and providers. Kelly Donato (a staff member in the City of Somerville's Housing Department who helped develop the updated guide) also felt that the collaborative process of updating the guide was advantageous. From her perspective, the involvement of staff from the two municipalities and two social service agencies fostered a sense of collective ownership of the document. Furthermore, Ms. Donato said that making phone calls to providers to collect updated information was beneficial because it helped to open up lines of communication. Indeed, one of the providers I interviewed appreciated that the Providers Group solicited significant community input for the guide. It also seems that the group made sure to widely disseminate the updated version of the guide to providers in Somerville and Arlington. It is Ms. Donato's understanding that the City of Somerville's 311 Call Center staff are using the guide as a reference, and several of the providers I met with mentioned that they use it.

### *Challenges and Limitations*

Like many resource guides, the Homeless Resource Guide is a PDF document and therefore runs the risk of quickly becoming obsolete. While the Providers Group plans to update the guide annually, this goal may become difficult to fulfill if the group experiences turnover or cannot sustain the necessary capacity and interest. Another challenge with the guide has to do with ownership. Although Ms. Donato felt that the collaborative process of updating the Homeless

Resource Guide gave several agencies a sense of collective ownership (and that this was a positive thing), one of the providers I interviewed worried about the lack of a “central actor” responsible for the guide. From his perspective, there would be more accountability if a single agency owned and managed the resource guide. Finally, even though the Homeless Resource Guide covers a variety of topics, its primary focus is homelessness. One of the providers I interviewed felt that this narrow scope made the resource guide less relevant for her and her organization. Low-income individuals and families who are seeking information but are not experiencing homelessness might also be put-off from using the guide.

### ***City of Somerville’s Human Services Division Resource Guide***

The City of Somerville’s Human Services Director, Nancy Bacci, is currently working on creating a new citywide resource guide.

#### *History*

Unlike the Department of Human Service Programs in Cambridge, which is enormous and offers dozens of programs, Somerville’s Human Services Division consists of only four staff members and does not provide any direct services. Nevertheless, Ms. Bacci and her staff receive many phone calls from Somerville residents looking for information about local programs and services. In her efforts to refer these residents to the appropriate agencies, Ms. Bacci found that many of the existing Somerville resource guides were outdated. In response to this issue, Ms. Bacci recently decided to create her own citywide resource guide. This guide is still being developed and therefore does not have a name yet, so I will refer to it as the “Human Services Guide.”

### *Format and Operations*

Ms. Bacci's primary goal for the Human Services Guide is for it to be "topical," meaning that it will evolve over time to reflect the most pressing needs in the community. For example, housing and food access are significant issues in Somerville right now, so she would want the guide to contain many resources related to those issues. The resource guide will be Somerville-focused, but will probably include some organizations in other cities and towns that serve Somerville residents.

It sounds like the Human Services Guide will most likely be a PDF document that can be accessed online on the City's website or printed in hard copy. Ms. Bacci said she plans to print a limited number of copies of the guide because it will be frequently updated. The guide will contain detailed information about each program and service (e.g., hours of operation), but Ms. Bacci wants to ensure that the guide is a manageable size so that providers do not waste time trying to navigate it. In order to avoid one of the pitfalls of other resource guides, she will not include the names of specific contact people for each program because this information is so likely to become outdated with staff turnover.

In order to collect information for the Human Services Guide, Ms. Bacci has consulted existing resource guides and reached out to other City departments and nonprofit agencies. She also attended some community meetings to get a better sense of the major issues Somerville residents are facing. Ms. Bacci hopes to have a "soft release" for the guide so that she can get initial feedback from a smaller group of people. Once the guide is made available to the public, Ms.

Bacci will serve as the contact person for any changes or updates. She hopes people will not only let her know if any of the information is inaccurate, but also if they find that certain organizations are not particularly helpful or responsive. Ms. Bacci plans to update the guide regularly (though she did not mention a specific schedule).

### *Advantages*

While it is difficult to assess a resource guide that does not yet exist, the Human Services Guide that Ms. Bacci envisions seems to have some appealing characteristics. First, many of the providers I interviewed felt that the City of Somerville is the most appropriate entity to manage a resource guide or database because it has more resources at its disposal than nonprofits do. The City's Human Services Division is also a neutral actor in the sense that it does not offer any programs or services of its own and is therefore unlikely to exclude certain nonprofits because they represent competition. Secondly, unlike the other two resource guides discussed earlier, the Human Services Guide will be focused primarily on Somerville. Focusing on one city rather than two could save time and effort. Finally, Ms. Bacci's goal of having the Human Services Guide evolve to reflect the changing needs of the community seems like a good strategy for making sure the guide stays relevant to residents and providers.

### *Challenges and Limitations*

As was the case with the other two resource guides, capacity is likely to be an issue for the Human Services Guide. The Human Services Division only has four staff members, and managing a resource guide does not seem to be an

appropriate responsibility for any of them given their other duties. I was also surprised that only two of the twelve providers I interviewed were aware that the City's Human Services Division was working on a resource guide. It was even news to other City staff members. Although the guide is still in the process of being developed, it does not seem like the Human Services Division will be taking as collaborative an approach as the Somerville Arlington Homeless Providers Group did.

### **Summary**

The survey results and interviews suggest that many (though not all) service providers find community resource guides to be a helpful tool, particularly when making referrals for clients. However, an investigation of existing Somerville resource guides highlighted some of the major challenges in developing and maintaining a resource guide. First and foremost, it is clear that without sufficient resources and staff capacity, it is very challenging to keep a resource guide up-to-date. The format of a resource guide is also likely to affect its currency. Whereas changes can be made relatively easily to an interactive online database like the CSRG, updating a resource guide that is in PDF format requires releasing a new version, and outdated versions are likely to remain in circulation.

Another challenge that authors of resource guides are likely to face is whether to go for "breadth" or "depth." The wider the range of topics and the geographic area a resource guide covers, the less likely it is to go into detail about any one program in the interest of keeping the guide a manageable length.

Resource guide authors also must decide who their audience is. In choosing a specific target population (as the authors of the Homeless Resource Guide did), the resource guide automatically becomes more relevant to some users and less relevant for others.

Marketing and outreach also seemed to be a challenge for some of the resource guides I studied. Several of the providers I interviewed were not even aware that some of these resource guides existed. Finally, ownership is a key issue for the development and maintenance of resource guides. All three of the resource guides I looked at were managed fully or partially by city government employees. Many nonprofit providers consider this to be an advantage because it means they do not need to devote any of their own resources to the project. On the other hand, city governments may be seen as out-of-touch with the nonprofit community, and, depending on the City's approach to developing the resource guide, nonprofits may not feel included in the process.

Many of these same themes (e.g., resources, programmatic scope, ownership) emerged in my research on colocation, the subject of the next chapter. Recommendations for providers considering developing a resource guide or a colocation arrangement appear at the end of the thesis.

## CHAPTER 6: COLOCATION

While information-sharing and, more specifically, the creation of resource guides would probably be considered examples of cooperation or coordination on the spectrum of interorganizational relationships, colocation is a much more intensive activity and is therefore best characterized as collaboration or service integration. As discussed in the Literature Review chapter, colocation refers to a situation in which two or more organizations share physical space, either permanently or temporarily. It is expected to produce key benefits for clients (e.g., convenient “one-stop shopping”) and for service providers (e.g., improved communication, increased collaboration, reduced operating expenses). However, colocation is often very challenging, costly, and time-consuming to implement, and it does not always produce the expected benefits.

### **Somerville Service Providers’ Attitudes toward Colocation**

The survey results revealed that service providers in Somerville have a range of experience with and interest in colocation. There was also wide variation in how the respondents ranked the utility and feasibility of colocation. My interviews with providers helped to illuminate what they see as the benefits and drawbacks of colocation and the extent to which these match the potential benefits and drawbacks identified in the scholarly literature.

### ***Existing Colocation Arrangements***

Several of the providers I interviewed are already engaged in part-time colocation arrangements, hosting staff from other agencies during established times each week. For example, a staff person from the Metropolitan Boston

Housing Partnership (MBHP) is out-stationed at the Somerville Homeless Coalition one afternoon each week to help clients apply for an emergency financial assistance program. As part of the First Source Jobs initiative, the Somerville Community Corporation regularly hosts staff from The Career Place, who provide career counseling and other employment-related services.

Organizations like HomeStart and Health Care for the Homeless send staff to Catholic Charities' St. Patrick's Shelter once a week to provide services to shelter guests. Meanwhile, a couple of the service providers I interviewed are part of more permanent but less intentional colocation arrangements. For example, the Somerville Center for Adult Learning Experiences (SCALE) is housed in the same building as Door2Door Transportation and the Council on Aging. The Welcome Project is located in the Mystic public housing development along with the Somerville Housing Authority, the Mystic Learning Center, and two of the Community Action Agency of Somerville's Head Start classrooms.

Some of the providers who are already engaged in colocation expressed interest in participating in a larger-scale or more permanent colocation effort, whereas others were only interested in maintaining their current colocation arrangements. Of the providers I spoke with who are not currently doing colocation, some were very interested in participating, but others were less eager.

### ***Benefits***

Not surprisingly, the service providers I interviewed saw increased convenience for clients as one of the primary benefits of colocation. As one interviewee put it, "very rarely does a person only need help with one thing," so it

makes sense to have multiple services under one roof. Another provider observed that clients are “sent all over the place” for services; she felt that colocation would help address this problem and make it easier for clients to “maneuver” services. Several of the providers also talked about how colocation would improve client referrals. For example, one person said there is a difference between referring a client to an agency located elsewhere in the city and walking with the client to an agency located just down the hall, and suggested that the latter is less intimidating for clients and reduces the chances of clients “falling through the cracks.”

Just as the literature on colocation predicts, many of the providers I interviewed felt that colocation would most likely lead to improved interagency understanding and increased collaboration. A couple of people talked about how staff from colocated agencies would likely have many opportunities for informal “water cooler” interactions, which could facilitate networking, information-sharing, and joint problem-solving (e.g., in a difficult client situation). A few providers also thought colocation would help staff from different agencies better understand the nuances of each other’s programs, such as specific eligibility criteria. One provider made the point that colocation might also inspire providers to “think outside the box” in terms of referrals. He gave the example that he typically does not think to help his clients find youth programs for their children, but if there were a youth center down the hall, he would be much more likely to make that type of referral. Indeed, this seems to be happening in the building that houses SCALE, Door2Door Transportation, and the Council on Aging. Even though SCALE primarily serves immigrants and Door2Door and the Council on

Aging primarily serve the elderly and disabled, being in close proximity has fostered collaboration. For example, SCALE students have received transportation assistance from Door2Door, and they sometimes sit and talk with seniors at the Council on Aging, which gives them an opportunity to not only develop intergenerational relationships but also practice their English.

Several providers suggested that colocation could potentially reduce duplication (particularly as agencies learn more about one another) and lead to increased efficiency. A few of the interviewees also said that colocation might be a necessary precursor to other forms of service coordination and integration, such as shared intake and shared back-office services. In addition, a couple of people identified colocation as a potential strategy for meeting the demands of funders and of the real estate market. As these interviewees pointed out, funders are increasingly pressuring nonprofits to collaborate and consolidate, and nonprofits in hot-market areas like Somerville are at growing risk of displacement as local rents skyrocket. Colocation could potentially reduce nonprofits' vulnerability to both of these types of pressures.

Finally, I heard about two possible benefits of colocation that I had not seen mentioned in the literature. First, one provider talked about how having a wide range of services under one roof would bring clients of diverse backgrounds and needs into contact with one another, which she thought could help reduce stigma and stereotypes. Another provider made the point that colocation might help with crisis prevention. As clients access multiple services at the same site

over time, providers may get to know them better than they would in a non-colocation situation and might have an easier time spotting risk factors.

### ***Drawbacks***

Although the providers I interviewed saw a variety of potential benefits to colocation, they were also quick to acknowledge the challenges, risks, and limitations of colocation. First and foremost, the interviewees felt that developing any sort of permanent, multi-agency colocation arrangement would require a great deal of effort. When asked if he had any concerns about colocation, one provider said that he had no concerns; it would simply require a lot of work. In addition to time and energy, certain colocation models also require a significant investment of resources. One provider made the point that smaller organizations like his would have a more difficult time absorbing the costs of moving into any sort of colocation center. In the survey I conducted, several of the survey respondents wrote that they would be interested in doing colocation, but their offices have major space limitations.

The providers I interviewed also saw colocation—like most forms of collaboration—potentially creating tension and conflict between different organizations. In talking about either their own or other agencies' colocation relationships, a couple of people spoke about the difficulty of getting all the colocated agencies to “gel” with one another and communicate effectively. One person mentioned the danger of having “too many case managers in the room,” suggesting that having multiple providers in one location serving the same client might lead to conflict. On a related note, one provider talked about the possibility

of conflicting agendas; he gave the example that a housing agency might be in the process of evicting a client while the organization next door is trying to prevent the eviction. Another potential source of tension is competition for funding. One provider wondered whether physical proximity would intensify the tension between two organizations if one was selected for a particular grant and the other was not.

Different organizational cultures and practices are another potential issue with colocation that was raised during the interviews. Even though reducing duplication was seen as a possible benefit of colocation, a couple of providers pointed out that organizations might resist giving up certain functions (e.g., intake/assessment) if they believe their approach is better than the approach taken by other agencies. Conflicting values can also be a problem. One of the providers I interviewed said that because she is part of a religiously-affiliated organization, there are certain organizations that she probably would not be permitted to colocate with.

While most of the concerns that the interviewees expressed about colocation had to do with the potential impact on their organizations, a few did express concerns about the impact of colocation on their clients. For example, one provider talked about how his organization has developed a strong sense of identity and community among the people it serves, and he worried that this would be lost if his organization were to move into a multi-service center, which might have a more bureaucratic atmosphere. Another provider—who has experience with colocation—talked about how it can cause confusion for clients

about which agency they are actually receiving services from. Although confidentiality concerns are sometimes listed in the literature as a potential issue with colocation, very few providers identified this as an issue during our interviews and a couple of people actually did not think this would be a major problem. One survey respondent did say that her organization probably would not be able to participate in a colocation arrangement due to the confidential nature of their work. Safety appeared to be more of a concern for some of the providers I spoke with. They were particularly worried about children receiving services in the same space as adults with mental health or substance abuse issues.

Finally, although her organization already does some colocation, one of the providers I interviewed said she feels like colocation might be “enabling” clients. From her perspective, people “need to participate in their own future,” which includes traveling to different offices to access services on their own.

### ***Limitations***

Even if all of the above-mentioned issues were addressed, some of the providers I interviewed pointed out the limitations of colocation. As one person put it, colocation “isn’t a silver bullet” and often has “more sizzle than steak.” Just as the literature on colocation says, this provider argued that there is no guarantee that colocated service providers will communicate better or gain a better understanding of one another’s work. Indeed, the Executive Director of the Welcome Project admitted that his organization has very rarely collaborated with the other agencies located within the Mystic public housing development. When asked what kinds of service delivery challenges would not be resolved by

colocation, a couple of providers said that certain clients would still be challenging to work with, and nonprofit organizations would still be faced with limited resources.

**Assessment of Colocation Models**

In order to think about how Somerville service providers might engage in a more intentional and/or more permanent multi-agency colocation arrangement, I explored three different colocation models: 1) multi-agency colocation at an existing nonprofit, 2) a municipal multi-service center, and 3) a nonprofit center. (See Table 13.)

**Table 13. Colocation Models**

	<b>Model 1: Multi-Agency Colocation at an Existing Nonprofit</b>	<b>Model 2: Municipal Multi-Service Center</b>	<b>Model 3: Nonprofit Center</b>
<b>Managing entity</b>	Existing nonprofit	City government	New nonprofit (representative of participating orgs.)
<b>Extent of colocation</b>	Mostly part-time	Mostly part-time	Mostly full-time
<b>Administrative offices of most colocating agencies are:</b>	Off-site	Off-site	On-site
<b>The sharing of back- office services is:</b>	Unlikely	Unlikely	Likely
<b>Examples</b>	CONNECT <i>Chelsea, MA</i>	Cambridge Multi- Service Center <i>Cambridge, MA</i>	Children and Family Services Center <i>Charlotte, NC</i>  Together Center <i>Redmond, WA</i>

The following assessments of each model are based on my interviews with people whose organizations are engaged in one of the models, materials that those people shared with me, and my interviews with service providers in Somerville.

### **Model 1: Multi-Agency Colocation at an Existing Nonprofit**

The first colocation model I explored is one in which staff from multiple agencies collocate at an existing nonprofit on a part-time (or potentially full-time) basis, but their main offices remain off-site. As mentioned earlier, some organizations in Somerville already host staff from other agencies at various times during the week. However, these arrangements tend to only involve a couple of agencies and reach a relatively small number of clients. For example, when staff from MBHP collocate at the Somerville Homeless Coalition once a week, they are only there to screen applicants for one of their financial assistance programs. Similarly, the services provided by staff from HomeStart and Health Care for the Homeless at Catholic Charities' St. Patrick's Shelter are only available to shelter guests. Given that these arrangements reach a small group of people and given the interest in colocation among Somerville service providers, it seemed worthwhile to explore a colocation model in which one nonprofit serves as a hub of service delivery, with several other organizations collocating on a part-time basis. A highly intentional example of this model ("Model 1") is the CONNECT collaboration in Chelsea, Massachusetts.

#### ***Case Study: CONNECT (Chelsea, MA)***

Started in 2012, CONNECT is a collaboration between six organizations in Chelsea: Bunker Hill Community College, Career Source, Centro Latino, Metro Credit Union, Metropolitan Boston Housing Partnership (MBHP), and The Neighborhood Developers. CONNECT was the brainchild of a staff person at The Neighborhood Developers (TND), a nonprofit community development

corporation. Staff from each of the partner organizations colocate part-time<sup>1</sup> at TND, offering a variety of workshops, classes, and one-on-one coaching for clients throughout the week. The collaboration is premised on the theory that collocating and integrating services in four areas (housing and income stabilization, skill development and employment, financial education and services, and asset development) will lead to improved client outcomes. Appendix E provides more information about how CONNECT operates.

Compared to the three other colocation examples I looked at, CONNECT was the least physically integrated (based on the fact that the partners only colocate on a part-time basis), but had the highest degree of client services integration. Not only do front-line staff from all six organizations meet weekly to review pending referrals, but the partners have also developed a shared logic model, shared theory of change, shared intake form, and shared client data system. While Blake Roberts, CONNECT's Financial Programs Coordinator, saw these tools as major benefits of this colocation model, she also discussed the difficulty of developing and implementing them. For example, she said the idea of having shared target outcomes was not stressed in the initial conversations, so it has been challenging to make that a priority for all of the partner organizations. Having a shared client data system (Salesforce) also presents challenges. Ms. Roberts explained that it is difficult to ensure that data collection is consistent across the six agencies. Furthermore, most of the partner agencies have their own client database in addition to Salesforce, so staff often have to enter data twice. It can

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<sup>1</sup> Career Source is the only organization that colocates at TND's office on a full-time basis. They have eight staff members who work full-time at that location.

also be challenging for staff to manage the influx of referrals from the other five organizations.

Although CONNECT has achieved impressive client outcomes, Ms. Roberts mentioned a few ways in which this colocation model might not be ideal from the client's perspective. First, since most of the partner agencies are only on-site at certain times each week, clients who walk in without an appointment often have to come back to the TND office on a different day in order to get what they need. Secondly, there are so many activities happening at CONNECT, it can be confusing for clients (as well as providers) to keep track of them all. Ms. Roberts explained that, originally, the idea was to have one staff person (called the "Connector") serve as the first point of contact for clients, referring them to the various agencies and following up with them to ensure that they received the services they needed. However, CONNECT has been so popular, there are far more clients than any one staff person can handle. As a result, the Connector is now just focusing on assisting the students enrolled in classes at CONNECT because the students represent a discrete population and retention is often an issue for them. Without the help of a "connector," clients who are not enrolled in classes may have difficulty navigating and taking advantage of the various services within the CONNECT network.

Finally, one other potential drawback of this colocation model is the impact it may have on the staff who are out-stationed. Ms. Roberts explained that some (not all) of the staff who colocate at the TND office on a part-time basis seem to feel less represented in the collaboration as a whole and may feel like

their organizational identity is ambiguous because they operate out of two separate offices.

### ***Somerville Service Providers' Perspective on Model 1***

When I asked service providers in Somerville what they thought about Model 1, they acknowledged a couple of benefits specific to this model, but had far more to say about the potential risks. One person said he could think of cases in which this model has worked well and other cases where there have been conflicts. According to another provider, one advantage of Model 1 over the other two models is that it is relatively low-cost and involves less “administrative headache.” He added that the host agency would not be responsible for supervising the colocated employees, which he saw as a good thing. A few of the providers were familiar with CONNECT and liked the idea of having a shared logic model and shared intake form. One provider, who has met with staff from CONNECT and taken a tour of the office, was particularly impressed with the client outcomes that the program has been able to achieve.

Nevertheless, the interviewees had several concerns about Model 1. A few providers talked about interagency communication being more challenging with this particular model because the organizations are not colocated all the time. A couple of providers also expressed concern about out-stationed staff “twiddling their thumbs” and not being as productive off-site as they would be in their own office. The interviewee who had visited CONNECT said he was struck by how quiet it was, suggesting that the part-time colocation schedule can create periods of low activity.

A couple of providers spoke specifically about the role of the host agency. One person emphasized that any host agency should be sure that it is “getting something out of” the colocated agencies and “not just losing space.” Speaking from experience, she also pointed out that staff at a host agency might end up feeling responsible for other agencies’ clients (i.e. non-mutual clients), especially if the colocated agencies are not being responsive. Perhaps more sympathetic to the colocated agencies, another provider worried that, as the main point of contact for clients, a host agency might sometimes “siphon off” clients for itself.

One provider echoed some of the comments that Ms. Roberts made about the negative impact this model could have on clients and providers. She expressed concern that this approach to colocation would create confusion for clients. They might have trouble getting used to the colocation schedule or even figuring out which agency they are actually receiving services from. She also said that if she were out-stationed at another agency, she would want to make sure she felt needed and welcome. Given what Ms. Roberts said about some staff from the CONNECT partner agencies feeling left out, the interviewee’s concerns seem valid.

One of the providers I interviewed argued that the success of this model really depends on the “quality” of the staff people who are sent to colocate. A few others thought that Model 1 would be the most feasible to implement in the short-term but could serve as a precursor to some of the more resource-intensive models.

## **Model 2: Municipal Multi-Service Center**

The second colocation model I explored (“Model 2”) is a municipal multi-service center. This type of center would be located in a space owned (or possibly rented) by city government and would be managed by municipal staff. Similar to Model 1, staff from other organizations would colocate at the center on a part-time (or potentially full-time) basis. The City of Somerville does not currently operate anything like this; however, as will be explained later in this section, there has been some talk in the past of the City developing a multi-service center. Fortunately, there is a municipal multi-service center in neighboring Cambridge that can serve as an example and help providers in Somerville think about which characteristics they would and would not want to replicate.

### ***Case Study: Cambridge Multi-Service Center (Cambridge, MA)***

The Cambridge Multi-Service Center was created in the late 1980s and, like CONNECT, was the brainchild of a staff person, who was working in the City of Cambridge’s human services department at the time. The Multi-Service Center (MSC) remains part of the City’s Department of Human Service Programs, and its primary clientele is homeless and near-homeless individuals and families. Staff members from three agencies (Eliot Community Human Services, Heading Home, and HomeStart) work full-time at the center, and staff from other agencies (such as North Charles, Inc. and Cambridge and Somerville Legal Services) colocate there on a part-time basis. More background information about the MSC can be found in Appendix F.

The Cambridge Multi-Service Center benefits from ongoing financial and political support from the City of Cambridge, which provides a certain amount of stability and flexibility. For example, the MSC used to operate out of a space rented from a private landlord. The MSC requested that the other organizations colocated at the site make a small contribution toward the rent, but only one organization was willing to do that, so the shared-rent concept was abandoned. If the MSC were operated by a nonprofit instead of a well-funded municipality, it might not have had that kind of flexibility. While being run by the City provides somewhat of a safety net for the MSC, it also sometimes means less autonomy in decision-making. For example, the City has relocated the MSC several times throughout its history. The center's current location lacks the visibility that some past locations had, and the center has seen a small drop in the number of clients visiting each day.

The MSC also does not have the same level of service integration that CONNECT has. The organizations colocated at the MSC share basic office infrastructure (e.g., reception area, copiers), but have not developed coordination tools, such as a standardized intake form or shared client data system. Furthermore, the director of the MSC, Stephanie Ackert, explained that the colocated agencies actually do not have that many mutual clients.<sup>2</sup> This is primarily because a few of the agencies colocated at the MSC are mandated to serve clients who are already homeless (based on their funders' definitions), but most of the clients who come into the MSC are housed and seeking help avoiding

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<sup>2</sup> The main exception is a group of 22 men in the Multi-Service Center's transitional housing program, who receive services from several of the affiliated agencies.

eviction. Based on the limited number of mutual clients among the MSC agencies, Ms. Ackert's advice to anyone looking to adopt this model is to offer a more diverse array of services and ensure that the colocated organizations will be "filling gaps" for one another. This is reminiscent of a comment that one of the providers in Somerville made about how a host agency should make sure it is "getting something out of" colocated agencies.

One other issue that Ms. Ackert raised had to do with the drawbacks of having multiple agencies in close physical proximity (which may be more relevant to Model 3 than Model 2). Ms. Ackert mentioned that at one of their previous sites, several organizations were permanently colocated. She said that occasionally there was tension between staff from two different agencies, and it would get "played out" right in the middle of the office because the staff members did not have separate offices to retreat to, to "cool off."

### ***Somerville Service Providers' Perspective on Model 2***

The Somerville service providers I interviewed had a lot to say about Model 2. As was the case with a resource guide, most of the interviewees saw the City as the most logical entity to develop a multi-service center in Somerville. One of the primary advantages of this approach from the interviewees' perspective is that the financial burden would be on the City instead of on local nonprofits, and many felt the City has the resources needed to develop a multi-service center. Several providers specifically pointed out that the City could transform one of its vacant or underutilized public schools into a multi-service center. One provider said this would be "nirvana," and another said it has always

been a “fantasy” of hers. While it is too late to use the vacant Powder House Community School for this purpose (the City has put the property up for bid), the interviewees saw some potential in the Edgerly School and the Cummings School. In fact, several years ago, the current mayor was interested in creating a multi-service center at the mostly vacant Edgerly School in East Somerville and approached a couple of nonprofit organizations about it. However, the Mayor never followed through with the idea, and the City has since found some other uses for the Edgerly School. Meanwhile, the Cummings School houses a couple of small City and School Department agencies (e.g., the Parent Information Center, the Somerville Family Learning Collaborative, SomerPromise), but both the Cummings and the Edgerly remain underutilized.

Despite general enthusiasm for the idea of a municipal multi-service center, several of the providers expressed concern about the City being involved in a colocation project. First, even though the providers seemed to be in agreement that the City would be better financially positioned to develop a multi-service center than a nonprofit would, a couple of providers acknowledged that the City might not actually have the necessary resources. Others questioned whether the City would be able to find an appropriate, affordable property for the center (assuming the underutilized schools were not an option), given how little vacant land there is in Somerville and given how expensive property is becoming. A couple of people also pointed out that, unlike the City of Cambridge’s Department of Human Service Programs, the City of Somerville’s Human

Services Division is very small and might not have the capacity to pursue a colocation project.

Not surprisingly, a few providers also worried about how politics would affect the hypothetical multi-service center. For example, one of the interviewees talked about there potentially being “strings attached” for colocated agencies and wondered what would happen if an organization colocated at the center decided to oppose something the City was doing. There were also concerns about the City and local nonprofits having different organizational cultures and a municipal multi-service center potentially having a bureaucratic atmosphere. One person said he had trouble picturing nonprofits operating out of a former public school.

Finally, two of the providers I interviewed emphasized that the organizations collocating at a hypothetical multi-service center should be of “like minds” and “rowing in the same direction,” meaning they should offer related services. Coincidentally, they both gave the example that it would not make sense to colocate adult education classes with health services. While their main point seemed to be that colocated services should be complementary and not random, they might be interested to hear about Ms. Ackert’s experiences at the Cambridge Multi-Service Center and her wish that the center offered a more diverse array of services. Another potential challenge, then, with a municipal multi-service center (and other colocation models) is determining the scope of services that will be included.

### **Model 3: Nonprofit Center**

The third and final colocation model that I explored was a multi-tenant nonprofit center (“Model 3”). The basic idea of this model is that several nonprofit organizations permanently occupy space in the same building. Typically, each nonprofit retains its own 501(c)(3) status, but a new 501(c)(3) is also created and that new entity either purchases or constructs a building. Some nonprofits develop these centers with the primary goal of reducing operating expenses, others are more interested in increasing collaboration and service coordination, and many are hoping to achieve both. I looked at two examples of multi-tenant nonprofit centers: the Children and Family Services Center in Charlotte, North Carolina, and Together Center in Redmond, Washington.

#### ***Case Study A: Children and Family Services Center (Charlotte, NC)***

The Children and Family Services Center (CFSC) grew out of conversations among human service agencies in Charlotte in the late 1990s. The group explored common issues and opportunities, and they identified a shared interest in saving operating expenses and serving their clients more comprehensively. After nine of the agencies committed to building a nonprofit center, they began a \$10 million capital campaign. They eventually signed a 50-year lease for a plot of land owned by the City of Charlotte and completed construction of the new facility in 2003. The CFSC itself is a separate 501(c)(3) governed by a Board of Directors made up of representatives from each of the participating agencies as well as some at-large community leaders. The nonprofit tenants currently occupy about 83% of the 100,000-square-foot building; the

remainder of the building is financed and used by market-rate tenants. The participating nonprofits share meeting space, technology infrastructure and support, and (if they choose to) financial services and human resources.

Additional background information about the CFSC can be found in Appendix G.

According to the CFSC's Executive Director, Shelley White, the center has produced many benefits for clients, providers, and the community. The CFSC is in a convenient location and—like other forms of colocation—enables clients to access multiple services under one roof. Collectively, the agencies colocated at the CFSC reach over 150,000 clients each year. The nonprofits have greater opportunities for collaboration (“synergy,” as Ms. White put it), and the center has become a hub for all community planning related to children and families. The nonprofit tenants also enjoy more stable leasing arrangements and significant cost savings; in 2012, rent at CFSC was \$7 per square foot, compared to the market rate of \$19 per square foot (Eagan 2012).

Despite the high level of physical integration, however, it appears that service coordination has been a significant challenge for the CFSC. Compared to the three other colocation examples I looked at, the front lobby of the CFSC sounded like the least receptive to walk-in clients. The front desk is manned by a security person rather than a receptionist or information and referral specialist, so if a client walks in without an appointment, it is usually the responsibility of the security person to assess which agency to direct the client to. Ms. White also said that, although the agencies in the CFSC make referrals to one another, “it’s not as intentional as we’d like it to be.” For that reason, the CFSC is currently working

on developing a standardized client referral process. Eventually they hope to move toward a shared intake form and, even further in the future, a shared client data system. The push for these coordination tools, however, seems to be coming from the top-down, rather than bottom-up. Indeed, Ms. White said that one of the biggest challenges she faces is making sure that staff from all the colocated agencies “understand the purpose of the building” and think in terms of the greater good of the CFSC, rather than of their individual agencies. She also mentioned that a few agencies have left the CFSC for various reasons. For example, one agency needed more space, and another wanted its own building and its own identity separate from the CFSC.

***Case Study B: Together Center (Redmond, WA)***

Another example of a multi-tenant nonprofit center is Together Center in Redmond, Washington. The idea of a hub for nonprofits in Redmond was originally championed by a longtime CEO at one of the founding agencies. A group of about a dozen agencies began meeting in the late 1980s to discuss if and how such a hub might be formed. In 1990, four of those agencies formed a separate 501(c)(3) called the Family Resource Center (now Together Center), and in 1991 they purchased a failing three-building strip mall for \$1.6 million. Today, Together Center has 19 nonprofit tenants. One of the buildings in the complex has a large lobby area with public phones and full-time information and referral staff. “Cultural navigators,” advocates for homeless veterans, public health workers, and other providers also colocate in the lobby on a part-time basis. For more background information about Together Center, please see Appendix H.

In my conversation with Pam Mauk, the CEO of Together Center, she mentioned many of the same benefits of colocation that have been discussed throughout this chapter (e.g., “one-stop shopping” for clients, improved interagency communication, increased opportunities for collaboration). More specific to the nonprofit center model, she talked about how the nonprofit tenants at Together Center benefit from increased visibility, more clout with funders, and more opportunities for nonprofit capacity-building. Like Ms. White at CFSC, Ms. Mauk also explained how the center has become a hub for nonprofit activity and offers low-cost rents. For Together Center’s nonprofit tenants, the lease rate savings are 20% to 40% lower than the market rate for comparable spaces, and last year, the agencies saved over \$250,000 in lease payments alone.

Ms. Mauk seems to be facing the same challenges as Ms. White in terms of promoting collaboration and coordination among the nonprofit tenants. She explained that service integration might have been part of the original vision for Together Center, but the agencies have since backed away from it. She thinks this may have been a missed opportunity because it is now much more difficult to implement something like a shared client intake form. Ms. Mauk said there is no tangible incentive for the agencies to do more collaboration or coordination, so they tend to maintain the status quo. One exception has been their shared focus on improving the center’s “front door” (meaning the front lobby, where clients can obtain information and referrals).

Ms. Mauk also brought up one other potential challenge for a nonprofit center: agency turnover. One of Together Center’s largest agencies ended up

occupying about one-third of the property, but then decided to move out. This caused a lot of instability for the center until it was able to find new tenants for the space. Ms. Mauk also mentioned that one agency left Together Center because the staff were finding that their clients did not want to come to the center because there was a stigma associated with it. This problem is not necessarily specific to this particular colocation model, but it is worth mentioning here.

### ***Somerville Service Providers' Perspective on Model 3***

When asked for their thoughts on Model 3, service providers in Somerville had less to say about this model than they did about Models 1 and 2. Most seemed enthusiastic about the concept, but thought it would be the most challenging of the three models to implement. A couple of people said they liked the idea of potentially sharing back-office services with other organizations, and one person positively compared multi-tenant nonprofit centers to business incubators (companies that help start-up businesses grow by providing space, equipment, and training). Another interviewee said that Model 3 would probably “force” organizations to remove overlap in services and develop a niche, which she said could be a good or bad thing.

Many of the service providers I interviewed discussed the challenges of creating a nonprofit center, in general and in Somerville. One person talked about the difficulty of creating a brand new 501(c)(3) and said it would involve “a lot of administrative headaches.” Another provider pointed out that very few nonprofits have the real estate expertise needed to purchase or construct a building. Even if

they did, one of the interviewees said she had trouble picturing a new building being constructed in Somerville because “the city is so dense.”

In the event that a nonprofit center were to be created in Somerville, some of the agencies were not even sure if it would make sense for them to relocate there. A few providers talked about how staff and clients have become accustomed to and attached to particular buildings and locations, so moving into a nonprofit center would be a major (and potentially unwelcome) change. A couple of other providers I spoke with are already in advantageous lease arrangements and were therefore unsure that they would have enough of an incentive to relocate. Indeed, one of the interviewees felt that nonprofits in Somerville would be more likely to pursue Model 3 out of financial concerns (particularly as rents rise in the city) than out of a desire to improve service coordination. Finally, one provider made the point that “you can’t collocate everything,” implying that some organizations would inevitably be left out.

### **Summary**

By examining not only the more obvious advantages and disadvantages of various collocation models, but also some of the subtler benefits and drawbacks, this chapter offers a more nuanced look at collocation than what is typically found in the scholarly literature. In comparing the four case studies, we are also reminded that a higher level of physical integration does not necessarily translate into a higher level of service integration. The CONNECT collaboration is the least physically integrated of the four examples, yet it has been the most successful in integrating client services.

My research on colocation also revealed the importance of interagency relationships and communication, particularly early on in the planning process. Two service providers in Somerville emphasized that the individual colocation models themselves are less important, and it is more about “the culture you create” and the goals that are driving the organizations to collaborate. One of these providers felt that decisions about colocation would need to evolve out of an “organic process,” and organizations would have to be really committed to the discussion. Indeed, when I asked each of the case study interviewees what advice they would give to other organizations considering colocation, they all emphasized the importance of the early discussions and decisions. Shelley White from the Children and Family Services Center said, “be very intentional about the agencies that you invite to participate.” Similarly, Stephanie Ackert from the Cambridge Multi-Service Center recommended that providers be thoughtful when deciding which kinds of organizations will participate and make sure that they will be filling gaps for one another. The advice given by Pam Mauk at Together Center was for organizations to be very clear and specific about what sort of partnership they want. She emphasized that expectations—particularly those related to collaboration and coordination—should be firmly established up-front and, ideally, put in writing. Finally, Blake Roberts from CONNECT talked about the importance of getting early buy-in and input from staff at all levels within each partner organization.

So what is the likelihood of service providers in Somerville actually pursuing a multi-agency colocation arrangement? Although there is definite

interest in colocation among providers in Somerville, none of them have (to my knowledge) committed to lead an exploration of colocation possibilities. Recall that three out of the four case study examples initially got off the ground because they had a single individual championing the cause. Within the past year, however, there have been two meetings of nonprofit executive directors in Somerville to discuss their organizations' physical space needs, and—not surprisingly—the topic of colocation came up at both meetings. Although the directors discussed the many benefits of colocation (including improved coordination), it seems more likely that they will be driven to colocate out of a desire to save money on rent and other operating expenses than out of a desire for increased collaboration and coordination. This could result in a colocation situation characterized by high physical integration and low service integration, but perhaps providers would still consider that a positive outcome. Both in my interviews with providers and at the executive directors' meetings, it was also clear that people think the City of Somerville should play a key role in any colocation arrangement, whether that role be funder, landlord, and/or manager.

## CONCLUSION AND RECOMMENDATIONS

The fragmentation of our social services delivery system limits the effectiveness and efficiency of the work that service providers do to assist their clients. Reducing this fragmentation will rely in large part on reform at the state and federal levels to break down silos between different government agencies and funding streams. However, coordination can also be improved at the local level, particularly through the development of coordination mechanisms.

Somerville, Massachusetts, provides an interesting context in which to explore coordination efforts. On the one hand, coordination might be easier to achieve in a small city like Somerville than in a larger city because there are fewer players involved, less overlap in the types of programs and services offered, and (consequently) less direct competition between social service agencies. On the other hand, smaller cities often struggle to attract investment, which means that there are fewer resources available to support coordination efforts.

Like many U.S. cities (of all sizes), Somerville is also experiencing gentrification. Rising rents threaten to displace not only lower-income residents, but also nonprofits. The need to protect their mutual clients from displacement and reduce their own operating expenses could potentially become the catalyst for more intensive coordination among service providers. However, if the city's low-income population continues to shrink, local social service organizations may still end up going out of business or relocating to the communities where their clients have moved, thereby eliminating the need for service coordination efforts in Somerville.

This study revealed that service providers in Somerville are already working together to address social problems, but their efforts are more cooperative and collaborative in nature and are not necessarily improving coordination at the direct service delivery level. We should therefore be careful not to assume that communities “rich in collaboration” also have a well-coordinated social services system. Not surprisingly, the research also showed that some Somerville providers (and their funders) see improving coordination as a top priority, whereas others do not. Evidence from other communities suggests that it may take a new funding opportunity, a dynamic leader, or some sort of community crisis for some organizations to make coordination a priority.

On average, providers in Somerville saw a citywide resource database as not only the most feasible coordination tool to implement, but also the most useful. Although this finding is about *perceived* utility, not demonstrated utility, it could still challenge the assumption held by many scholars that more intensive interorganizational activities are more effective than less intensive activities. An in-depth investigation of community resource guides—a tool that is not explicitly discussed in the literature—revealed that these can be valuable for direct service providers (particularly new staff members) so long as they are frequently updated.

My research on colocation reinforced much of what we already knew from the literature about its benefits and challenges, but extended our understanding by comparing different colocation models based on the insight of current and potential “colocators.” Issues such as ownership, inclusiveness, and programmatic scope are rarely discussed in the literature on coordination, but were raised

multiple times during this study in relation to both resource guides and colocation and helped inform the recommendations that appear at the end of this thesis.

Speaking of ownership, there was little consensus among the study participants on whether city government, an existing nonprofit, or a coalition would be the most appropriate entity to take the lead on coordination efforts. Most people recognized advantages and disadvantages of each one, with the primary considerations being about resources, capacity, accountability, inclusiveness, and organizational culture.

As this thesis has demonstrated, coordination efforts can be challenging and expensive to implement and sustain, and they do not always produce the expected benefits. Furthermore, while coordination may help mitigate the *effects* of larger problems, such as funding scarcity and categorical funding streams, on social service agencies, it does not make those problems disappear. This does not mean that service coordination should not be pursued, but rather that it should be pursued with a thorough understanding of the challenges, risks, and limitations.

### **Limitations of this Study**

Although this research helps to illuminate service providers' expectations of and reservations about service coordination tools, the study has some limitations. First, despite efforts to solicit feedback from both senior-level staff and front-line service providers in Somerville, the majority of the survey respondents and interviewees were senior-level staff members. While senior-level staff may be better positioned to discuss the feasibility of implementing coordination tools from a logistical and financial perspective, front-line staff

would have a better understanding of the day-to-day benefits and challenges these tools might present for themselves and their clients. Even though the senior-level staff people who participated in the survey and interviews mentioned several potential benefits and challenges that are not discussed in the literature, it would have been valuable to hear from more front-line staff.

This study is also missing another critical perspective: that of the “client.” Many of my survey respondents and interviewees thought about the potential impact (both positive and negative) of coordination tools on their clients, but, as mentioned above, few of them work directly with clients and, even if they did, their assumptions about what clients would think might not be correct.

Finally, this study only looked at coordination in the context of one city. While the assessment of current and potential coordination efforts in Somerville might provide helpful insight for practitioners elsewhere, certain findings may be unique to Somerville and its social services landscape and therefore should not be generalized.

### **Areas for Further Inquiry**

The limitations of this study call attention to several areas for further inquiry. First, anyone exploring the utility and feasibility of service coordination tools should be sure to take into account the perspective of front-line service providers. Even more importantly, since so much of the rationale for service coordination has to do with improving clients’ experience of accessing services, both researchers and practitioners should consult current and potential clients on what (if anything) they find particularly challenging about trying to access

services, how they think various coordination tools would address these challenges, and what sort of concerns they have about the tools.

Another area for further research would be comparing current and potential coordination efforts in different types of neighborhoods and cities. It would be valuable to examine the extent to which community characteristics (e.g., size, density, socioeconomic composition) affect the utility and feasibility of implementing service coordination tools. It would also be interesting to explore the role of city government in initiating and/or supporting coordination efforts. Service providers in Somerville felt that the City would be a critical player in any coordination project. Do service providers in other small cities feel the same way? What about service providers in larger cities, who perhaps would be looking to improve coordination at the neighborhood level rather than the city level?

Research on the tangible outcomes of coordination tools would also be highly valuable. For example, does the creation of a new resource database or colocation center produce changes in the number or quality of client referrals that participating organizations receive? In addition, it would be helpful to have data on the cost of implementing coordination tools (in terms of staff time, technology, etc.). That sort of financial analysis would be critical to any sort of feasibility study comparing coordination tools or comparing different models of a particular tool. Finally, it would also be worthwhile to investigate the other coordination tools mentioned in this paper: electronic referral systems, universal client intake forms, and shared client data systems. These tools are more focused on client data

and data systems than are resource guides and colocation, so they may produce unique benefits and challenges for service providers.

## **Recommendations for Practice**

### ***Recommendations for Somerville***

As mentioned, rising rents for both low-income residents and nonprofits in Somerville could become the driving force for more intentional and intensive coordination efforts among service providers. In fact, if the city was not experiencing these challenges, it is unclear where the impetus for coordination might come from.

However, an effective coordination effort will depend on resources and leadership. Based on my research, it appears that service providers would prefer that the City of Somerville supply the former and a coalition or steering committee (with representation from multiple organizations) provide the latter. I therefore recommend that service providers create some sort of task force dedicated to assessing the strengths and weaknesses of Somerville's service delivery system and exploring strategies for improving coordination, with a dual focus on minimizing the displacement of low-income residents and reducing operating expenses for nonprofits. To help support this effort, I also recommend that the City increase funding for its Human Services Division and hire more staff. With these additional resources, the Human Services Division could provide technical assistance to the task force (e.g., by conducting needs assessments).

Two key projects for the task force to explore, in partnership with the City, would be a resource database and a colocation center. My research revealed the

need for a comprehensive, citywide resource database that can be frequently updated. Although the City's Human Services Division is currently in the midst of developing a new resource guide, I would recommend that they pause and take a step back to think about ways of making the new guide as useful and sustainable as possible. It would be beneficial to adopt some of the strategies that the City of Cambridge's Kids' Council is using to develop its new information portal. As mentioned earlier in this paper, they are collaborating with volunteers from Code for Boston and have conducted surveys, interviews, and workshops to solicit feedback from residents, providers, and City staff members about their information needs. Given the City of Somerville's interest in using data (as evidenced by the creation of SomerStat, ResiStat, and other data-driven initiatives), it may be willing to fund a project like the one the Kids' Council is working on.

New residential and commercial development in Somerville is creating both a need and an opportunity to develop some sort of colocation center. As development drives up rents in the city, colocation represents a promising strategy for nonprofits to save money on rent and other operating expenses. Community groups seeking to influence decisions about development in Union Square should consider advocating for the master developer to include a nonprofit colocation center in the development plans. Alternatively, the City—in partnership with service providers—could explore the feasibility of converting one of the underutilized public schools into a colocation center.

### ***Recommendations for All Practitioners***

Although my research focused on Somerville, my exploration of resource guides and colocation illuminated several themes and issues that would likely emerge in other communities, as well. Based on those findings, I have developed general recommendations for any service providers or funders considering developing one of those coordination tools.

#### **1. Be clear on the rationale and goals.**

One of the common themes in my research on resource guides and colocation was the importance of having a clear purpose for implementing the tool. Without a clear understanding of the specific problem(s) the tool is expected to solve, the costs of developing the tool might end up outweighing the benefits. Particularly in the case of colocation, where multiple organizations are involved, it is also critical to ensure that all parties share similar goals for the project.

#### **2. Build on existing efforts rather than starting from scratch.**

Before developing a resource guide or a colocation arrangement, it is worthwhile to do some research to find out what already exists. For example, are there already resource guides that have been compiled for this community? Even if it is determined that the existing resource guides are outdated or otherwise insufficient, using them as a starting point can minimize the likelihood of “reinventing the wheel.” In the case of colocation, informal or unintentional colocation arrangements could serve as the foundation for more permanent and deliberate arrangements.

**3. Weigh the pros and cons of different types of entities serving as owner/manager.**

My research shed light on the potential advantages and disadvantages of certain types of entities (e.g., local government, a nonprofit, a coalition) taking the lead role in a coordination project. For example, city government might have more resources at its disposal than nonprofits, but its politics and bureaucracy could have a negative effect. If a coalition of nonprofits took the lead on a coordination effort, it might be more inclusive, but there might also be less accountability.

**4. Ensure that there will be sufficient capacity and resources to develop and sustain the effort.**

A repeated theme in my research was the critical importance of sufficient staff capacity and resources. Resource guides will most likely become obsolete without a dedicated staff person(s) making updates on a regular basis. Colocation requires not only a significant investment of time (before and after implementation), but also space and technology (both of which depend on funding).

**5. Solicit input from a diverse group of stakeholders during both the planning and implementation phases.**

Getting feedback from a diverse group of stakeholders (e.g., current and potential clients, partner agencies, funders) could increase the overall utility of the tool. My research also suggests that it may be difficult to secure buy-in from direct-service staff at collocating organizations if they are not given a seat at the table from the beginning.

**6. Carefully consider the programmatic scope of the coordination tool.**

One of the challenges with implementing a resource guide or a colocation arrangement is determining how broad or narrow its programmatic scope should be. As my research showed, choosing a specific target population (e.g., people experiencing homelessness) has its advantages and disadvantages.

**7. Explore strategies for maximizing the accessibility of the coordination tool.**

In order for a resource guide to be accessible to a variety of potential users in a particular community, it may need to be translated into multiple languages. Furthermore, while having a resource guide that “lives” online can be advantageous, think about ways to make it accessible to people who have little experience with computers or who do not own a computer. Colocation centers should be conveniently located close to public transportation and, preferably, close to the neighborhoods where current and potential clients live.

**8. Widely advertise the coordination tool in the community.**

Once a resource guide or colocation arrangement has been created, be sure to market it to service providers, potential clients, and other stakeholders. Ongoing outreach efforts will most likely help maximize its use and reduce the risk of duplicated efforts.

I hope that this thesis helps to advance the conversation about service coordination tools so that providers can overcome their reservations and begin to realize the expected benefits for themselves and, most importantly, their clients.

**APPENDIX A**  
**Survey**

Thank you for your interest in completing this survey about service coordination in Somerville, which is being conducted as part of my Master’s thesis for the Department of Urban & Environmental Policy & Planning at Tufts University.

The goal of the survey is to gain valuable insight from local service providers on the extent of existing coordination efforts in Somerville, the major barriers to improving service coordination, and the perceived utility and feasibility of certain service coordination tools/strategies. For the purposes of this survey, the term “service coordination” refers to multiple providers working together to serve the same client or clientele in a consistent and continuous manner.

The survey should take approximately 15 minutes to complete. As you'll see, the survey asks for your name, title, and organization. Please note that I will not refer to any specific individuals or organizations in my final report without explicit consent. Also, I realize that some of the organizations that are receiving this survey serve multiple cities/towns and/or offer a wide array of programs and services. When taking the survey, please try to think about Somerville specifically, but do not worry about answering the questions in relation to particular programs; just give your overall impressions of service coordination in Somerville.

If you have any questions or concerns, please don’t hesitate to email me.

Thanks so much,

Kristin Haas  
Master’s Candidate, Tufts University

**Your Organization:** \_\_\_\_\_

**Your Name & Title:** \_\_\_\_\_

**Part 1. Service Delivery Challenges**

1. How often does your organization deal with the following issues?

	Never	Rarely	Sometimes	Often
Inappropriate referrals from other organizations (e.g., client is not eligible for your services; your organization can't meet the client's needs)				
Difficulty serving certain clients due to limited staff language capacity at your organization				
Uncertainty about where to refer your clients for certain services				
Information about external programs/services turns out to be inaccurate or not up-to-date				
Additional services your clients need are not available or not accessible (e.g., there is a waitlist; services aren't offered in client's native language)				
Difficulty tracking the outcomes of referrals you make				

**Part 2. Existing Coordination Efforts**

2. How would you characterize the extent of service coordination in Somerville?

- No coordination
- Very minimal coordination
- Some coordination
- A lot of coordination
- Seamless coordination

3. In which of the following ways do staff from your organization interact with staff from other organizations in Somerville? (Check all that apply)

- Interact informally at community meetings, etc.
- Share information about resources
- Send client referrals
- Receive client referrals
- Participate in cross-organizational task forces, coalitions, etc.
- Participate in joint case conferences about mutual clients
- Share client data for mutual clients
- Share financial resources (e.g., grant for special project, proceeds from joint fundraiser)
- Offer joint programs
- Share office space or office building
- Other: \_\_\_\_\_

4. Does your organization currently use any of the following? (Check all that apply)
- Resource guide (a document or database that lists programs/services offered by other organizations and that all or most of your direct service staff use for reference)
  - Electronic client referral software (software that allows you to exchange electronic referrals with other organizations)
  - Colocation (staff from another organization are stationed at your office during certain hours/days or vice versa)

**Part 3. Coordination Challenges & Barriers**

5. Which of the following do you think are major barriers to improving service coordination in Somerville?

	Not an issue	Somewhat of an issue	Major issue
Service providers' lack of familiarity with each other's programs/services			
Not enough staff time to dedicate to the task of improving service coordination			
Not enough funding to dedicate to the task of improving service coordination			
Difficult to get all stakeholders in the same place at the same time			
Incompatible client data systems			
Client confidentiality issues			
Different organizational goals			
Different target populations			
Different service areas			
Different approaches to serving clients			
Different regulatory requirements			
Other: _____			

**Part 4. How Much of a Priority is Service Coordination?**

6. How much of a priority is it for your organization to find ways of improving service coordination?
- This is not something we have talked about.
  - We recognize this as an issue, but it is not a priority.
  - This is something we talk about frequently and see as a top priority.
7. Is service coordination something that your funders try to promote?
- Yes, most of our funders promote service coordination.
  - Some of our funders promote service coordination; others do not.
  - No, none of our funders promote service coordination.
  - Not sure

### Part 5. Potential Tools & Strategies for Improving Coordination

The following questions describe five potential tools and strategies for improving service coordination in Somerville and then ask you to indicate how useful each tool would be for your organization, how feasible you think it would be for the tool to be developed (in general, not necessarily by your organization), and how feasible you think it would be for your organization to implement the tool (with existing resources vs. with additional resources).

Feel free to use the comment boxes to provide additional information about your answers.

#### 8. Resource Database

A comprehensive online database of all the programs and services available in Somerville (including information about eligibility criteria, referrals, waitlists, etc.) would be compiled and updated on a regular basis.

The primary purpose of the database would be to ensure up-to-date, consistent information about available programs and services to facilitate appropriate and effective referrals.

How useful would this be for your organization? 1 2 3 4 5

How feasible do you think it would be for something like this to be developed? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **existing** resources? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **additional** resources? 1 2 3 4 5

#### 9. Universal Intake/Assessment Form

A standardized intake/assessment form would be developed, and most or all organizations in Somerville would use it to screen clients. Each organization could then develop its own supplemental form to capture any data that is not collected as part of the universal form. (Think of the college application process, where there is a Common Application plus supplemental information requested by each school.)

The primary purpose of the universal intake/assessment form would be to reduce duplication, increase consistency, and ensure that clients are adequately screened for additional services at the point of program enrollment.

How useful would this be for your organization? 1 2 3 4 5

How feasible do you think it would be for something like this to be developed? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **existing** resources? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **additional** resources? 1 2 3 4 5

10. Electronic Referral System

Organizations in Somerville would be able to exchange client referrals electronically and would receive a notification when a referral has been received.

The primary purpose of the electronic referral system would be to streamline the referral process and ensure that service providers receive confirmation when their referrals have been received.

How useful would this be for your organization? 1 2 3 4 5

How feasible do you think it would be for something like this to be developed? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **existing** resources? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **additional** resources? 1 2 3 4 5

11. Shared Client Data System

Organizations in Somerville would share access to data about mutual clients, including basic demographics, identified needs, programs/services received, and outcomes. To mitigate some confidentiality concerns, certain personal information (e.g., social security number, immigration status) would not be entered into the data system.

The purpose of the shared client data system would be to reduce duplication and facilitate a holistic approach to service delivery and performance measurement.

How useful would this be for your organization? 1 2 3 4 5

How feasible do you think it would be for something like this to be developed? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **existing** resources? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **additional** resources? 1 2 3 4 5

12. Colocation

Staff from multiple organizations would share office space, either full-time or just for a few hours/days per week.

The purpose of colocation would be to improve clients' access to services and improve communication among service providers.

How useful would this be for your organization? 1 2 3 4 5

How feasible do you think it would be for something like this to be developed? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **existing** resources? 1 2 3 4 5

How feasible do you think it would be for your organization to put this into practice with **additional** resources? 1 2 3 4 5

13. Which of these tools/strategies do you think would be most worthwhile for someone to research further? Please drag the items into order of preference (with #1 being your top choice).

- Resource database
- Universal intake/assessment form
- Electronic referral system
- Shared client data system
- Colocation
- Other (please specify): \_\_\_\_\_

#### **Part 6. Structuring Coordination Efforts**

14. Which organization or group do you think should lead a coordination effort in Somerville?

- Existing nonprofit (please specify which one): \_\_\_\_\_
- Somerville City Hall
- Coalition/steering committee with representatives from different agencies
- University researchers
- Other (please specify): \_\_\_\_\_

#### **Part 7. Conclusion**

15. Do you have other ideas about how social services in Somerville could be better coordinated?

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

16. Would you be willing to participate in an interview with the researcher to discuss this topic in more depth?

- Yes
- No
- Maybe

If you answered yes or maybe, please provide your email address or phone number:

\_\_\_\_\_

**APPENDIX B**  
**Sample Recruitment Email**

Hi \_\_\_\_\_,

I am a graduate student in the Urban Policy & Planning Program at Tufts University. I am writing to invite you to participate in a survey I am conducting as part of my master's thesis project. My project involves using Somerville as a case study for exploring ways to improve the coordination of social services at the community level. Since [name of organization] provides critical services to Somerville residents, it would be great to get your insight on this topic.

The survey represents the first phase of my project. It is being distributed to 24 public and nonprofit organizations that help low-income Somerville residents secure basic needs and/or overcome barriers to employment. The purpose of the survey is to gain valuable insight from local service providers on the extent of existing coordination efforts in Somerville, the major barriers to improving service coordination, and the perceived utility and feasibility of certain service coordination tools/strategies.

During the second phase of my project, I will explore a specific coordination strategy in more depth, and I will conduct research to assess how feasible it would be to implement that strategy in Somerville. Ultimately, I will develop recommendations for how service providers in Somerville can improve the coordination of services.

The survey should take approximately 15 minutes to complete. If possible, I would like to have two people from each organization complete the survey: a senior-level staff person (e.g., executive director, site manager, program manager) and a staff member who works directly with clients (e.g., case manager, counselor, teacher). But if only one person or two people in similar positions have the time and/or familiarity with Somerville, their insight will still be greatly appreciated.

Here is the link to the survey: [hyperlink]

Please note that the survey asks the respondent for his/her name and organization, but I will not refer to any specific individuals or organizations in my final report without explicit prior consent.

Thank you in advance for your assistance. Feel free to contact me with any questions.

Sincerely,

Kristin Haas  
Master's Candidate, Tufts University

## APPENDIX C Interview Questions for Providers

### Part 1. Information-Sharing and Resource Guides

#### Providers' Access to Information about Available Programs/Services

1. How do staff at your organization typically familiarize themselves with the programs/services that are available in the community? Do new staff members receive any materials or training?
2. How do staff at your organization decide where to refer clients to?
3. How do you and staff at your organization typically find out about *changes* in the programs/services offered by other agencies? Do you usually find out in a timely manner, or is it often “after the fact”?
4. How do you think other providers typically familiarize themselves with the programs/services *your* organization offers?
5. How does your organization typically alert other providers to changes in the programs/services you offer?
6. Overall, how up-to-date do you find the websites of other agencies? What about your organization’s website—do you find it challenging to keep it up-to-date?

#### Resource Guides

7. To your knowledge, do staff at your organization currently use any sort of resource guide?
8. Do they all use the same one or different ones?

*If they all use the same resource guide...*

- Is it a resource guide that was developed internally or externally?
- If it was developed internally, can you tell me a little more about it (for example, why and how was it developed; how much time did it take to develop it; does it get updated; if so, how do you go about updating it)?

*If they all use different resource guides...*

- Why do staff use different resource guides?

9. How do (or could) resource guides help you do your work better?
10. In the survey I conducted of service providers in January, all but one person said that their organization already uses some sort of resource guide, but of the five coordination tools/strategies that I outlined, a citywide resource guide/database was deemed the most useful and most feasible. Why do you think that was the case?
11. What (if anything) do you think is inadequate about the existing resource guides?
12. How would a single citywide resource database benefit your organization? Your clients?
13. What would a citywide resource database need to look like or include in order for your staff and/or clients to actively use it?
  - a. Who should manage it? (e.g., the City, a nonprofit, a coalition)
  - b. What topics should it include?
  - c. Should the audience be providers, clients, or both?
  - d. How would updates be made? (e.g., the lead agency contacts organizations periodically asking for updates; organizations are responsible for making their own updates)
  - e. How detailed should it be? (e.g., basic info with links to agency websites vs. highly detailed descriptions)
14. Nancy Bacci, the City of Somerville's Human Services Director, is actually working on developing a citywide resource guide. What advantages and disadvantages do you see to her office being the one to manage a citywide resource guide? How optimistic are you that it would meet the criteria you just discussed?
15. Do you have other ideas on how information about available programs/services could be better disseminated to providers? To clients?

## **Part 2. Colocation**

### Perceptions of Colocation Models

*Through my research, I've identified three different colocation models:*

- A. Colocation at an existing nonprofit*
- B. Municipal multi-service center*
- C. Multi-tenant nonprofit center*

*(Describe each model and show visuals.)*

1. What do you see as the advantages and disadvantages of each of these?
2. Which model do you think would work best in Somerville?
3. Which programs/services do you think would be most useful to “bundle”?
4. What do you think the advantages and disadvantages would be of having a specific target population (e.g., homeless and near-homeless, immigrants, families with young children)?
5. Which organizations do you envision participating?
6. What role (if any) do you think your organization would play?
7. What would need to happen in order to make that particular model work in Somerville?
8. How might the model be adapted to maximize its utility and feasibility?

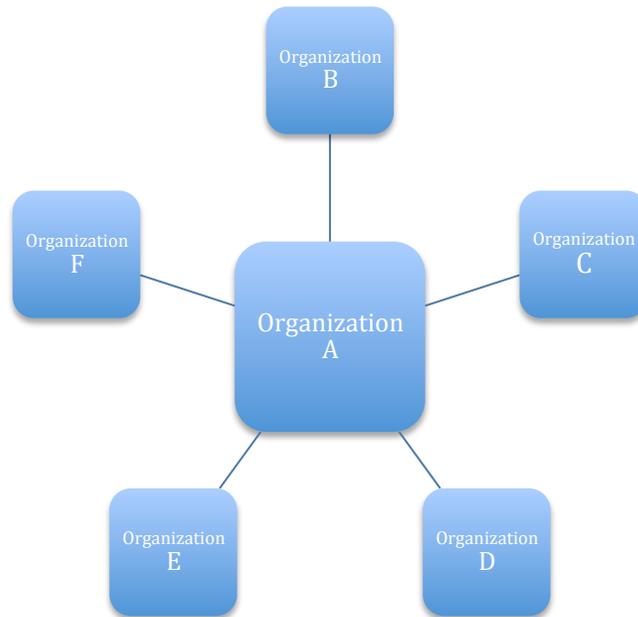
#### Overall Perceptions of Colocation

9. What do you see as the overall benefits of colocation—for your clients and for your organization?
10. Which of these benefits are unique to colocation and which of them might be realized through other coordination strategies (e.g., electronic referral system, universal intake/assessment tool, shared client data system)?
11. In general, what are your biggest concerns about colocation?
12. Which service delivery challenges is colocation unlikely to help solve?

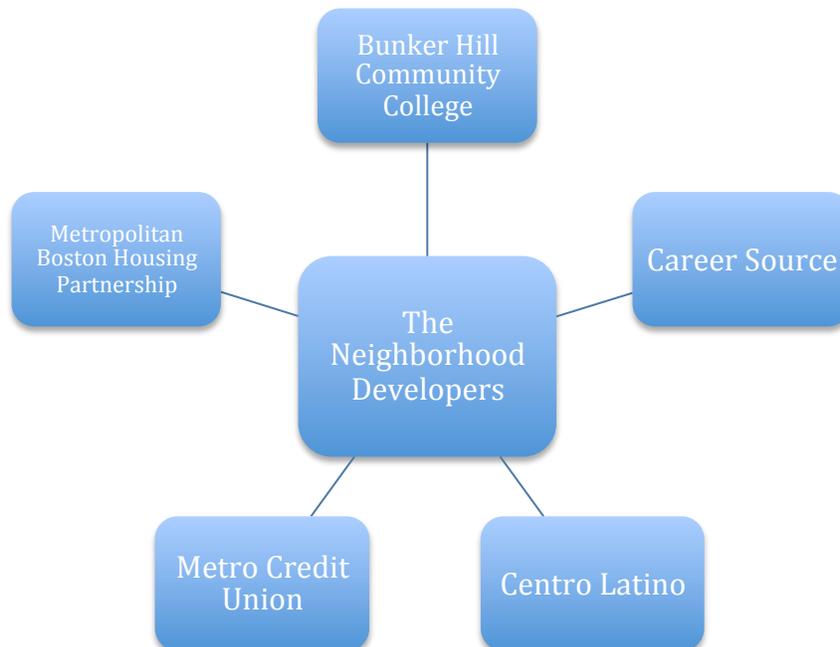
## APPENDIX D Colocation Models

### Model 1: Multi-agency colocation at an existing nonprofit

An existing nonprofit acts as the host/lead agency, and staff from other organizations colocate on a part-time (or possibly full-time) basis. The partner organizations' administrative offices are off-site.

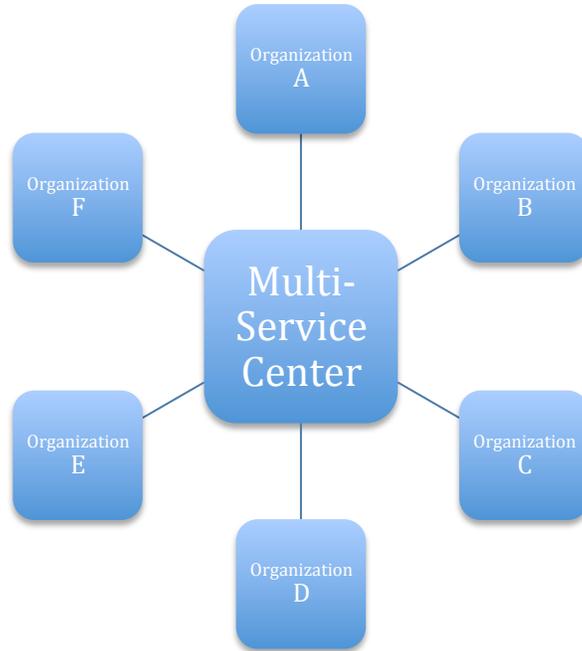


Example: CONNECT, Chelsea, MA

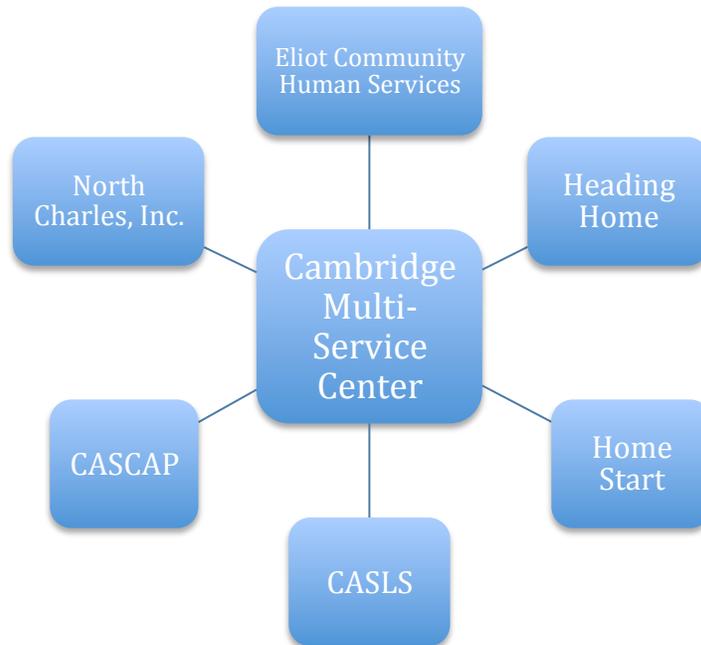


**Model 2: Municipal multi-service center**

A municipal multi-service center is owned and operated by city government, but staff from other organizations colocate on a part-time or full-time basis.



Example: Cambridge Multi-Service Center, Cambridge, MA



**Model 3: Nonprofit center**

Several existing nonprofits move into the same building (or small campus of buildings). Each tenant organization remains independent, but the center itself is incorporated as a new 501(c)(3) with its own Board of Directors. Some services (e.g., reception, information technology, human resources) might be shared.



Example: Together Center, Redmond, WA



## **APPENDIX E**

### **Case Study 1: CONNECT**

**Name:** CONNECT

**Location:** Chelsea, MA

**Lead Agency:** The Neighborhood Developers

**Target Population/Issue Area:** Housing, money management, education, and employment

**Year Established:** 2012

**Catalyst:** Marissa Guananja, manager of The Neighborhood Developers' asset development programs, championed the idea and convened a diverse group of stakeholders to conceptualize what it would look like.

**Funding Sources:**

- The largest funding source has been a three-year, \$3 million Workforce Innovation Fund (WIF) grant from the U.S. Department of Labor.
- Other early supporters included LISC, United Way, NeighborWorks, Catalyst Fund for Nonprofits, Citi Foundation, National Credit Union Foundation, and the Massachusetts Department of Housing and Community Development.

**Structure, Staffing, and Governance:**

- CONNECT is a six-agency collaboration and is *not* incorporated as its own 501(c)(3)
- It has a “managing board” with one representative from each agency. The managing partners meet once a month and act as the decision-making body for CONNECT.
- The Neighborhood Developers serves as the “operational partner.” It provides the facility, administrative support, and supervision of CONNECT staff.
- The CONNECT program itself has six staff members: a director, a data manager, three financial coaches, and a “connector.”
- Career Source, which is the only partner agency other than The Neighborhood Developers that is located on-site full-time, has eight staff members on-site.
- The other partner agencies use existing staff to provide services on a part-time basis at CONNECT.

**Partner Agencies:**

1. Bunker Hill Community College (college preparation)
2. Career Source (employment services)

3. Centro Latino (adult education)
4. Metro Credit Union (financial services)
5. Metropolitan Boston Housing Partnership (housing services)
6. The Neighborhood Developers (financial education and services)

**Physical Space:**

- All CONNECT services are provided in The Neighborhood Developers' office, which had to be expanded and renovated in order to meet the needs of CONNECT.
- The space has a very professional atmosphere.

**Shared Space/Services:**

- Reception
- Classrooms (with flexible walls to adjust size)
- Desktop and laptop computers for client use
- Kitchen/café area for client use

**Benefits:**

- Services are not only colocated, but also integrated
  - Single intake form
  - Shared client data management software (Salesforce)
  - Shared logic model and theory of change
  - Front-line staff from all six agencies meet weekly to go over pending referrals.
- Single, familiar location for clients
  - Clients access multiple services under one roof.
  - Even if a walk-in client has to come back on a different day, at least they are coming back to the same building; it is familiar to them.
- Increased efficiency
- Improved interagency communication and referrals
- Agencies have more weight and can make a bigger “ask” of funders because they’re engaged in colocation.
- Partner agencies foster connections for one another to outside agencies.

**Challenges & Limitations:**

- Client data management
  - It is difficult to ensure that data collection is consistent across the six agencies.
  - Most of the partner agencies have their own client database in addition to Salesforce, so they either have to enter data twice, or the CONNECT Data Manager has to try to import data from the other databases into Salesforce.
  - Getting the partner agencies to use the referral system early on was challenging. Some staff didn't seem to understand that if there was

- a pending referral to their agency, it meant that a client was waiting to be contacted.
  - It can be challenging for staff to manage incoming referrals from five different agencies, especially if they haven't gotten into the habit of using Salesforce regularly.
- Developing shared goals
  - The idea of shared outcomes was not stressed in the initial conversations.
  - CONNECT as a collaboration has goals (e.g., at least 25% of clients will access bundled services), but not all the agencies have adopted those goals internally.
- Ensuring cohesiveness/comprehensiveness
  - Ensuring that clients are being connected to all the services they need is difficult.
  - Most of the partner agencies are only on-site at certain times, so walk-in clients may need to return at a different time or get a referral and wait to be contacted.
  - There are so many activities happening at CONNECT, it can be confusing for both clients and providers.
  - Originally, the idea had been to have a "Connector," a staff person who would serve as the first point of contact for clients, making referrals and following up so that clients wouldn't fall through the cracks. But there ended up being way too many clients for one person to handle, so that staff person is now just focusing on assisting students in CONNECT classes because the students represent a discrete population and retention is often an issue for them.
  - It would be helpful to have a neutral party "gluing everything together."
- Having two separate offices
  - Some of the staff who colocate at CONNECT on a part-time basis seem to feel less represented in the collaboration and may feel like their organizational identity is ambiguous.
- Space continues to be an issue despite the expansion/renovation.
- It can be challenging to pursue certain funding opportunities while still maintaining their existing model.
- Some services (e.g., legal services, immigration services) are in high demand, but are not part of CONNECT.

**Advice:**

- It is really important to get buy-in and input from staff at all levels of each organization (front-line staff, managers, etc.).

**APPENDIX F**  
**Case Study 2: Cambridge Multi-Service Center**

**Name:** Cambridge Multi-Service Center (MSC)

**Location:** Cambridge, MA

**Lead Agency:** City of Cambridge, Department of Human Service Programs (DHSP)

**Target Population/Issue Area:** Homeless and near-homeless individuals and families in Cambridge

**Year Established:** 1987

**Catalyst:** Philip Mangano, who worked in the human services department at the time, championed the idea.

**Funding Sources:** City, state, and federal funding

**Structure, Staffing, and Governance:**

- The City of Cambridge owns and operates the Center.
- A director employed by the City oversees day-to-day operations.
- Staff from HomeStart, Heading Home, and Eliot Community Human Services work full-time at the Center, but the administrative offices for these organizations are off-site.
- Staff from other organizations colocate on a part-time basis.

**Current Colocated Agencies:**

**Full-Time**

- Eliot Community Human Services (mental health services)
- Heading Home (case management and referrals)
- HomeStart (housing search)
- *Note: The Multi-Service Center is in the same building as the Cambridge Housing Authority and the Community Learning Center, but those agencies are located elsewhere in the building and are not considered part of the Center.*

**Part-Time**

- Cambridge and Somerville Legal Services (legal services)
- CASCAP (rep payee program)
- North Charles, Inc. (addiction services)
- Shelter Legal Services (legal services)

**Past Colocated Agencies:**

- Cambridge Family & Children's Service
- Cambridge Furniture Bank

- Community Learning Center
- Piano Dave Project
- Travelers Aid

**Physical Space:**

- The Center has re-located several times, but is currently located in the former Cambridge Police Station building (a city-owned property), in close proximity to the Central Square T station.

**Shared Space/Services:**

- Reception
- Meeting space
- Kitchen/break-room

**Benefits:**

- Clients can access multiple services under one roof; it's helpful for them to have an identifiable place to go for help, even if they ultimately end up being referred elsewhere.
- Improved communication and familiarity among service providers
- Strengthened interagency partnerships
- Some cost savings

**Challenges & Limitations:**

- Affiliated agencies come and go over time, depending on needs and funding.
- Some of the affiliated agencies primarily serve clients who are already homeless, but the Center itself more often serves clients who are housed and seeking help avoiding eviction. As a result, the agencies have a limited number of mutual clients.
- There is limited diversity in the kinds of services offered by the various agencies (there was more diversity in the past).
- There are no direct health services or employment services on-site. Some of the colocating agencies are able to offer benefits enrollment, but only to the homeless population.
- Some clients are referred to the Multi-Service Center for services that the Center doesn't necessarily have the capacity to provide (e.g., assistance with subsidized housing applications). This can lead to disappointment and frustration for clients.
- Proximity can sometimes be a problem; for example, at one of their previous sites, when there was tension between staff from different agencies, it would get "played out" within the office.
- The Center used to operate out of a space rented from a private landlord. The Center requested that the colocated organizations make a small contribution toward the rent. Only one organization was willing to do that, so the shared-rent concept was abandoned.

- Compared to previous sites, their current location is somewhat less visible and may be viewed by some potential clients as less safe/welcoming. It is also just a little bit further away from local shelters. Two agencies previously associated with the Center did not make the move to the new site. These factors might help explain a small drop in the number of clients visiting each day.
- Each agency uses its own client data system.

**Advice:**

- Be thoughtful when planning which kinds of agencies will participate; make sure they will be filling gaps for one another.
- Have something like public pay phones that attract clients to the center and provide a steppingstone for additional services.

**APPENDIX G**  
**Case Study 3: Children and Family Services Center**

**Name:** Children and Family Services Center (CFSC)

**Location:** Charlotte, NC

**Lead Agency:** Children and Family Services Center

**Target Population/Issue Area:** Children and families

**Year Established:** 2003

**Catalyst:** A group of human service agencies began meeting in the late 1990s to explore common issues and opportunities, and they identified a shared interest in a) saving operating expenses and b) serving their clients more comprehensively.

**Financing:**

- The project cost approximately \$12 million. Of this amount, \$10 million in donations and in-kind gifts was raised privately through a capital campaign led by a recently retired Bank of America chairman, the participating agencies, and other community leaders.
- The land for the building is leased from the City of Charlotte for a period of 50 years.
- A lot of the equipment and services they needed were donated, and the builders provided discounts.
- The nonprofit tenants currently occupy approximately 83% of the 100,000-square-foot building; the remainder of the building is financed and used by market-rate tenants.

**Structure, Staffing, and Governance:**

- The CFSC is a separate 501(c)(3) governed by a Board of Directors made up of representatives from each of the participating agencies as well as at-large community leaders. The Executive Directors of the participating agencies liaison to the Board through their board representatives as well as through the Executive Directors' Council.
- In total, the agencies employ about 400 people. The Center itself has 13 employees.

**Current Colocated Agencies:**

1. A Child's Place (services for homeless children)
2. Care Ring (health programs and services)
3. Communities in Schools of Charlotte-Mecklenburg, Inc. (supportive services for students and their families)
4. Community Link (affordable housing)

5. Council for Children's Rights (advocacy and legal services for children and their families)
6. NC MedAssist (nonprofit pharmacy)
7. Regional AIDS Interfaith Network (support for those infected with HIV/AIDS)
8. Safe Alliance (domestic and sexual violence services and child abuse services)
9. Smart Start of Mecklenburg County (family support, health, and early care and education for children ages 0-5)

**Physical Space:**

- The building has 5 floors and approximately 100,000 square feet of space. It is located near the Charlotte Transit Center and bus routes.
- There is a reception desk in the lobby of the building where clients must sign in; they are then directed to the appropriate agency's office. If the client is unsure which agency to go to, the security person will try to assist them.

**Shared Space/Services:**

- Reception/security
- Maintenance
- Meeting space
- Technology infrastructure and support (including a shared network and on-site IT helpdesk)
- Financial services (optional)
- Human resources (optional)

**Benefits:**

- Cost savings and more stable leasing/occupancy arrangements
  - The colocated agencies save money on rent, technology, furniture and various consumables. These savings get redirected to services for families.
- Increased communication and collaboration
  - The synergy created among the colocated agencies has allowed for creative problem solving for individual clients.
  - Example: A local apartment complex was about to get knocked down and the tenants were going to be displaced right before Christmas. Several of the agencies in the Center worked together to convince the landlord to wait until after Christmas, and helped the families relocate in the meantime.
- Convenience for clients
  - Clients can access multiple services in one location, reducing the number of trips they have to make.
  - Convenient location near current and potential clients, public transportation, health services, court systems, etc.

- Community hub
  - The Center has become the hub of planning for all community efforts related to children and families.
  - The Center hosts many community meetings.

**Challenges & Limitations:**

- Limited service coordination
  - The agencies make referrals to one another now, but “it’s not as intentional as we’d like it to be.”
  - The Center is currently working on developing a standardized client referral process. They will be training all staff members on what each agency does. They are planning on developing some common questions that can be asked on each agency’s intake form to help with referrals.
  - After that, they will move toward a shared intake form and eventually a shared client data system. It will take several years to get there.
- The Executive Director said one of the biggest challenges is making sure that staff from all the colocated agencies understand “the purpose of the building” and think in terms of the greater good of the Center, rather than of their individual agencies.
- A couple of the founding agencies have left:
  - One agency wanted its own building and its own identity separate from the Center.
  - One agency served youth in crisis and needed a space where they could provide overnight shelter.
- It doesn’t sound like the set-up of the building is particularly conducive to serving walk-in clients. The security person at the front desk in the lobby ends up having to decide which agency to direct walk-in clients to.

**Advice:**

- Be very intentional about the agencies that you invite to participate.
- Develop strong relationships with funders, government officials, etc.; get them involved, get their buy-in and support.

## **APPENDIX H**

### **Case Study 4: Together Center**

**Name:** Together Center

**Location:** Redmond, WA

**Lead Agency:** Together Center

**Target Population/Issue Area:** N/A

**Year Established:** 1990

**Catalyst:** A longtime CEO at one of the founding agencies championed the idea of colocation. A group of about a dozen agencies met over several years to discuss if and how a central hub for nonprofits might be formed.

#### **Financing:**

- The founding agencies purchased a failing three-building strip mall for \$1.6 million.
- The City of Bellevue, the City of Redmond, and King County made initial financial gifts.
- The four founding agencies loaned \$315,000 for closing costs and guaranteed the loan for the first 10 years.
- In 1995, the Center received \$348,250 from the State of Washington capital budget to reduce its mortgage, enabling the Center to repay its founding agencies with interest.

#### **Structure, Staffing, and Governance:**

- Originally, the Board of Directors consisted of representatives from each agency, but now it has a more traditional Board structure with members representing different sectors of the community.
- There is a Together Center Association, which has representatives from each agency and meets monthly to discuss issues and opportunities for collaboration.
- The Center itself has three staff members. Other services are provided by part-time vendors.

#### **Current Colocated Agencies:**

1. A Regional Coalition for Housing (affordable housing)
2. Brain Injury Alliance of Washington (education, assistance, and advocacy for those affected by brain injury)
3. Child Care Resources (child care)
4. Cultural Navigator Program (cultural services)
5. Friends of Youth (shelter, housing, and substance abuse counseling for youth)

6. Homeless Youth Services – Outreach (services for homeless youth)
7. HealthPoint Dental and Medical Clinics (affordable medical and dental services)
8. India Association of Western WA (services for Indo-Americans)
9. Lake Washington School District Transition Academy (program for young adults with developmental disabilities)
10. Leadership Eastside (leadership development)
11. Learning Disabilities Association of Washington (services for individuals with disabilities and their families)
12. Lifespan (support for families of individuals with disabilities)
13. National Alliance on Mental Illness Eastside (serves people affected by acute and chronic mental illness)
14. Nourishing Networks Central (backbone organization for local nourishing networks)
15. Public Health Seattle and King County-Access and Outreach (links clients to food, health, and other benefits)
16. Sound Mental Health (services for people with mental health and chemical dependency issues)
17. The Landing (shelter for young adults)
18. Washington Autism Alliance & Advocacy (supports for children living with Autism Spectrum Disorder and their families)
19. Youth Housing Connection (services for homeless youth)

**Physical Space:**

- Three-building campus (formerly a strip mall)
- One of the buildings has a large lobby area with public phones and full-time information and referral staff. “Cultural navigators,” advocates for homeless veterans, public health workers, and other providers staff the lobby on a part-time basis.

**Shared Space/Services:**

- Conference rooms
- Kitchens
- Parking
- Copiers
- TV, DVD player, LCD projector, screen, and conferencing phone

**Benefits:**

- Improved access to and quality of services for clients
  - 19 agencies in a single location → “one-stop shopping” for clients with multiple service needs
  - Easy access to information and referrals
  - Better referrals because providers are more familiar with one another’s services

- More cohesive service delivery, which is particularly beneficial for clients facing crises; “it’s comforting to know that the agencies helping you are talking to one another.”
- Even though the colocated agencies haven’t pursued more intensive forms of coordination (e.g., shared intake, shared client data), their shared focus on the Center’s “front door” has been beneficial.
- Improved interagency communication
- Opportunities for interagency collaboration and nonprofit capacity-building
- Increased visibility for colocated agencies
- More clout when applying for grants
  - Funders like to see collaboration and colocation.
- Hub for nonprofit activity
  - Other nonprofits in the community can hold meetings in the Center’s conference rooms and can participate in the Center’s activities.
- Low-cost rent
  - The lease rate savings are 20–40% lower than the market rate for comparable spaces.
  - Last year, the agencies saved over \$250,000 in lease payments.

### **Challenges & Limitations:**

- No tangible incentive/mandate for agencies to collaborate or coordinate services
  - Integrating services (e.g., having a shared intake form, sharing client data) might have been part of the original vision, but the agencies backed away from it.
  - The CEO thinks this was probably a missed opportunity because it’s much more difficult to implement something like that now. She thinks that the leases should have included some clauses about service coordination.
  - The CEO tries to foster interest in collaboration among the colocated agencies, but it’s challenging.
  - The agencies vary in size and therefore capacity to collaborate. She thought the larger agencies would take the lead on things like shared back-office services, but that hasn’t been the case. In fact, smaller agencies have more of an incentive to share services.
  - Once or twice, the CEO has succeeded in getting an Executive Director really interested in collaboration, but then he/she left for another position.
  - Certain funding streams also pose a barrier to service coordination/integration because of client confidentiality issues.
- Agency turnover
  - One of the Center’s largest agencies ended up occupying about one-third of the property, but then decided to move out. This

caused a lot of instability for the Center until they were able to find new tenants.

- Stigma
  - One agency left the Center because its staff were finding that their clients didn't want to come to the Center (there was a stigma associated with it).

**Advice:**

- Be very clear and concrete about what sort of partnership you want between the colocated agencies. For example, decide up-front if there will be a lead agency, whether or not the agencies will share back-office services, whether staff will be required to attend regular center-wide meetings, etc. Include those details in the leases.

## REFERENCES

- Adams, Paul, and Kristine Nelson. 1997. "Reclaiming Community: An Integrative Approach to Human Services." *Administration in Social Work* 21(3/4):67-81.
- Agranoff, Robert. 1991. "Human Services Integration: Past and Present Challenges in Public Administration." *Public Administration Review* 51(6):533-542.
- 2003. *Leveraging Networks: A Guide for Public Managers Working across Organizations*. Arlington, VA: IBM Endowment for The Business of Government.
- Alexander, Jennifer. 2000. "Adaptive Strategies of Nonprofit Human Service Organizations in an Era of Devolution and New Public Management." *Nonprofit Management & Leadership* 10(3):287-303.
- Alter, Catherine. 1990. "An Exploratory Study of Conflict and Coordination in Interorganizational Service Delivery Systems." *Academy of Management Journal* 33(3):478-502.
- Alter, Catherine, and Jerald Hage. 1993. *Organizations Working Together*. Newbury Park, CA: Sage Publications.
- Auspos, Patricia. 2012. *Developing and Using Data and Evidence to Improve Place-Based Work: Proceedings from a Meeting Convened by the Aspen Institute Roundtable on Community Change with Support from the Annie E. Casey Foundation*. New York: The Aspen Institute Roundtable on Community Change.
- Austin, James E. 2000. "Strategic Collaboration Between Nonprofits and Business." *Nonprofit and Voluntary Sector Quarterly* 29(1):69-97.
- Bardach, Eugene. 1998. *Getting Agencies to Work Together: The Practice and Theory of Managerial Craftsmanship*. Washington, DC: Brookings Institution Press.
- Bradbury, Sarah, Katie Edwards, Genevieve Laca, and Angela Maher. 2011. *Building Co-Location: A Report Prepared for Marion County Coalition on Youth and the Early Intervention and Prevention Initiative*. Indianapolis, IN: Indiana University-Purdue University, School of Public and Environmental Affairs.
- Brown, Prudence. 1996. "Comprehensive Neighborhood-Based Initiatives." *Cityscape* 2(2):161-176.

- Bunger, Alicia C. 2010. "Defining Service Coordination: A Social Work Perspective." *Journal of Social Service Research* 36(5):385-401.
- Butz, Steve. 2014. "Why Integrated Service Delivery is the New Black." *Social Solutions Blog*, January 28. <http://www.socialsolutions.com/blog/why-integrated-service-delivery-is-the-new-black/>.
- Butzen, Jean. 2012. "Expand Your Nonprofit's Mission Through Co-Location." *Stanford Social Innovation Review Blog*, January 11. [http://www.ssireview.org/blog/entry/expand\\_your\\_nonprofits\\_mission\\_through\\_co\\_location](http://www.ssireview.org/blog/entry/expand_your_nonprofits_mission_through_co_location).
- Chaskin, Robert J., Mark L. Joseph, and Selma Chipenda-Dansokho. 1997. "Implementing Comprehensive Community Development: Possibilities and Limitations." *Social Work* 42(5):435-444.
- Chen, Bin, and Elizabeth A. Graddy. 2010. "The Effectiveness of Nonprofit Lead-Organization Networks for Social Service Delivery." *Nonprofit Management & Leadership* 20(4):405-422.
- City of Somerville. 2014. "City to Launch Comprehensive Affordable Housing Program." October 15. Accessed March 1, 2015. <http://www.somervillema.gov/news/city-launch-affordable-housing-program>.
- Connor, Joseph A., Stephanie Kadel-Taras, and Diane Vinokur-Kaplan. 1999. "The Role of Nonprofit Management Support Organizations in Sustaining Community Collaborations." *Nonprofit Management & Leadership* 10(2):127-136.
- Cross, Jennifer Eileen, Ellyn Dickmann, Rebecca Newman-Gonchar, and Jesse Michael Fagan. 2009. "Using Mixed-Method Design and Network Analysis to Measure Development of Interagency Collaboration." *American Journal of Evaluation* 30(3):310-329.
- Culhane, Dennis, John Fantuzzo, Heather L. Rouse, Vicky Tam, and Jonathan Lukens. 2010. "Connecting the Dots: The Promise of Integrated Data Systems for Policy Analysis and Systems Reform." *Intelligence for Social Policy* 1(3):1-22.
- Daka-Mulwanda, Vai, Kathy R. Thornburg, Laura Filbert, and Tanna Klein. 1995. "Collaboration of Services for Children and Families: A Synthesis of Recent Research and Recommendations." *Family Relations* 44(2):219-223.

- Eagan, Peggy. 2012. "How Sharing Services Can Help You Do More With Less." Community Action Program Legal Services (CAPLAW) Webinar, May 2012. Accessed April 16, 2015.  
[http://www.capl原因.org/conferencesandtrainings/webinardocuments/2012/CAPLAW\\_SharedServices\\_May2012.pdf](http://www.capl原因.org/conferencesandtrainings/webinardocuments/2012/CAPLAW_SharedServices_May2012.pdf).
- Ezell, Mark, and Rino J. Patti. 1990. "State Human Service Agencies: Structure and Organization." *Social Service Review* 64(1):22-45.
- Fitch, Dale. 2009. "A Shared Point of Access to Facilitate Interagency Collaboration." *Administration in Social Work* 33(2):186-201.
- Foster, Mary K., and Agnes G. Meinhard. 2002. "A Regression Model Explaining Predisposition to Collaborate." *Nonprofit and Voluntary Sector Quarterly* 31(4): 549-64.
- Graddy, Elizabeth A., and Bin Chen. 2006. "Influences on the Size and Scope of Networks for Social Service Delivery." *Journal of Public Administration Research and Theory* 16:533-552.
- Grubb, W. Norton, and Lorraine M. McDonnell. 1996. "Combatting Program Fragmentation: Local Systems of Vocational Education and Job Training." *Journal of Policy Analysis and Management* 15(2):252-270.
- Hagebak, Beaumont R. 1979. "Local Human Service Delivery: The Integration Imperative." *Public Administration Review* 39(6):575-582.
- Halpern, Robert. 1991. "Supportive Services for Families in Poverty: Dilemmas of Reform." *Social Service Review* 65(3):343-364.
- Hambrick, Ralph S., Jr., and Debra J. Rog. 2000. "The Pursuit of Coordination: The Organizational Dimension in the Response to Homelessness." *Policy Studies Journal* 28(2):353-364.
- Hanleybrown, Fay, John Kania, and Mark Kramer. 2012. "Channeling Change: Making Collective Impact Work." *Stanford Social Innovation Review Blog*, January 26.  
[http://www.ssireview.org/blog/entry/channeling\\_change\\_making\\_collective\\_impact\\_work](http://www.ssireview.org/blog/entry/channeling_change_making_collective_impact_work).
- Hassett, Seth, and Michael J. Austin. 1997. "Service Integration: Something Old and Something New." *Administration in Social Work* 21(3/4):9-29.
- Inkelas, Moira, and Patricia Bowie. 2014. "The Magnolia Community Initiative: The Importance of Measurement in Improving Community Well-Being." *Community Investments* 26(1):18-24.

- Jolin, Michele, Paul Schmitz, and Willa Seldon. 2012. *Needle-Moving Community Collaboratives: A Promising Approach to Addressing America's Biggest Challenges*. Boston, MA: The Bridgespan Group.
- Kagan, Sharon L. 1991. *United We Stand: Collaboration for Child Care and Early Education Services*. New York: Teachers College Press.
- Kania, John, and Mark Kramer. 2011. "Collective Impact." *Stanford Social Innovation Review* 9(1):36-41.
- Kubisch, Anne C., Patricia Auspos, Prudence Brown, and Thomas Dewar. 2010. "Community Change Initiatives from 1990-2010: Accomplishments and Implications for Future Work." *Community Investments* 22(1):8-12.
- Levine, Jeremy R. 2013. "Organizational Parochialism: 'Placing' Interorganizational Network Ties." *City & Community* 12(4):309-334.
- Lynch-Cerullo, Kristen, and Kate Cooney. 2011. "Moving from Outputs to Outcomes: A Review of the Evolution of Performance Measurement in the Human Service Nonprofit Sector" *Administration in Social Work* 35(4):364-388.
- Martin, Patricia Yancey, Richard Chackerian, Allen W. Imershein, and Michael L. Frumkin. 1983. "The Concept of 'Integrated' Services Reconsidered." *Social Science Quarterly* 64(4):747-763.
- Martinson, Karin. 1999. *Literature Review on Service Coordination and Integration in the Welfare and Workforce Development Systems*. Washington, DC: Urban Institute.
- MassINC. 2015. "About the Gateway Cities." Accessed March 23. <http://www.massinc.org/Programs/Gateway-Cities/About-the-Gateway-Cities.aspx>.
- Metropolitan Area Planning Council (MAPC). 2014. *The Dimensions of Displacement: Baseline Data for Managing Neighborhood Change in Somerville's Green Line Corridor*. Boston, MA: Metropolitan Area Planning Council.
- Meyers, Marcia K. 1993. "Organizational Factors in the Integration of Services for Children." *Social Service Review* 67(4):547-575.
- Milne, Ruth J., and Duncan Neuhauser. 2003. "How Many Nonprofit Organizations Are in East Cleveland? Why Is this Simple Question Hard to Answer?" *Nonprofit Management & Leadership* 13(3):291-300.

- Minicucci, Catherine. 1997. "Assessing a Family-Centered Neighborhood Service Agency: The Del Paso Heights Model." *Administration in Social Work* 21(3/4):127-143.
- Morrissey, Joseph P., Matthew C. Johnsen, and Michael O. Calloway. 1997. "Evaluating Performance and Change in Mental Health Systems Serving Children and Youth: An Interorganizational Network Approach." *Journal of Mental Health Administration* 24(1):4-22.
- Mt. Auburn Associates. 2011. *Measuring Collaboration: The Benefits and Impacts of Nonprofit Centers*. San Francisco, CA: The Nonprofit Centers Network.
- Mulroy, Elizabeth A. 1997. "Building a Neighborhood Network: Interorganizational Collaboration to Prevent Child Abuse and Neglect." *Social Work* 42(3):255-264.
- Nylen, Ulrica. 2007. "Interagency Collaboration in Human Services: Impact of Formalization and Intensity on Effectiveness." *Public Administration* 85(1):143-166.
- O'Looney, John. 1993. "Beyond Privatization and Service Integration: Organizational Models for Service Delivery." *Social Service Review* 67(4):501-534.
- Ostrander, Susan. 2013. *Citizenship and Governance in a Changing City: Somerville, MA*. Philadelphia: Temple University Press.
- Packard, Thomas, Rino Patti, Donna Daly, and Jennifer Tucker-Tatlow. 2013. "Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties." *Administration in Social Work* 37(4):356-371.
- Petersen, Dana M. 2002. "The Potential of Social Capital Measures in the Evaluation of Comprehensive Community-Based Health Initiatives." *American Journal of Evaluation* 23(1):55-64.
- Peterson, Nancy L. 1991. "Interagency Collaboration Under Part H: The Key to Comprehensive, Multidisciplinary, Coordinated Infant/Toddler Intervention Services." *Journal of Early Intervention* 15(1):89-105.
- Pindus, Nancy, Robin Koralek, Karin Martinson, and John Trutko. 2000. *Coordination and Integration of Welfare and Workforce Development Systems*. Washington, DC: Urban Institute.

- Provan, Keith G. 1984. "Technology and Interorganizational Activity as Predictors of Client Referrals." *Academy of Management Journal* 27(4):811-829.
- Provan, Keith G., and H. Brinton Milward. 1995. "A Preliminary Theory of Interorganizational Network Effectiveness: A Comparative Study of Four Community Mental Health Systems." *Administrative Science Quarterly* 40(1):1-33.
- Ragan, Mark. 2003. *Building Better Human Service Systems: Integrating Services for Income Support and Related Programs*. Albany, NY: The Nelson A. Rockefeller Institute of Government.
- Rapp, Cynthia A., and Carolyn M. Whitfield. 1999. "Neighborhood-Based Services: Organizational Change and Integration Prospects." *Nonprofit Management & Leadership* 9(3):261-276.
- Romzek, Barbara, Kelly LeRoux, Jocelyn Johnston, Robin J. Kempf, and Jaclyn Schede Piatak. 2014. "Informal Accountability in Multisector Service Delivery Collaborations." *Journal of Public Administration Research and Theory* 24(4):813-842.
- Sandfort, Jodi. 1999. "The Structural Impediments to Human Service Collaboration: Examining Welfare Reform at the Front Lines." *Social Service Review* 73(3):314-339.
- Selden, Sally Coleman, Jessica E. Sowa, and Jodi Sandfort. 2006. "The Impact of Nonprofit Collaboration in Early Child Care and Education on Management and Program Outcomes." *Public Administration Review* 66(3):412-425.
- Snaveley, Keith, and Martin B. Tracy. 2000. "Collaboration Among Rural Nonprofit Organizations." *Nonprofit Management & Leadership* 11(2):145-165.
- Stone, Melissa M. 2000. "Exploring the Effects of Collaborations on Member Organizations: Washington County's Welfare-to-Work Partnership." *Nonprofit and Voluntary Sector Quarterly* 29(1):98-119.
- Thompson, James D. 1967. *Organizations in Action: Social Science Bases of Administrative Theory*. New York: McGraw-Hill.
- Thomson, Ann Marie, and James L. Perry. 2006. "Collaboration Processes: Inside the Black Box." *Public Administration Review* 66(Suppl. 1):20-32.

- Trutko, John. Lawrence Bailis, Burt Barnow, and Stephen French. 1991. *An Assessment of the JTPA Role in State and Local Coordination Activities*. Washington, DC: U.S. Department of Labor, Employment and Training Administration.
- U.S. Census Bureau. 2015. "State & County QuickFacts: Somerville, Massachusetts." Accessed March 1. <http://quickfacts.census.gov/qfd/states/25/2562535.html>.
- U.S. General Accounting Office. 1992. *Integrating Human Services: Linking At-Risk Families with Services More Successful Than System Reform Efforts*. Washington, DC: U.S. General Accounting Office.
- United Way. 2011. *Financial Stability Through Integrated Service Delivery: Highlights from the United Way System*. Alexandria, VA: United Way.
- Vinokur-Kaplan, Diane, and Bowen McBeath. 2014. "Co-located Nonprofit Centers: Tenants' Attraction and Satisfaction." *Nonprofit Management and Leadership* 25(1):77-91.
- von Hoffman, Alexander. 2012. "The Past, Present, and Future of Community Development in the United States." In *Investing in What Works for America's Communities: Essays on People, Place & Purpose*, edited by Nancy O. Andrews and David J. Erickson, 10-54. San Francisco, CA: Federal Reserve Bank of San Francisco and Low Income Investment Fund.
- Voydanoff, Patricia. 1995. "A Family Perspective on Services Integration." *Family Relations* 44(1):63-68.
- Waldfoegel, Jane. 1997. "The New Wave of Service Integration." *Social Service Review* 71(3):463-484.
- Weitzman, Beth C., Tod Mijanovich, Diana Silver, and Charles Brecher. 2009. "Finding the Impact in a Messy Intervention: Using an Integrated Design to Evaluate a Comprehensive Citywide Health Initiative." *American Journal of Evaluation* 30(4):495-514.
- Yip, Judy Y., Robert C. Myrtle, Kathleen H. Wilber, and David N. Grazman. 2002. "The Networks and Resource Exchanges in Community-Based Systems of Care." *Journal of Health and Human Services Administration* 25(1/2):219-259.