

# **Local Government and Community-Based Strategies: Evidence from a National Survey of a Social Problem**

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**Abstract:** In this study I examine the use of community-based shared-leadership strategies. I focus on the role of local government in four aspects of community-based planning and implementation: (1) coordination, (2) the use of partnerships, (3) community-based planning and (4) collaboration in funding. Through a national survey of homelessness efforts in cities over 50,000 population, this study finds that local government involvement in community-based planning and implementation is positively associated with (1) the range of local homelessness efforts, and (2) increased effectiveness and targeting of these efforts. This study also finds that local governments are driving forces for community-based strategies, as are requirements by higher governments and a variety of local events and conditions.

## **Introduction**

In recent years, the notions of shared power and community-based policy making have gained increased currency in local government (Bryson & Crosby, 1992; Chrislip & Larson, 1994; Giles, 1993; Wheeland, 1993; Gates, 1991; Ostrom, 1993). A central tenet of these ideas is that the complexity of many contemporary social problems requires increased cooperation between public and private organizations. This is because public and private organizations sometimes lack necessary resources, know-how, information, or legitimacy to effectively deal with many social problems on their own. Another tenet is that effective cooperation among organizations requires community-based decision making with broad participation and shared leadership. Broad-based decision making is necessary to ensure the commitment of key stakeholders and to create consensus (though not necessarily unanimity) about shared goals and specific strategies. Such consensus-based community action can also help to maximize resources and further implementation. A third tenet, less frequently mentioned, is that local-government involvement in community-based efforts is important. This is because local governments often provide funding, coordination, implementation, and legitimacy for public and private efforts that address community problems (Denhardt, Denhardt, Glaser, & Grubbs, 1994; Etzioni, 1993; Kemmis, 1990; Rohe & Gates, 1985).

This study focuses on the use of community-based planning and implementation and local government's role therein. It reports on an in-depth, national survey of community-based strategies in an area of important local concern, namely, homelessness. Homelessness is an appropriate area for the study

of community-based strategies because (a.) homelessness is the archetype of a complex social problem that requires shared leadership (see below) and (b.) homeless services are traditionally provided by private organizations, hence, providing considerable variation in the nature of local-government involvement.<sup>1</sup> This study fills an important gap in the literature by providing systematic knowledge about community-based planning and implementation, as well as local homelessness efforts. Studies of community-based strategies are often anecdotal and based on case studies (e.g., Everitt, 1992, Giles, 1993, Bryson & Crosby, 1992). Studies of local homelessness efforts are also often anecdotal (e.g., Blau, 1992), descriptive (e.g., Cherry, 1990; Gallagher, 1994), or oriented to serve advocacy purposes (U.S. Conference of Mayors, 1993). Some homelessness studies, however, do involve careful case studies of single locales (e.g., Wolch & Dear, 1993).

The principal reason that homelessness efforts require shared leadership is that services are increasingly complex and provided by a variety of public and private organizations. Homelessness services span a "continuum of care" that goes beyond the provision of emergency shelter care and that includes housing services and building programs, medical and mental health care, social work services, rehabilitation, job placement, job training, income assistance, and case management. These programs must be tailored to the needs of individual clients and families (Bassuk, 1990; Schutt & Garrett, 1992; Inter-agency Council on the Homeless, 1994; ICMA, 1990, 1988). Although private, non-profit organizations provide many services, local governments play important and varied roles. They manage direct services through public agencies such as Departments of Housing, Social Services and Community Development, provide resources for private efforts (e.g., funding and buildings), coordinate funding from higher governments, and take a leadership role in identifying and meeting community homelessness needs through planning, coordinating, and supporting local efforts. Some local governments also actively support the fund-raising efforts of non-profit organizations. We also note that shared leadership enhances the local-government services' effectiveness, for example, by coordinating public services with private efforts.

In this study, I define homeless persons as those who have nighttime residence in either emergency shelters or public or private spaces that are not designed for shelter (e.g., streets, parks, or abandoned buildings). This definition is akin to that used by the U.S. Department of Commerce Census (1990) and other studies. Homelessness increased during the late 1970s and early 1980s, due in part to an increase in the number of low-income persons and a shortfall in single room occupancy (SRO) housing (e.g., Jencks, 1994). Studies in the late 1980s estimated that 476,000 to 600,000 people were homeless during any seven-day period (Burt & Cohen, 1989).<sup>2</sup> The inability of people to obtain or keep housing is caused by a variety of factors, including (a.) divorce, (b.) substance abuse, (c.) lack of affordable housing, (d.) mental illness, (e.) disability, (f.) lack of job skills, (g.) low minimum wage rates, and (h.) spouse abuse (Blau, 1992; Rossi, 1989; Baum & Burnes, 1993; Stone, 1993; Ringheim, 1993). Studies of homeless populations in cities suggest that stereotypes of homeless persons as street people (i.e., bums and bag ladies) with mental and/or substance abuse problems account for a minority of 20-30 percent. By

contrast, in many cities, 25 to 40 percent of homeless persons are single, female-headed families, which typically stay in public and private shelters. Their homeless spells often last 4-8 months, although some families and individuals "cycle" between periods of housing and homelessness. About 30 percent of homeless persons are single adults (of which one-quarter are female), and 5-10 percent are unaccompanied youth. The homeless population is thus diverse and requires a broad and complex range of services.

## **Framework**

In recent years, the phrase "community-based strategy" has been used with a variety of socio-political meanings. Liberals use this phrase to refer to direct, participatory decision making and governance, with broad public participation, such as that found in town meetings and communes. Conservatives also use "community-based strategies," but in referring to the shaping of private, civic values that guide citizens to act within the scope of the law and in support of traditional American values (Fowler, 1991; Magnet, 1993). A third meaning is that of organizations and leaders engaging in "shared pursuits." According to this interpretation, community-based strategies consist of leadership networks that gain in political significance as they are mobilized to deal with problems affecting communities (Etzioni, 1993, 1976; Baldwin, 1990; Logsdon, 1991; Williams, 1985; Bernard, 1973). This study adopts the latter interpretation, which fits well with the experience of homelessness efforts in many localities. Leadership in local homelessness is often provided by public and private officials who are well-known to each other and who often use their collaboration to seek funding and political support for homelessness efforts (Giamo & Grunberg, 1992).<sup>3</sup>

Some theoretical perspectives exist concerning the reasons for using community-based strategies (Wood & Gray, 1991). Resource dependency theory suggests that organizations collaborate to gain access to resources, to improve the efficiency of resources (which microeconomic theory also hypothesizes), and to establish collective rules governing resource use. Social ecology theory and strategic management both suggest that organizations benefit from collaboration by reducing uncertainty in their environment. Institutionalism states that organizations collaborate to achieve legitimacy and to establish shared understanding of common threats. Some of these outcomes are reflected in practical experiences. At the local level, community-based strategies are said to provide members with such benefits as improved policy advocacy, grantsmanship, increased coordination of resources and know-how, and effective counter-measures against opponents (Coleman, 1989; Roberts & Bradley, 1991). At the individual level, it is said that broad-based strategies work because people do not resist their own ideas and because they find support, reinforcement, and identity from like-minded individuals (Gardner, 1991).

Leadership tasks in community-based planning and implementation reflect these outcomes and include interpersonal, group building, and ethical roles, as well as policy-oriented activities (e.g., Bryson & Crosby, 1992). Local governments, as well as other organizations, are responsible for undertaking these tasks. Based on previously cited studies, the main policy-oriented activities

are: (a.) creating and communicating shared meaning and the purpose of co-operation (i.e., consensus building regarding goals and objectives), (b.) coordinating the activities of different organizations, (c.) ensuring adequate resources for goal achievement (through commitments of participating organizations as well as those outside the "community"), and (d.) establishing partnerships for the co-production of services where partnership is deemed an appropriate strategy. This study provides an empirical examination of these policy-oriented activities. I discuss these activities, as relevant to homelessness and the role of local governments, as follows.

### **Community-Based Planning**

An important leadership task in community-based networks is to create consensus about the importance of problems and to reach agreement about the goals, objectives, and specific strategies in response to these problems. For this purpose, communities are increasingly using collaborative, public-private planning processes. Typically, such planning occurs through working groups and steering committees that meet over several months. Community-based planning involves extensive deliberation and consultation of a wide range of community leaders and typically results in agreement about objectives and specific strategies to guide future efforts (e.g., Bryson & Crosby, 1992; Chrislip & Larson, 1994; Kemp, 1992; Michigan Department of Commerce, 1990). Although community-based planning need not include all stakeholders, doing so may reduce future political opposition by achieving consensus and co-opting opponents. In homelessness, local governments are sometimes key actors in broad-based planning, because (a.) they support private organizations, (b.) they often have information about community needs, and (c.) they are responsible for formulating local Comprehensive Homelessness Assistance Plans (CHAPs), which are prerequisites for receiving federal funds under the McKinney Homelessness Assistance Act. CHAPs are designed to force applicants to examine local needs in relation to resources and to use the input of local private organizations for developing clear and feasible actions. Although many CHAPs fail in this regard (ICMA, 1990), local governments often support and sometimes lead community-based planning activities for local homelessness efforts.

### **Coordination**

We generally hypothesize that service coordination increases efficiency and effectiveness through specialization, information sharing, increased referrals, and elimination of overlapping or duplicating services. Local services are often fragmented and uncoordinated (Elbe, 1990; Zudak, 1992), and in many cities homelessness organizations form coalitions to achieve these outcomes of increased coordination. The coordination activities of these coalitions include maintaining databases of service providers and service activities and providing referrals to specialized services. Coalitions also provide forums for policy advocacy and help cities to meet CHAP requirements for community-based involvement. Coordination includes relations between not only private providers but also between city and non-city services, among various city ser-

vices, and between cities and higher level governments. Coordination with the latter often involves matters of funding and occurs through inter-governmental working groups.

### **Collaboration in Funding**

Implementing community-based strategies requires careful attention to the problems of obtaining resources and allocating them among competing aims. First, public-private collaboration frequently increases funding for homelessness efforts. The principal sources of homelessness funding are locally generated revenues, state grants, McKinney Homelessness Assistance Act funds, Community Development and Social Services Block Grants (CDBG/SSBG), and private organization funds (U.S. Conference of Mayors, 1993). Local governments play a key role in seeking federal and state funds, which often require community involvement as a funding criterion. Second, local governments also allocate resources, sometimes through coalitions for the homeless. Some cities use community-based policy boards that guide these funding decisions. These decisions include both financial and nonfinancial support to private organizations dealing with homelessness. Cities also contract out to private organizations to fulfill some homelessness services, such as transitional housing and long-term care.

### **Use of Partnerships**

In addition to coordination, many community-based strategies make use of partnerships. This is because organizations sometimes lack capabilities for certain services. By banding together, organizations can increase their skills and resource base. Not surprisingly, partnerships often involve the public sector, which contributes funding to these efforts. In homelessness, partnerships are commonly used for job training, health and mental health programs, and affordable housing. For example, affordable housing projects frequently involve public-private partnerships among public-funding agencies, local zoning boards, private developers, and social service agencies that deal with low income and homeless persons. Partnerships vary in their degree of formalization and duration. Whereas some partnerships are incorporated, others are based on "loose" agreements and are created for a limited period.

Finally, this study also examines driving forces for community-based strategies. It hypothesizes that community-based strategies for homelessness are more likely to be used when a range of private and public actors share broad concerns about homelessness. I also hypothesize that such concerns are likely to occur in the presence of critical events and circumstances in local communities. Specifically, the literature mentions overload of emergency shelters, increased panhandling, and cuts in federal assistance programs as factors that raise local concern with homelessness. In addition, we can hypothesize that widespread poverty and low income increases concern with homelessness. Heightened federal involvement, implemented through increases in McKinney Act funding, may also prompt local governments to increase community-based homelessness initiatives. I discuss these driving forces in further detail below.

## Methods

During the summer of 1994, we administered a national survey of local homelessness efforts among officials in all 502 cities over 50,000 population. (For more details, see Appendix.) In each city, telephone interviews with city managers and chief administrative officers (CAO) identified the most senior officials responsible for homelessness programs. I pre-tested the survey instrument on a sample of 35 coordinators and officials and also conducted interviews with these target respondents. The survey population consists of city managers and chief administrative officers (39%), mayors (12%), directors of community development agencies (13%), directors of social services (12%), directors of human resources (7%), homelessness coordinators (8%), and other officials (9%). After four mailings and follow-up telephone calls, we received a total of 301 usable responses, for a response rate of 60 (=301/502) percent. To examine the possibility of non-response bias, we compared the above classification of the target population against that of respondents but found no response bias. We also performed analyses for response bias regarding form of government, region, and city size, and again discovered no such bias.

To ensure the validity of the responses, I undertook four strategies. First, we used the above definition of homelessness and found it to be clear and unambiguous among pilot respondents. Second, we asked respondents to indicate their level of familiarity with local homelessness efforts. On a scale of not familiar (0), familiar (1), and very familiar (2), respondents stated that they were familiar (mean=1.5) with local homelessness efforts. Third, we conducted interviews with respondents who indicated that their cities used a relatively large number of shared-power strategies. Through specific examples, these interviewees affirmed the use of such strategies in their cities. Finally, the survey relied on multiple measures for the concepts under study. These measures created multi-variable constructs and triangulated the findings. By avoiding single measure indicators, we increased the validity of our findings.

**Table 1**  
**Correlations Among the Four Measures of**  
**Community-Based Strategy**

<i>Pearson Correlation Coefficients</i>				
	Partnership	Coordination	Resources	Planning
Partnership	1.000			
Coordination	0.493**	1.000		
Resources	0.402**	0.681**	1.000	
Planning	0.425**	0.602**	0.509**	1.000
Cronbach Alpha = 0.81 <sup>1</sup>				

<sup>1</sup>The number of observations is 301. See text for definitions of these four measures. Values of Cronbach Alpha between 0.7 and 0.8 suggest acceptable levels of measurement reliability. Values greater than 0.8 indicate high levels of reliability.

\*\* = 1 percent significance.

## Results

The multi-variable measure of community-based strategy consists of the four policy-oriented tasks discussed above, namely, planning, partnership, funding, and coordination. Table 1 shows that the measures of these policy-oriented tasks are significantly correlated and that the multi-variable construct has high internal reliability ( $\alpha=0.81$ ). The items that constitute these measures are listed in Note 4.<sup>4</sup> These items are indicative, not exhaustive, of community-based, local-government roles in coordination, funding, partnership, and planning. We find that 65 percent of cities use at least one strategy in each of the four measures and that 19 percent use at least half of the measures listed. This finding is consistent with the literature, which suggests that although many local governments have little involvement in homelessness, some cities have more extensive efforts than others (ICMA, 1988).

Table 2 further examines this multi-variable measure of community-based planning and implementation. We find that large cities and cities with a mayor-council form of government adopt more community-based strategies than smaller cities and cities with a council-manager form of government. In addition, cities in the West tend to use fewer partnership strategies. The greater use of community-based strategies in mayor-council cities may suggest greater responsiveness to citizen needs. The greater use of community-based strategies in large cities probably reflects bigger staffs and larger numbers of homeless persons. The relative lack of homelessness strategies in the West may be caused by recent budgetary shortfalls (e.g., cities in California), which limit the ability or willingness of local governments to be partners in community-based homelessness efforts. Another explanation, suggested by a reviewer, is that sagebrush rebellion attitudes in the West toward the individual and government limit public-sector involvement in homelessness efforts.

Analysis of qualitative survey responses provides further examples of the role of local government in connection with these four measures of community-based strategies. Although many local governments rely on private, non-profit organizations to fulfill their homelessness needs, communities often use coordination among private organizations and local governments. Indeed, many respondents reported the use of coordination, which is found to be "absolutely essential" for keeping public and private organizations informed about "what is going on in the community" and for targeting resources to community needs. Alexandria, VA, also uses coordination in case management, to provide clients with integrated services from different organizations for such problems as substance abuse, employment education, and spouse abuse. Case management helps service providers to target resources to those clients who are more likely to break the cycle of homelessness. Coordination also leads to the formation of coalitions for the homeless which provide coordination as well as efforts to develop community awareness and legislative advocacy (e.g., Lakeland Coalition for the Homeless, 1994; Nashville Coalition for the Homeless, 1994). In some cities, local governments support coalitions through grants. Local-government participation in the coalitions enables it to better coordinate agency services with those of private organizations and to ensure that private efforts are informed of changes in eligibility requirements, public programs, and so on.

**Table 2**  
**Community-Based Homelessness Strategies by City Size, Region, Form of Government, and Frost Belt**

Characteristics	Population	Sample	Partnership	Coordination	Resources	Planning	All
Size:							
Over 500,000	24	17	7.9**	9.5**	9.0**	7.1*	8.4**
250,000-500,000	36	25	6.4	7.6'	7.7*	6.4*	7.1*
100,000-250,000	127	78	5.8	7.2*	7.1*	5.7	6.4*
50,000-100,000	315	181	4.8**	5.6**	5.6**	4.6**	5.2**
Region:							
North East	88	46	5.8	6.9	6.7	5.5	6.3
North Central	119	73	6.0	6.4	6.4	5.0	5.9
South	131	87	5.5	6.5	6.0	5.5	5.9
West	164	95	4.8*	6.3	6.6'	4.7	5.7
Government:							
Mayor-Council	182	101	6.4**	7.6**	7.3**	5.7**	6.8**
Council Manager	311	193	5.0**	6.0**	6.0**	4.9*	5.5**
Commission	5	4	5.8	5.5	5.0	3.0'	4.8
Other	4	3	3.3	4.0	4.0	5.3	4.2
Climate:							
Frostbelt	161	104	6.1'	6.7	6.7	5.3	6.2
Sunbelt	341	197	5.1'	6.4	6.2	5.1	5.8
Total	502	301	5.4	6.5	6.4	5.2	5.9

*Note:* The data in the five columns on the right are index numbers regarding the measures of community-based strategies. The index scores are scaled 0 (low) to 10 (high); hence, a 10 implies that all the strategies that constitute the measure are used, as identified in Note 3 (see Notes section); a 5 indicates that half of the strategies are used. The t-tests compare the mean of each subgroup against the mean of the remaining observations.

\*\* 1 percent significance (compared with group mean, t-test).

\* 5 percent significance (compared with group mean, t-test).

' 10 percent significance (compared with group mean, t-test).

This study also finds evidence that local governments assist private organizations in obtaining funding from state governments. For example, some states have homelessness prevention programs to assist the terminally ill, such as those with AIDS or cancer, or families with low incomes (e.g., New Jersey Department of Community Affairs, 1992; Johnson & Hambrick, 1993). Typically, these programs provide emergency assistance for three to six months through city services. Interviews with city officials in Trenton, NJ, show that municipal officials work closely with private agencies because though clients frequently come to the latter for aid, only local governments can distribute these funds.

Cities also use community-based planning. For example, Norwalk, CT conducts "needs assessment" every four years, which draws on input from a wide range of organizations. This community-based strategic planning effort assesses past accomplishments and targets resources to areas of emerging need. The literature also suggests that consensus-based planning can lead to conflict: for example, it may expand the objectives of individual organizations, causing turf battles between them. This occurred in Cambridge, MA, where agencies competed for the lead role in coordination (Cambridge, 1990). Although most interviewees commented on the lack of funds for homelessness, many cities do provide resources to homelessness organizations through CDBG funding. In Pensacola, FL, these funds are leveraged through the fund-raising activities of the Pensacola Coalition for the Homeless. This coalition organizes a Great American Cookout at which donors buy a plate of food for the homeless. The survey results also frequently mention partnerships. Gary, IN, established a Commission for Urban Affairs, composed of representatives of community organizations, to oversee its homelessness programs. In this manner, private organizations help shape the objectives of public organizations. As a result of this partnership, the Department of Health and Human Services now operates a shelter for domestic violence in which victims and families can stay for up to 15 months and receive job training. The length of stay is longer than in private shelters, and the shelter also contributes its resources to the efforts of private organizations.

Table 3 shows the range of homelessness programs available in municipalities and their association with community-based strategies. The grouped results are based on 35 survey items.<sup>5</sup> On average, cities use 23 of these programs. Emergency health care services are most frequently used, about twice as often as employment and affordable housing programs. As shown, the number of programs is positively associated with the use of community-based strategies ( $p \leq 0.01$ ). *Hence local-government involvement in community-based strategies is associated with increases in the range of programs available for dealing with homelessness.* These results are robust when controlled for city size.<sup>6</sup> They are also consistent with the above hypothesis of specialization, which suggests that coordination increases the range of programs: many respondents also noted that coordination allowed private shelters to specialize. Although cities have a broad range of programs for homelessness, though this does not imply that these programs are effective or adequate for addressing local needs. This point is discussed below.

**Table 3**  
**Association of Homelessness Programs and**  
**Community-Based Strategies**

<i>Programs</i>	<i>Availability<sup>1</sup></i>	<i>Association with Community-Based Strategies<sup>2</sup></i>
Emergency Health Care	77%	.305**
Legal Aid	76	.370**
Job Skills Training	73	.381**
Soup Kitchens and Emergency Shelters	70	.285**
Long-Term Health Care	67	.458**
Supplemental Income Assistance	59	.418**
Affordable Housing	59	.459**
Employment Placement	41	.401**

<sup>1</sup>Mean use of items listed in Note 5 (see Notes section).

<sup>2</sup>Reported measures are Stewart tau-C's values. See also Note 6 (see Notes section) regarding size as a control variable.

\*\* 1 percent significance.

\* 5 percent significance.

In Table 4 we report the driving forces of community-based strategies. Among private sectors, religious organizations are rated as the most important driving forces. In many cities, religious organizations have long-standing commitments to providing emergency relief for homelessness through soup kitchens and short-term shelters; however, interviews suggest that these organizations do not always participate in the activities of community-based planning. This is in part because they focus on emergency services and do not have programs for homelessness prevention and long-term care. It is also because they sometimes restrict their long-term programs to particular groups. Although religious organizations sometimes raise awareness for emergency homelessness needs, this activity is not significantly associated with the use of community-based strategies.

Also of interest are the roles of business and homeless persons in spurring community-based strategies. Business groups are often concerned with homelessness when it interferes with commercial activity, as is sometimes the case in central business districts. In these instances, businesses call upon city governments to "clean out the bums." Although such requests are usually acted on through law enforcement, it is widely recognized that law enforcement does not result in permanent solutions (Perlman, 1994). To obtain longer lasting results, cities often seek input from a broad range of organizations, and this sometimes results in community-based planning. Also of importance is the role of homeless persons as a driving force for community-based strategies by increasing public awareness about homelessness. For this purpose, social service agencies sometimes organize homeless persons to draw media attention by staging "sit downs" in commercial areas.

**Table 4**  
**Driving Forces of Homelessness Programs**  
**and Association with Community-Based Strategies**

<i>Driving Forces</i>	<i>Importance (Percent)<sup>1</sup></i>	<i>Association with Community-Based Strategies<sup>2</sup></i>
<i>Actors</i>		
<i>Private Actors</i>		
Religious organizations	77%	.028
Community organizations, n.e.c.	68	.147**
Private citizens as advocates	56	.174**
United Way	53	.098*
Homeless persons	50	.267**
Local business groups	37	.206**
Red Cross	26	.144**
<i>Public Actors</i>		
Director of Community Development or Housing Agency	71	.304**
Federal government	68	.252**
Mayor	50	.322*
County government	50	.200**
State government	50	.205**
City manager	42	.226**
<i>Events and Conditions</i>		
Scarcity of low-income housing	71	.147**
Poverty and low income	70	.138**
Lack of rehabilitative services	63	.209**
Increased domestic violence	62	.154*
Increased use of emergency shelters	61	.256**
Changes in mental health policy	61	.211**
Cuts in federal assistance programs	56	.158**
Low level of minimum wage	54	.205**
Increased panhandling	36	.211**
Rise in unemployment	35	.165**
Overload of the criminal justice system	35	.188**

<sup>1</sup>The percent of respondents is shown who indicate that the stated actor or event is an "important" or "very important" driving force.

<sup>2</sup>Reported measures are Stewart tau-C's values. When controlled for city size, the following changes occur in the level of statistical significance: the significance of local business groups, homeless persons, poverty and low income, and increased panhandling all decrease from 1 to 5 percent; thus, controlling for size does not much affect the significance of the findings.

\*\*1 percent significance.

\* 5 percent significance.

Senior local-government officials, too, are driving forces of homelessness efforts, as evidenced by the roles of agency directors, mayors, and city managers (all  $p \leq 0.01$ ). According to interviews, mayors often become involved in homeless affairs as a consequence of citizen complaints about the presence of homeless persons. Because many programs are run by private organizations and because mayors are often a focal presence in communities, they sometimes initiate community-based planning strategies to resolve homelessness issues. Sometimes, mayors delegate responsibility for dealing with homelessness to city managers. Table 4 shows that city managers are also a significant driving force in efforts to deal with homelessness, although their importance is rated lower than that of other public officials. Interviews suggest that city managers are infrequently involved in homelessness efforts. This is consistent with a recent survey of city managers, in which homelessness is ranked last among eight municipal issues, behind such issues as public works and economic development (ICMA, 1994a). Directors of community development agencies are sometimes driving forces, especially in larger cities. This is because these agencies are often responsible for administering McKinney Act funding. Finally, the role of the federal government is significantly associated with the use of community-based strategies. Community-based, comprehensive planning is a requirement in applying for McKinney Act funding, and many cities report applying for this funding (66%; see Note 4). Interviews also suggest that McKinney Act funding is critical to increases in local homelessness activities, which is consistent with studies of the impact of other federal grants-in-aid programs on local efforts (e.g., Nice & Frederickson, 1995).

Table 4 also shows events and conditions that drive the development of homelessness efforts, all of which are significantly associated with community-based strategies ( $p \leq 0.01$ ). The most important conditions are poverty, low income and the scarcity of low-income housing, which have been cited as causes of homelessness. Also important are the lack of rehabilitative services, changes in mental health policy, cuts in federal assistance, increased domestic violence, and overload of community organizations dealing with homelessness. These events and conditions suggest real or impending crises.

Barriers to local homelessness efforts and their association with community-based planning are shown in Table 5. An important problem in many cities are NIMBY (not in my backyard) attitudes of citizens, which cause opposition to homeless shelters (Wolch & Dean, 1993, pp. 179ff). Although these attitudes are present in the survey (for example, 65 percent report that neighborhood opposition is an important or very important barrier), only a few barriers are significantly associated with the lack of community-based planning. The lack of mayor interest and popular apathy are barriers to community-based planning ( $p \leq 0.05$ ) because mayors are often driving forces (see Table 4) and because the lack of public interest causes a lack of broad support and urgency for dealing with homelessness. The significance of a local-government role in community-based planning is also reflected through the importance of the lack of a homelessness coordinator and city funding as barriers. The lack of a homelessness coordinator in city government is not always easily substituted for by private initiatives because government plays a crucial role in providing planning information and funding.

**Table 5**  
**Barriers of Homelessness Programs and**  
**Association with Community-Based Strategies**

<i>Barriers</i>	<i>Importance (Percent)<sup>1</sup></i>	<i>Association with Community-Based Strategies<sup>2</sup></i>
<i>Political/Social</i>		
Neighborhood opposition	65%	.011
Fear of attracting homeless persons	59	-.034
Popular apathy	48	-.135*
Populace fear of homeless persons	43	-.027
Populace opposed to spending	40	-.078
Population favors law enforcement	38	-.076
Lack of city council interest	33	-.102
Lack of mayor interest	26	-.126*
Lack of city manager interest	22	-.088
Homelessness is declining	12	-.014
<i>Administrative</i>		
Lack of state or federal funding	59	-.041
Lack of city funding	51	-.182**
Lack of a central homelessness coordinator	30	-.110*
Inability to align community organizations	27	-.038
Inadequate public-private cooperation	27	-.081
Inability to coordinate city services	24	-.073
Failure to apply for federal funding	22	-.139*
Failure to comply with CHAP requirements	8	-.080

<sup>1</sup>The percent of respondents are shown who indicate that the stated barrier is "important" or "very important."

<sup>2</sup>Reported measures are Stewart tau-C's values. When controlled for city size, only the following change occurs in the level of statistical significance: the association between the lack of city funding and community-based strategies becomes statistically insignificant. Thus the findings are rather robust when controlled for the effect of city size.

\*\*1 percent significance.

\* 5 percent significance.

Finally, Table 6 shows the association between the outcomes of homelessness programs and the use of community-based strategies.<sup>7</sup> An important result is that, on average, respondents are dissatisfied with the targeting and effectiveness of homelessness activities. They feel that programs neither adequately target homeless persons, nor achieve adequate results among homeless persons who are served by these efforts. This is a stark admission from such senior managers. Interviews suggest that a variety of reasons for

this, especially the lack of adequate funding to respond to the multitude of homelessness needs. Despite widespread dissatisfaction, though, *local-government involvement in community-based planning is positively associated with improved outcomes* on nine of 10 measures: the association with targeting is especially strong. This result is supported by interviews, in which respondents frequently indicated positive results when they engaged in activities of coordination, planning, and partnerships, even when funding for homelessness was unresolved.

**Table 6**  
**Community-Based Strategies and**  
**Outcomes of Homelessness Programs**

<i>Outcomes<sup>1</sup></i>	<i>Rating<sup>2</sup></i>	<i>Association with Community-Based Strategies<sup>3</sup></i>
<i>Targeting</i>		
Vocational training	-0.8	.163**
Job placement	-0.8	.142**
Housing	-0.3	.291**
Health care	-0.1	.267**
Mental health	0.0	.197**
<i>Effectiveness</i>		
Vocational training	0.1	.124*
Job placement	-0.1	.087
Housing	0.3	.110*
Health care	0.9	.240**
Mental health	0.5	.122*

<sup>1</sup>See Note 7 (Notes section) regarding definition.

<sup>2</sup>Scale: 3=strongly agree; 2=Agree; 1=Somewhat Agree; 0=Can't Say; -1=Disagree Somewhat; -2=Disagree; -3=Strongly Disagree.

<sup>3</sup>Reported measures are Stewart tau-C's values. When controlled for city size, only the following change occurs in the level of statistical significance: the association between the effectiveness of mental health services and community-based strategies becomes statistically insignificant. The findings are thus strong when controlled for the effect of city size.

\*\* 1 percent significance.

\* 5 percent significance.

Of particular interest are associations with the sub-measure of community-based planning. Although local governments increasingly use community-based planning, we know little about its efficacy. Controlling for city size, community-based planning is found to be significantly associated with the use of

each of the homelessness programs reported in Table 3 (all  $p < 0.01$ ). This finding is congruent with the fact that community-based planning is significantly associated with the other sub-measures of community-based strategy. Planning is also associated with increased targeting of housing and health care programs (both  $p < 0.01$ ), as well as with targeting of mental health programs and improved effectiveness of housing and health care programs (all  $p < 0.05$ ). These results suggest that community-based planning is an effective strategy for dealing with social problems such as homelessness, although less effective than when used in conjunction with other strategies such as coordination, collaboration in funding, and public-private partnerships.

## Conclusion

This study finds that local-government involvement in community-based planning and implementation strategies is positively associated with the use and effectiveness and targeting of homelessness programs. This involvement is manifested in coordination, funding, planning, and partnerships for homelessness efforts. In the absence of local-government involvement in community-based participation, the outcomes of homelessness efforts are more often inadequate, especially in areas of homelessness prevention and long-term care. Results indicate that both private organizations and public officials are driving forces in the use of community-based strategies. Important barriers to the use of community-based strategies are the lack of funding and public apathy.

A variety of roles for public administrators are suggested by these findings. First, when progress on important social issues is thwarted by vocal minorities demanding a particular point of view (for example, that neighborhood shelters be closed), public administrators contribute to the conflict management by bringing together disparate individuals and organizations. Although sometimes governments do this to postpone or delay further decision making, they can also use it to start planning efforts. Such planning often serves an advisory function to a mayor or city council, which may or may not adopt or amend its recommendations, but it does increase the prospects for effective responses by co-opting opponents and by creating a consensus for implementation. Thus conflict management can be a first step toward community-based planning. Second, when popular interest is absent, which is found to be a significant barrier in this study, public managers may assume a proactive role by bringing disparate private organizations together so that they can better coordinate their activities and raise public awareness. Private organizations often form local coalitions for the homeless, which engage in community-based, strategic planning to address this issue. Often, these coalitions also aim to increase public support for homelessness efforts. This model can probably be expanded to other areas of community concern.

Finally, further studies should address community-based decision making. Studies of citizen participation often focus on citizen input in governmental decision-making processes, rather than on community-based efforts (Scavo, 1993; Jezierski, 1990; Neuse, 1983). Studies of neighborhood organizations fail to acknowledge that many neighborhood problems, such as homelessness,

are increasingly dealt with at the municipal level. Even studies of strategic planning are of limited utility insofar as they emphasize planning objectives rather than planning processes (e.g., Kemp, 1992). Thus we need studies that focus on community-based strategies. Within this area, we need more research on ways that policy outcomes are influenced by implementation structures such as advisory boards, public-private partnerships, and coordination task forces. Further study should also explore the effectiveness of higher governments' mandating community-based planning, as well as the impact of past experience and local capacity for engaging in community-based planning and implementation. Local conditions are likely to influence the effectiveness of community-based strategies for bringing about change, yet we know little about the impact of community-based strategies in different settings. As local governments increasingly use community-based strategies, our lack of systematic research in this area should encourage future studies.

## Notes

<sup>1</sup>Most private organizations that are involved in homelessness services and advocacy are non-profit organizations. This reflects the traditional roles of churches and community organizations in this area. Although the use of for-profit organizations for homelessness is rare, some cities do use for-profit companies in contracting for some health care and housing services for homeless persons. For example, data from an International City and County Management Association (ICMA) study on alternative service delivery show that about 5 percent of city and county shelters are operated by for-profit organizations (ICMA, 1994b, p. 35). Thus this article uses the term "private" to include both non-profit and for-profit organizations.

<sup>2</sup>A considerable controversy exists regarding the number of homeless persons (e.g., Burt, 1992). Studies of point-in-time estimates find between 230,000 (U.S. Department of Commerce Census, 1990) and 350,000 homeless persons on single nights (U.S. Department of Housing and Urban Development (HUD), 1984). These counts exclude persons in welfare hotels. Based on all studies, it is estimated that 1.3 to 2 million persons are homeless during the year (National Academy of Sciences (NAS), 1988), including those who alternate stays in welfare hotels with brief periods of homelessness. A recent estimate is that over a three-year period, 2.2 percent of the New York population uses public shelters (Culhane, 1993). All homeless studies exclude persons who are homeless but staying with friends or relatives. A study in Buffalo, NY, estimates that about 6.7 percent of the general population falls in this category (Toro & McDonell, 1991).

<sup>3</sup>Another reason for choosing the sociological interpretation of community is that the liberal and conservative meanings have less utility for homelessness efforts. This is because most citizens do not deal with the homeless and because civil values are neither omni-present (Aaron, 1994), nor have they inspired adequate responses to homelessness (e.g., President Bush's "thousand points of light"). Another interpretation of community, which I do not deal with here, concerns religious communities.

<sup>4</sup>The survey questions concern the use of the following strategies for homelessness efforts in the four dimensions I discuss in the text. The numbers show the percent of respondents indicating use of the following strategies in their jurisdiction for homelessness. *Partnership*: public-private partnerships for job training (49%); affordable housing (72%); and medical and mental health programs (42%); *Coordination*: coordination of city services (52%), coordination of city and non-city services (61%), coordination through inter-governmental (local, state, federal) working groups (66%), cooperation between private, and public and private organizations (63%); *Resources*: providing municipal financial and nonfinancial resources for homelessness efforts (55%), contracting with local organizations for the provision of homelessness services (68%); applying for McKinney funding (66%), using CDBG and SSBG funds for homeless services (77%); *Planning*: using community-based strategic planning for homelessness (63%), developing Comprehensive Homelessness Assistance Plans (92%), providing annual reports about the city's homeless (19%), identifying unmet homelessness service needs (63%), adopting a homelessness policy (22%). Respectively, the Cronbach alphas of these four measures are 0.81, 0.79, 0.70, and 0.73.

<sup>5</sup>The categories are made up of the following items. The numbers show the percentage of jurisdictions indicating the availability (*not targeting*) of the following efforts for homeless persons. *Emergency Health Care*: the availability of primary health care services and clinics (82%), assessment of medical and mental health needs (78%), drug and alcohol treatment programs (81%), AIDS and HIV-related programs (74%), medical outreach services to homeless persons (72%); *Legal Aid*: the availability of legal aid for homeless persons (76%); *Job Skills Training*: job training assistance (71%), vocational training and GED education (75%); *Soup Kitchens and Emergency Shelters*: the availability of soup kitchens (78%), emergency shelters (night/24 hours: 63%), food vouchers (50%); *Long-Term Health Care*: assisted living programs (55%), medical and mental health rehabilitation (64%), case management (82%), family counseling (76%), long-term treatment programs (66%), long-term mental health counseling (57%); *Supplemental Income Assistance*: subsidy of security payments (51%), short-term rental subsidies to prevent eviction (67%), assistance in obtaining welfare payments (73%), subsidized transportation to and from work (41%), emergency household repairs (63%); *Affordable Housing*: SRO programs (44%), Section 8 housing (89%), long-term housing for families (57%), furniture assistance (44%), housing referral service (62%), short-term hotel/motel placement (53%); *Employment Placement*: job placement programs (68%), on-site work programs (32%), subsidized off-site work programs (25%).

<sup>6</sup>City size is a relevant control variable because larger cities have both more programs and more collaborative efforts. The following data are t-statistics of associations reported in Table 3, controlled for city size: Emergency Health Care: 8.4; Legal Aid: 6.1; Job Skills Training: 9.1; Soup Kitchens and Emergency Shelters: 8.4; Long-Term Health Care: 12.1; Supplemental Income Assistance: 8.4; Affordable Housing: 10.0; Employment Placement: 7.4. These results are all significant at the 1 percent level ( $p \leq 0.01$ ); thus, city size does not explain the results in Table 3.

<sup>7</sup>The items of targeting concern the extent that local vocational training, job

placement, housing, and health and mental health care programs adequately seek out homeless persons who might be helped by these services. For example, "The city's mental health services adequately seek out homeless persons who might be helped by such services." The items regarding effectiveness are the extent to which homeless persons helped by the above programs are provided with adequate job skills, job placement, housing, and medical and mental health. For example, "Among the homeless who are assisted by mental health care services, these services provide the homeless with effective mental health care."

## **Appendix**

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The survey, administered in 1994, was titled: "A National Survey of Homelessness Programs and Policies in Municipalities." This comprehensive survey included more than 300 items concerning the nature of existing homelessness activities, implementation strategies, driving forces and barriers in the development of homelessness efforts, and assessment of existing efforts. The data reported in this article focus on the nature and consequences of implementation strategies. These data are drawn from the following survey questions. For the sake of space, the reader is referred to appropriate tables and footnotes in which the items are listed.

Question 1B: How familiar are you with your city's homelessness programs? (2=very familiar, 1=familiar, 0=not familiar)

Question 2A: Please identify which of the following programs are available in your community, as provided by either government or private organizations. (These programs are stated in Note 5.)

Question 3: Please identify which of the following implementation strategies are used in your city. (These strategies are listed in Note 4.)

Question 4: Please rate the importance of the following driving forces as they affect the development of homelessness programs in your municipality. (Scale: 3=Very Important to 0=Not Important. These items are listed in Table 4.)

Question 5: Please rate the importance of the following barriers as they affect the development of homelessness programs in your municipality. (Scale: 3=Very Important to 0=Not Important. The items are listed in Table 5.)

Question 6A: Please evaluate the following statements concerning the outcomes of your city's homelessness related programs, including both public and private efforts. (3=Strongly Agree to -3=Strongly Disagree. The statements are indicated in Note 7, and the items are listed in Table 6.)

I obtained additional data regarding city size, form of government, and region from the International City and County Management Association (ICMA).

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