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State Government's Response to Homelessness

The Massachusetts Experience, 1983–1990

Nancy K. Kaufman

When Governor Michael S. Dukakis reentered the State House in January 1983, he focused his inaugural address and priorities for his incoming administration on solving the problem of homelessness. This article describes the policy approach taken during his two successive terms as governor from 1983 to 1990, outlines the various steps taken to rally public and private support and resources on preventing the problem and on finding long-term, permanent solutions designed to solve it, and points to some of the lessons learned during these years of experimentation and innovation.

In January 1983, in Massachusetts and throughout the country, thousands of men, women, and children were wandering the streets with no place to go. At the time, as Massachusetts citizens were trying to develop a state program to address this problem, few models existed. In New York, the city had been sued by the National Coalition for the Homeless and was under a court order to provide shelter to all those in need. The court order led to the creation of hundreds of beds in large warehouse-type shelters throughout the city. Beyond that, New York City, like most major urban centers, had no organized response to the growing problem of homelessness. In the absence of any governmental action, religious organizations and grassroots groups were trying valiantly to provide a minimal "safety net," so that people would not freeze to death.

Returning to office in 1983 after a four-year forced leave of absence, Governor Michael Dukakis decided to make solving the problem of homelessness his top social welfare priority. Toward this end, he focused a major portion of his inaugural address on the homelessness issue.

There are some who would say that there is little we can do to help shape our children's future. There are others who would say that our immediate concerns are too pressing, and that we would do well simply to make government work more effectively and more honestly on the problems of our time.

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These are sensible warnings. And our present problems are indeed pressing . . . Thousands of homeless wander our streets without permanent shelter. And we must provide it. Too many of our people — black and white, men and women — in North Adams and Athol and Fall River and South Boston — are living at the margin without hope, without a future! And we must help them — not with handouts, but with jobs and good education and decent housing.¹

The governor assigned responsibility for coordination of this initiative to his newly created Office of Human Resources, under the direction of Philip W. Johnston, a former state representative from Marshfield with a reputation for progressive coalition building. I was hired as deputy director of the office and given primary responsibility for coordinating the governor's homeless initiative with all relevant departments of state government from secretariats as diverse as Elder Affairs, Communities and Development, Economic Affairs, and, of course, Human Services.

The Policy Development Process: Getting Started

The day after this address, the governor convened a meeting in his office of a broad cross section of the people who could work with his new administration to solve the problem of homelessness. To further demonstrate his personal commitment to the issue, he established the Governor's Advisory Committee on the Homeless and appointed his wife, Kitty Dukakis, cochair with a Catholic bishop from central Massachusetts. The governor invited eighty people, representing all sectors of the community, including clergy, advocates, service providers, foundations, businesses, and various professional groups, to serve on this committee. It divided into three working groups to develop policy and program recommendations regarding emergency services, social services, and permanent housing.

In addition to these three working groups, twenty-four local groups (nonprofit organizations and local governments) agreed to serve as "conveners." In that capacity, they brought together a variety of people to define the problem of homelessness at the local level. The governor, Mrs. Dukakis, and other state officials attended the first meetings of these groups. The information gathered through this process helped shape the overall development of policies and programs at the state level.

This broad array of groups and individuals produced a profile of the Massachusetts homeless population. The process demonstrated early on that the problem of homelessness is different in each area of the state. It also pointed to the importance of focusing not only on the emergency nature of the problem, but also on ways to both *prevent* homelessness and to find long-term permanent solutions.

The initial "Profile of the Homeless in Massachusetts"² emerged from the information gathered by the local conveners. This profile, published in June 1983, indicated that there were between 8,000 and 10,000 homeless people living either in shelters or on the streets. The survey also found that 30 to 40 percent had serious substance-abuse problems. At the time, only 25 percent of the total population consisted of families with children; by 1985, that percentage had grown to as high as 75 percent.³

The obvious questions that emerged from these alarming statistics were: What are the causes of homelessness? Can homelessness be prevented and/or solved? The causes are many and, in some cases, represent the failure of some of our major social welfare programs. The solutions are numerous, but they require money and

political leadership to be effective. This article analyzes the causes of homelessness and describes a framework for solving the problem that was developed and implemented in Massachusetts from 1983 through 1990. It also points to some of the lessons learned from the Massachusetts experience.

Diagnosing the Problem: The Causes of Homelessness

Deinstitutionalization

The deinstitutionalization of mentally ill individuals from state hospitals is often blamed for creating the homeless problem. While it is certainly one of the factors that contributed to homelessness, it is not the primary cause, even among mentally ill individuals. Deinstitutionalization is a social policy gone awry. The idea of emptying the back wards of overcrowded mental hospitals was not wrong, but its implementation was not accompanied by sufficient resources to provide the necessary community infrastructure of housing and case management services. Some model programs were developed, but in numbers insufficient to accommodate the thousands of individuals who returned to the community and the thousands more who were left in the community with no access to services because they had never been institutionalized.

Policymakers also erroneously assumed that mentally ill individuals could live independently in the community with the help of medication and without intermittent hospital care. While many people who were hospitalized can live productive lives in the community, many of them still need access to hospital care, and their families need ongoing support in their role as primary providers of health care.

The sheer number of people released into the community was more than the existing services system could manage. There were 24,000 individuals in Massachusetts state hospitals in the mid-1960s; twenty years later there were 2,400. Yet only 2,400 new community residential beds were made available for these individuals, many of whom were presenting themselves as homeless individuals to ill-equipped shelters. The fact that mentally ill individuals were sleeping in shelters and living on the streets should not have come as any great surprise to policymakers, yet, in 1983, many continued to resist acknowledging these facts. The approach of policymakers, as well as the attitudes of professionals, changed greatly in Massachusetts and throughout the country in the years that followed.

Alcoholism and Drug Abuse

A stereotypical image of a homeless person is the skid row alcoholic or "bag lady." While this group of people make up part of the homeless population, they are a minority of those who are in shelters. The problems of these people have grown more complex as they combined with drug abuse and mental illness. Whether alcoholism and drug abuse cause homelessness, or vice versa, the fact is that to be without a home and suffering from alcoholism or drug addiction creates additional stress for the individual and difficult challenges for the service provider. While this population group was more familiar to the large shelters, the use of alcohol and drugs, coupled with serious mental illness, presented new challenges and burdens to the existing shelter and outpatient systems. The simultaneous increase in drug-abusing homeless women with children further taxed an already overburdened care system.

Shortage of Housing

The shortage of affordable housing is probably the most critical cause of homelessness, particularly for families, but also for mentally ill and other disabled individuals. Over the past fifteen years, the federal government has reneged on its historical commitment "to provide a decent and stable environment for every citizen," as established in the National Housing Act of 1949. Under Presidents Gerald Ford and Jimmy Carter, the United States produced over 250,000 new units of low-income housing each year. Under the Reagan administration, that number declined to fewer than 25,000 units per year.

Not only were fewer units of affordable housing being built, but the units that already existed were disappearing. As William Apgar and James Brown pointed out in their 1988 housing study,

The supply of low-cost rental housing continues to shrink. Only one in four renter households with incomes at or below the poverty level lives in public or other subsidized housing. Some 5.4 million poverty-level renter households are left to compete for the dwindling supply of low-cost rental housing available in the private market. The result is further tightening at the low end of the rental housing market, and a growing rental payment burden for low- and moderate-income households.⁴

In addition to the problem of dwindling federal construction, the availability of low-income housing was further eroded by housing abandonments, condominium conversions, HUD property foreclosures, deteriorating public housing stock, gentrification, and rising costs of home ownership.

Lack of Income

Perhaps the most obvious cause of homelessness, as analyzed in 1983, was the lack of sufficient income to allow people to compete in the marketplace for housing, health care, and other basic needs. Thousands of individuals and their children are, and were in 1983, living below the poverty line as established by federal poverty standards. The amount of assistance provided for individuals, under the General Relief program, and for families, under the AFDC program, kept people in poverty. In response to this phenomenon, advocates for the poor in Massachusetts filed a lawsuit against the commonwealth, charging that the state was creating homelessness for families by failing to provide an adequate income for those in need. While acknowledging the "poverty gap," the state responded by investing significant dollars in assisting individuals to "find a route out of poverty," rather than to keep them poor and dependent.

This investment was a substantial one in the years 1983–1990 and took the form of a variety of investments in infrastructure and direct subsidies in the areas of housing, employment, and day care. To this end, over 80,000 women on AFDC left the welfare roles for decent paying jobs, and over 15,000 families were placed in permanent housing.

Other Factors

Domestic violence, family turmoil, and lack of child support are other causes of homelessness, particularly for women and children. These may combine with some or all of the causes already mentioned to create a crisis in one's life resulting in the loss of a place to call home. A woman who is faced with such a crisis and lacks the education and/or skills to become self-sufficient may find herself dependent on government assistance, which may be insufficient to meet her basic needs.

Toward a Solution: A Framework for Action

In Massachusetts, after a thorough analysis of the causes of homelessness and its manifestation at the local level, a bold four-pronged strategy was created for solving the problem. It included prevention, emergency services, supportive services, and permanent housing (see Figure 1).

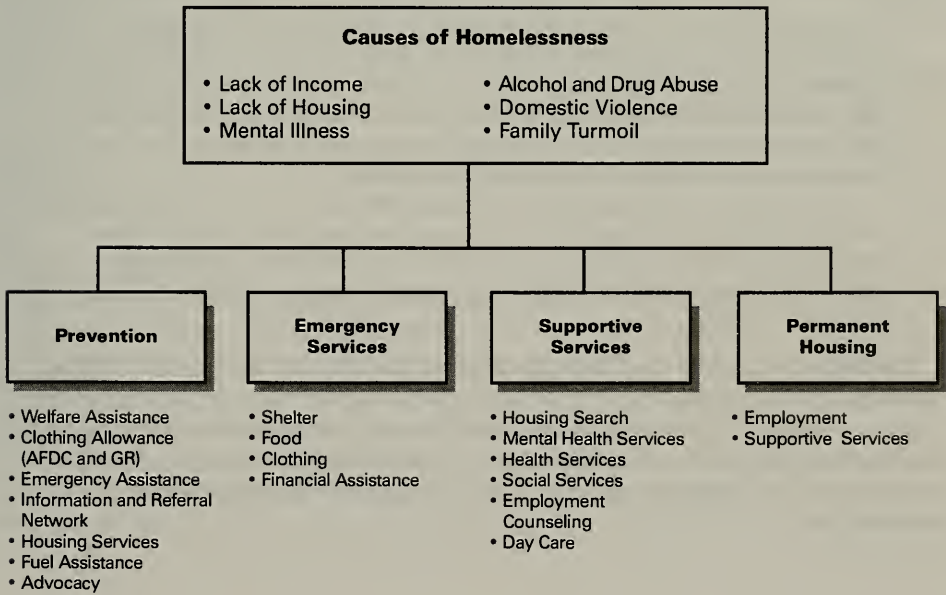
Prevention

The model assumes that, to the extent possible, productive fiscal and human investments to prevent homelessness should occur first and foremost. One of the first steps Massachusetts took toward this goal was the passage of An Act to Prevent Destitution and Homelessness, which became a model piece of legislation for the nation. Known as Chapter 450 of the Acts of 1983, the legislation amended the statutes of various state agencies involved with services to homeless. The agencies affected included Executive Office of Communities and Development (EOCD), Executive Office of Human Services, Department of Social Services (DSS), Department of Mental Health (DMH), and Department of Public Welfare (DPW). Because of the crisis proportions of the problem, the governor included an emergency letter that made the act official the day it was signed, October 27, 1983.

A number of the sections of the act applied to the Emergency Assistance Program at the Department of Public Welfare. The act specified regulatory changes to expand the program's preventive elements, all of which are 50 percent reimbursable by the federal government. Another feature of the bill removed the permanent address restriction from the state-funded General Relief program, thus enabling homeless individuals to receive assistance.

Figure 1

Homelessness: A Continuum of Services



Other innovative prevention programs included:

- The Family Reunification Program, which allowed AFDC single parents to continue to receive full benefits even if a child was removed from home as long as the family reunited within nine months
- The Housing Services Program, which provided funds to nonprofit agencies to work with landlords and tenants through mediation, counseling, and negotiation in order to prevent unnecessary evictions
- The Housing Abandonment Program, which provided funds to bring multi-family properties threatened with abandonment back to stable ownership and tenancy
- The Condominium Conversion Act, which protected low- and moderate-income households from being displaced due to condominium conversion
- The Homeless Family Prevention Program, which was designed to help stabilize families in existing housing so they did not become part of the shelter system.

A major initiative to prevent families from becoming homeless was included in the governor's fiscal 1988 budget submission. While only partially adopted by the legislature, the initiative sought a major overhaul of the system of incentives, disincentives, and services for women and children at risk of homelessness. The initiative proposed the reallocation of existing funds along with new funds targeted to preventing women with children from ever having to enter the cycle of homelessness.

A major feature of the new program was incentives designed to keep families in existing housing or, if necessary, to assist families in finding affordable housing without first having to become homeless. As described in the budget narrative,

By redirecting existing services and programs to families at risk of becoming homeless, we will be identifying problems before they become critical and helping families remain in their communities, generally at substantially lower rents than those that would be charged in a new home. Furthermore, by helping families remain in their existing housing, we will be avoiding other related costs, such as educational and health costs for homeless children . . .

The homeless prevention program recognizes that in addition to the economic causes of homelessness, there are other factors that may cause a family to lose their housing. It offers a comprehensive approach to identifying families who may be at risk and providing them with appropriate services and support to stabilize their situation.⁵

The Department of Social Services was given an expanded role in determining whether or not the children in a given family were at risk as a result of the family's housing situation. Coupled with an assessment by the Department of Social Services, a special voucher program focused on giving housing subsidies to these at-risk families without first forcing them to enter a shelter and the vicious cycle of homelessness.

Massachusetts combined these programs with other existing prevention programs to decrease the need for emergency services. Only after all possible prevention efforts were applied did emergency services become necessary.

Emergency Services

In 1983, Massachusetts supported only two shelters for homeless people. By 1990, over 100 shelters existed, of which 70 were for families with children. Except for a few large (200–300 bed) shelters for individuals, the shelters that were created were small, community-based projects with 20 to 40 beds, run by nonprofit agencies under contract with the state. Each received 75 percent of its operating funds from the Department of Public Welfare and provided a stable bed and meals, as well as social and housing search services. The remaining 25 percent came from private and in-kind contributions.

To help the nonprofit sponsors raise the capital funds required to purchase sites and complete necessary renovations quickly, Kitty Dukakis personally intervened and asked the philanthropic and business communities to join her in creating a Fund for the Homeless. The fund was housed and given initial start-up funds by the Boston Foundation and raised over \$1 million from corporate and individual donors to fund start-up activities and respond to the emergency capital needs of the shelters.

In addition to the shelters, the state also used a limited number of hotels and motels for homeless families when space in shelters was unavailable or inaccessible. The average length of stay in a hotel was ninety days, while in a shelter it was sixty days. Shelters were clearly preferable to hotels because they could provide services, but neither solution was ever considered adequate as a replacement for permanent housing. In fact, most shelter providers looked forward to the day when they could go out of business or convert their structures to affordable housing. Shelters must serve as a temporary emergency response that will be phased out as permanent housing is available. Hotels and motels served as a last-resort measure, preferable to the streets, but inadequate for long-term sheltering. After a sharp increase in the number of families being housed in hotels and motels, in 1989 the state focused considerable attention on bringing down the number sheltered from a high of over seven hundred in November 1988 to a low of under one hundred by the end of 1990.

In addition to emergency shelters, the state funded special shelter programs for substance abusers, battered women, adolescents, parenting teens, and mentally ill individuals. For some of these groups, additional supportive services are necessary to bridge the gap between emergency shelters and permanent housing.

Supportive Services

The third aspect of the Massachusetts model involved supportive services. This strategy was based on the assumption that in order to move from homelessness to permanent housing, individuals need certain supportive services. These include everything from basic information and referral services to child care, employment and training assistance, housing search, and transitional living programs.

In this area, particular attention was given to the needs of mentally ill individuals. In 1985, Governor Dukakis submitted to the Massachusetts legislature a \$170 million Comprehensive Plan for Services to the Chronically Mentally Ill. The plan

called for improved case management, inpatient services, and housing services for homeless and seriously mentally ill individuals. In 1987, the legislature approved the plan, having increased the funding to over \$300 million. The plan included 3,500 units of housing and a vastly improved hospital inpatient and outpatient care system, which relied on a combination of public and private facilities. Public (Department of Capital Planning and Operations, DMH, EOCD) and private, nonprofit agencies were to develop housing programs for the mentally ill, with inpatient services provided by accredited, rebuilt state hospitals.

Other critical supportive services included health services, day programs, employment and training programs, veterans services, and transitional living programs. The latter were to be developed through a unique partnership between human services agencies and housing authorities that pairs housing subsidies attached to units with operating dollars attached to services for particular residents.

Permanent Housing

Early in the policy development process, it was decided that unless priority was given to permanent housing, the strategy would ultimately fail. Toward this end, Governor Dukakis signed into law three comprehensive housing acts, accompanied by over \$1 billion in bond authorizations, for the development of low- and moderate-income housing. These funds supported a variety of housing for families, special needs individuals, and the elderly; housing innovations; renovation and modernization; abandonment prevention; and state housing assistance for rental production. Over 5,400 new units of housing were put into the development pipeline during these years.

In addition to the above programs, the state's Chapter 707 program (the state equivalent of the federal Section 8 program) has generated thousands of new units of subsidized housing. More recently, the state's Home Ownership Opportunity Program is helping to make homeownership a reality for first-time buyers, thus freeing up units in the rental market.

In the summer of 1990, the Department of Public Welfare took advantage of a discretionary request for proposals from HHS and HUD and submitted an application for a model program to use emergency assistance funds as a financing stream for developing permanent housing for homeless families. Massachusetts was one of three states to receive significant funding (approximately \$6 million) over a three-year period.

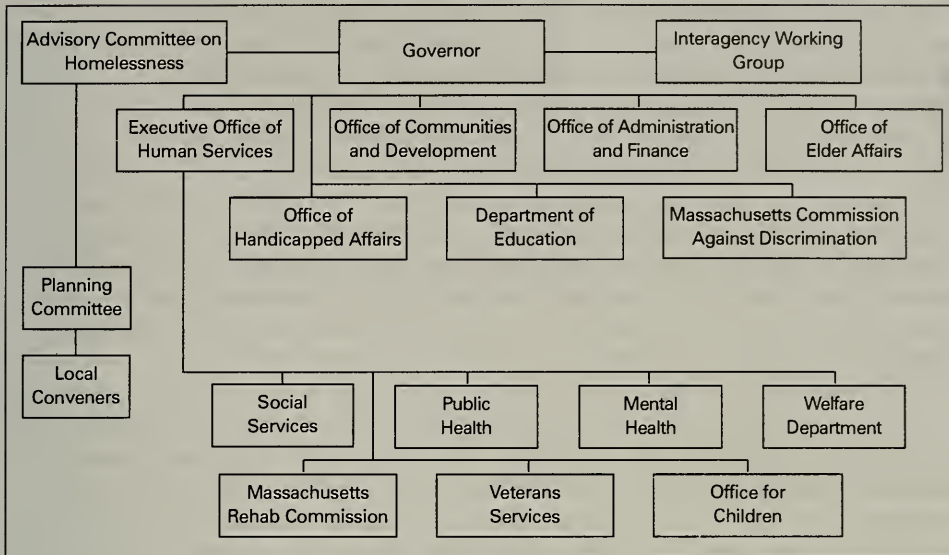
A Working Solution: Implementing the Massachusetts Model

The success of Massachusetts's approach to alleviating homelessness depended on the state's ability to form partnerships with local governments, the private and nonprofit sectors, and the religious community. The approach also required a full assessment of state policies and programs and the extent to which they contributed to the homelessness problem. The model was based on the assumption that homelessness was not a new social problem, but represented the failure of many different social policies and programs.

Rather than create a new bureaucracy to deal with homelessness, Governor Dukakis pushed the existing government bureaucracy to develop and implement creative interagency solutions. The initiative was originally coordinated through the

Figure 2

Homelessness Policy Coordinating Structure



Governor's Office of Human Resources. Beginning in July 1984, the Executive Office of Human Services became the lead agency. Throughout the entire period under discussion, many different state agencies were involved in planning and implementation. To ensure maximum coordination, the deputy director of Human Resources, and later the assistant secretary of Human Services, was responsible for chairing the interagency coordinating committee (see Figure 2).

The Governor's Advisory Committee on the Homeless provided an overall mechanism for involving care providers, advocates, and state officials in the policymaking process. A planning committee, which met monthly, was also chaired by the assistant secretary of Human Services. It ensured regional input and an opportunity for more intensive review of proposed policy changes. Conveners from throughout the state were represented on the committee to ensure that information flowed as smoothly as possible. Ad hoc task forces were created as needed to deal with specific policy issues. Examples of these included a DPH/DSS/DPW working group, which developed a special set of programs targeted for homeless women, with children, who had substance-abuse problems, and a DPW/DSS/EOCD working group, which designed the homeless family prevention program described earlier. Other groups focused on winter planning, veterans services, and other special projects such as the innovative emergency assistance project funded by HHS.

Special training programs were developed as policies and programs evolved. Welfare case managers, for example, were trained to include housing as one of the areas they explored with clients at intake and redeterminations for eligibility. If and when someone appeared to be homeless, or at risk of becoming homeless, the person would be referred immediately to housing search workers for assistance in finding housing. If a family was in a shelter, housing search was one of the services reimbursed by the Department of Public Welfare so that lengths of stay in the shelter

could be minimized. Similarly, if a family was in need of supportive services, referrals were made to the Department of Social Services or whatever state or nonprofit agency might be most appropriate to assist the individual or family.

Throughout the implementation of this model, the guiding principle was to assist clients in finding routes out of poverty. For clients of the Welfare Department, this involved focusing on those areas which could combine to accomplish this goal: child support, housing, health care, and employment. Considerable attention and resources were directed to these areas in order to help each client become self-sufficient.

For clients of the Department of Social Services, the strategies involved family life education, day care, and counseling to help resolve the crisis and move toward family reunification and self-sufficiency. For mentally ill individuals, the strategy was to provide the necessary medical treatment along with appropriate housing and day services. Finally, the strategy for substance-abusing individuals was to assist them in gaining access to appropriate treatment services with plans for aftercare, including housing and supportive services.

The fragmentation of the human services delivery system did not always lend itself to interdisciplinary models. However, whenever and wherever possible, attempts were made to bring agencies together to develop solutions to the homelessness problems of multiple population groups. With the kind of top-down leadership provided by the governor, secretariats, and commissioners, the bureaucracy received a clear message that working together to solve the problem of homelessness in Massachusetts was the single most important social welfare priority. Budget decisions that reinforced this message were often made, even in times of scarce resources. And during his presidential campaign, the governor continued to focus on this issue both locally and nationally.

Lessons Learned from the Massachusetts Experience

Many lessons can be learned from the Massachusetts experience from 1983–1990. First, prevention of homelessness must be a key ingredient in any successful strategy. Simultaneously, there must be a focus on long-term solutions, including employment and permanent housing. Massachusetts developed an approach which began to demonstrate that the problem *can be* solved. More than 15,000 families were placed in permanent housing. During the winter months, no family or individual was forced to be on the streets. A combination of aggressive case management, housing services, and income supports helped thousands avoid homelessness. The Massachusetts policy also recognized and focused on the special needs of the mentally ill. This in no way implies that the entire problem of homelessness was solved, but an infrastructure was created that went a long way toward laying the foundation for long-term solutions.

The challenge for government at all levels is to target limited resources where they can have the greatest impact. Choices inevitably have to be made, but if the right people participate in making those choices, success is much more likely. In the final years of this initiative, Massachusetts reached the limits of its own resources available for solving the problem. The budget for homeless programs increased from \$10 million in fiscal year 1983 to over \$200 million in fiscal year 1989, not to mention the large increases in related program budgets. Unfortunately, more homeless people continue to enter the system. Although the state helped thousands of people

find permanent housing, thousands more remain at risk of becoming homeless. As more and more of the safety net programs are dismantled and the prevention initiatives are removed, the danger exists that the number of people entering the system will increase, resulting in far greater fiscal costs for the commonwealth of Massachusetts, not to mention the human costs.

Policymakers still disagree about the causes of homelessness. Some argue that the system itself discourages people from staying in their own homes. Others claim that some people simply "like" sleeping on the streets. Still others claim that we have merely scratched the surface of the more basic problems of lack of income, lack of jobs, and lack of affordable housing.

Whatever the causes of homelessness, the fact is that thousands of people become homeless each year in Massachusetts and throughout the country. In Massachusetts, a working model for solving the problem was created, but basic questions remain: Do we, as a commonwealth, want to solve the problem, and at what cost? Has too much been devoted to emergency responses and not enough to prevention? Can we build permanent housing fast enough and affordable enough for the poorest citizens to benefit? Are we willing to guarantee a job to anyone who wants one despite age, ethnicity, or disabilities? and, What role does government have in finding solutions to the problem?

These are the questions with which we as a commonwealth now struggle. The answers are not simple. One thing is certain: the problem of homelessness is expensive to solve, particularly if one considers the thousands of men, women, and children affected each year. The loss of future productivity of the injured children alone should be sufficient to cause us to invest early in preventing the problem. Millions, if not billions of dollars have already been spent on responding to the emergency by funding ever increasing numbers of shelter beds. While Massachusetts can be proud of its high-quality shelter delivery system, it should not be satisfied with it as a response to the problem.

For years, the bureaucratic funding maze of federal and state funds made solving the problem a planner's nightmare, as articulated by Newman and Schnare in their insightful article on the subject.

In reality, then, there are two streams of government financing of low-income housing — a housing stream and a welfare stream. Government involvement is shared by two federal agencies, HUD and HHS, and a multiplicity of state and local jurisdictions.

But their approaches are uncoordinated and potentially overlapping. Furthermore, there are stark disparities in the amount of shelter assistance that the systems provide: similar people are not treated similarly. This two-pronged approach to shelter assistance, through a mix of income maintenance and housing programs, raises serious questions regarding the efficiency, equity and overall effectiveness of the existing system.⁶

Most states' policies mirror the uncoordinated efforts of the federal government to date. In Massachusetts, we have tried to take a more comprehensive policy approach to the problem. The discretionary funds received from the HHS/HUD initiative was a hopeful sign that the problem has been recognized and some efforts are under way to change the approach to solving it toward a more integrated model. The passage last year of the Comprehensive Housing Act of 1990 is another recognition of the need for a national solution.

Less encouraging, however, is the public's increasing acceptance of soup kitchens,

shelters, and street people. In 1983, the harsh realities of homelessness were carried on the evening news and the front pages of all our newspapers as horrors for our country in this postindustrialized "affluent" period in our history. This well-publicized compassionate portrayal of the problem motivated thousands of people to volunteer time and money and lend political support to finding viable solutions. Unfortunately, the public's attention span is short, and we have grown to accept the problem as a reality of everyday life in America.

While Boston, for many years, could proudly compare itself with New York, Los Angeles, and Washington, D.C., as responding more effectively and more compassionately, I fear that those comparisons may quickly disappear. The cutbacks in public assistance, social services, housing, and mental health do not bode well for the future. It would be tragic if the infrastructure built over eight years of careful planning and program development was torn apart in an effort to balance the state budget. The short-term fiscal gains may look significant, but the long-term costs would be very serious. In the final analysis, if we, as the richest nation in the world, cannot guarantee a decent home for every citizen, who will? ■

Notes

1. Governor Michael S. Dukakis, "Inaugural Address," January 1983.
2. Governor's Office of Human Resources, "Profile of the Homeless in Massachusetts," June 1983.
3. Carol Johnson, "Study of Homelessness," Executive Office of Human Services, Commonwealth of Massachusetts, December 1984.
4. William Apgar, Jr., and H. James Brown, *The State of the Nation's Housing, 1988* (Cambridge: Joint Center for Housing Studies, Harvard University, 1988).
5. House 1 Budget Narrative, fiscal year 1988, submitted by Michael S. Dukakis.
6. Sandra Newman and Ann Schnare, "Integrating Housing and Welfare Assistance," M.I.T. Working Paper no. 12, 1988.