

Report of the

**MULTIDISCIPLINARY WORKING GROUP:
ADDRESSING ISSUES OF HOMELESSNESS,
PUBLIC INTOXICATION,
AND NUISANCE BEHAVIORS**

Submitted to City Manager, Robert Healy
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INTRODUCTION

In April of 1999, the Multi-Disciplinary Working Group (“Working Group”) began meeting to discuss a series of City Council Orders related to problem behavior by some homeless¹ individuals in Cambridge, particularly those who are inebriated in public. The Working Group, chaired by Harold Cox, included representatives of a number of city departments, the District Courts, and non-profit service providers. (A complete list of participants and their affiliations is included in the Appendix A.) The Group’s task was to formulate recommendations for responding to the public nuisance behaviors of these individuals. These recommendations would then be forwarded to a Senior Policy Group for possible implementation.

The issues of homelessness and the concerns of constituents underlying the City Council Orders are not new. As the number of unsheltered or “street” homeless individuals has grown, so has the number of complaints filed with the police and public officials. There has been a citywide increase in reports of public intoxication, vocally loud and disruptive noise, and poor hygiene practices by individuals who are homeless or perceived to be homeless. Residents across Cambridge have voiced concerns based in large part on perceptions of decreased safety; business owners have expressed their concerns that the presence and behavior of some members of the homeless community are a deterrent to business.

In the past, a number of task forces, planning committees, and working groups have addressed the ongoing issues of homelessness and public intoxication. Business associations from Harvard and Central Squares and community groups from Porter Square have invited representatives from the city to talk with them about the impact on their neighborhoods. Each group has been effective in identifying parts of the problem and often developing appropriate responses to these problems.

Building on the foundation of these previous efforts, the Working Group held ten meetings to consider the issues and formulate recommendations. It identified and collected relevant documents and resources, including Massachusetts statutes and cases pertaining to

¹ For the purposes of this Report, references to the “homeless” include both individuals without permanent homes as well as individuals from the “street” population who have homes but choose to remain on the streets.

Panhandling , public peace and decency, street and sidewalk use regulations, regulation of liquor sales (see Appendix B), and commons and public grounds, that helped to frame the discussion on individual rights and the legal limitations to enforcement. The Working Group also reviewed the Cambridge Police Department *Special Report: Homelessness, Vagrancy, Public Intoxication, and Their Effect on Crime & the Quality of Life in Cambridge* (October 14, 1999) (“CPD Special Report”) (see Appendix C). Finally, a Directory of Resources for People Homeless in Cambridge was distributed to identify the comprehensive services available to the homeless (see Appendix D).

This Report reflects the discussions and recommendations of the Working Group. Parts I and II provide an overview of the homeless population in Cambridge and describe the continuum of services that exists within Cambridge, and the gaps within that continuum. Part III focuses on issues related to habitation (the visible presence of individuals sleeping and/or living in public areas), and Part IV addresses questions of behavior and possible limits on enforcement responses to that behavior. The Working Group’s recommendations are included within each Part; a summary list of the recommendations is included at the end of the Report. Also, a breakdown of issues discussed by the Working Group is presented in chart form and included in the If / Then section.

PART I. THE HOMELESS POPULATION IN CAMBRIDGE

There are no definitive data to describe precisely who makes up the homeless population in Cambridge, where they come from, and why they are on the street. Nevertheless, based upon available statistics and anecdotal information, the Working Group was able to draw some conclusions about the homeless or street population in general, and the relatively small group of individuals within the transient population who can be identified as engaging in inappropriate and/or criminal behavior.

The most recent Cambridge Census of Homeless Persons, conducted July 23, 1998 (see Appendix E), offers a snapshot of the homeless population. That census counted 552

homeless men, women, and children: 286 adult men, 134 adult women, 21 adults of unknown gender, and 64 persons under 18 or young adults of unknown age. An additional forty-seven “empty bedrooms” were noted: these were places marked by blankets or cardboard beds or bundled possessions where a homeless person was likely to be sleeping the night the census was conducted. Thirty-two percent of those counted—172 individuals—were unsheltered.

Statistics compiled by the Cambridge Police Department for the period from October 1, 1996, through September 30, 1999, provide insight into the issues of criminal activity. While only about .5% of the population of Cambridge is identified as homeless, 10% of individuals arrested during the three-year period listed their address as “homeless” or gave a known shelter address. Of 527 homeless individuals in the arrest database, 10% (53) were responsible for a staggering 32% of the total arrests (340).

The relatively small group of chronic street alcoholics is historically the most treatment-resistant. As the disease of alcoholism progresses, the alcoholic is less and less able to make the appropriate choices regarding his or her safety, care, and treatment. This suggests that implementing a harm-reduction model of care (such as FirstStep and the Emergency Service Center at 240 Albany Street) instead of a rehabilitation model would be more appropriate for this group.

Anecdotal information suggests that there are distinctions between groups and behaviors of the homeless in various parts of the city. For instance, many of the individuals who congregate in Central Square are not homeless, but live in the neighborhood. The population typically found in Harvard Square tends to be more transient, moving around the country seasonally. There are more violent incidents among the group that frequents the railroad tracks in Cambridgeport. There is also a strong belief that many of the individuals who congregate in this area are illegal aliens, who are typically resistant to seeking or accepting services. Problem behaviors and criminal activities tend to be more prevalent in areas where meal programs and shelters exist and where social service programs are located. This suggests the need for more comprehensive crime-prevention strategies in those areas rather than a reduction in services.

PART II. SERVICES

The Working Group looked at the range and adequacy of services available in Cambridge to meet the needs of the homeless population. Discussions focused primarily on the needs of individuals who were unconscious and in obvious need of assistance, those needing mental health services, and those returning to the community from protective custody or on parole from jail.

Cambridge offers a continuum of care through a coordinated-but-decentralized network of diverse programs and services operated by local government agencies, private non-profit organizations, churches, and homeless-led organizations. This network is designed to: (1) prevent at-risk families and individuals from becoming homeless; (2) meet the basic needs of homeless individuals and families for food, clothing, shelter, and health care; and (3) encourage, enable, and support homeless individuals and families to obtain and sustain residential stability, to enhance their ability to support themselves, and to increase their self-determination.

The homeless individual's point of entry to the continuum is usually through some outreach effort, which can lead to a series of opportunities that, step by step, may lead to permanent housing. Typically, that path might lead into temporary shelter or care (such as detox), a period of stabilization, a transitional program, and then permanent housing. Along the way, various ancillary services offer support to the individual or family, depending on need or circumstance.

The Working Group identified the following existing services that are available for the homeless population, recognizing that in many instances, these programs are now operating at capacity in providing services to the homeless men, women, and children in Cambridge.

- a municipal multi-service center offering homelessness prevention, case management, and a range of supportive services;
- 12 shelters (for 155 men, 55 women, 31 families, including battered women and their children);
- over two dozen food, meal, and clothing programs;
- health care services; medical and psychiatric emergency room services; and health care for the homeless providing medical, nursing, and shelter-based ambulatory care;
- street outreach, and program-specific and non-site-based case management;

- specialized case management for persons with mental illness, persons in recovery from substance abuse, and persons with HIV/AIDS, etc.;
- 8 transitional housing programs (for men in general, for women in general, for women with especially complex needs, for persons in substance abuse recovery, and for persons with HIV/AIDS, etc.);
- education and employment/training services; child care and family support services;
- daytime drop-in programming for men and women;
- specialized supportive services such as fiduciary services, legal services, voicemail, moving and furniture services, etc.;
- housing search and post-placement stabilization services; and
- permanent housing with supportive services for homeless persons with disabilities.

While the breadth of existing services is impressive, the Working Group nevertheless identified gaps and service limitations for individuals whose behavior may put them at risk, but does not violate the law.

There are insufficient holding facilities for individuals who are incapacitated or in need of medical assistance as a result of alcohol consumption. While it is not illegal to be drunk in public, state law does establish provisions for placing an individual incapacitated by alcohol in protective custody. Under Chapter 111B of the Massachusetts General Laws (“Chapter 111B”), a person is considered incapacitated if, by reason of consumption of intoxicating liquor, he or she is (1) unconscious, (2) in need of medical attention, (3) likely to suffer or cause physical harm or property damage, or (4) disorderly. A police officer may assist an incapacitated individual (with or without his or her consent) to his or her residence, a public or private detox facility, or the police station, where the individual can be detained for up to twelve hours. A person detained in protective custody is not under arrest (see Appendix F).

However, the members of the Working Group agreed that jails were not designed to hold individuals who are inebriated or mentally ill, or to provide access to necessary services. Moreover, police officers responding to calls about public intoxication face difficulties in transporting an inebriated individual to a lock-up or other facility. In the long term, a twenty-four hour secure facility with the capacity to medically monitor individuals and to provide ancillary

services such as detox referral and transportation is needed. Such a facility could function as a “stand alone,” or as part of the new Cambridge lock-up facility, a regional jail facility, the Emergency Service Center at 240 Albany Street (“ESC”), or the Cambridge Hospital. A more short-term response could include the addition of a med/psych nurse to the staff at the Cambridge lock-up facility; additional support at Cambridge Hospital; increased capacity and staffing at 240 Albany Street; and use of services at the Middlesex County jail, which does provide appropriate medical monitoring.

Recognition of the need for outreach to homeless individuals led, in part, to the creation of the CASPAR FirstStep Program (“FirstStep”). FirstStep provides both an outreach and an intervention service to help individuals reduce their risk of harm. Each weekday, two teams work in Somerville and Cambridge, offering services to members of the street homeless communities, particularly those with a history of alcohol and substance abuse. FirstStep staff frequently respond to calls from the police department, providers, businesses, and residents who are seeking to have an inebriated person in need of assistance transported to the “wet” shelter at 240 Albany Street or to a detox center, usually Cambridge Hospital. The combined efforts of FirstStep and the ESC offer an alternative for individuals are incapacitated or otherwise in need of assistance. The profound limitation of FirstStep, however, is the lack of capacity at 240 Albany Street for inebriated referrals.

As currently funded, the services that can be provided by FirstStep and the ESC cannot fully respond to the needs identified in the homeless community. There is unmet need for evening, weekend, and overnight outreach to the unsheltered homeless population, particularly to women and young persons. Outreach to this community would likely bring with it a corresponding need for more residential services and shelters, particularly shelter beds for individuals who are homeless and substance abusing.

The availability of a “wet” shelter or detox services does not resolve the issue, though. An individual helped by FirstStep on Monday may be back on the streets again in the same condition by Tuesday. Individuals may not be ready to access treatment, or may not be able to successfully complete detox. Some homeless individuals may come in again and again for the same services. The Working Group explored whether there are disincentives or alternatives that might be useful in responding to these individuals. One possibility might be *Street Outreach Services* (SOS), an innovative program operating in New York City, involves collaboration

among the police, the courts, and service providers (see Appendix G). The program offers alternatives for individuals who elect to do community service or go into treatment in lieu of jail. While perhaps an option for individuals who are open to treatment, it has limitations for those individuals who are not yet ready for treatment.

Development of a system for case conferencing was also discussed as a potential strategy for assisting individuals released from jail or protective custody, or isolated due to mental illness. A team conference effort might identify repeat offenders with the most complex needs, assess their service needs, develop an appropriate service plan, and provide follow-up services. This team might incorporate representatives from public and private service providers, the police, the courts, and other disciplines (such as the Department of Mental Health). Issues related to confidentiality, coordination of services, cooperation between diverse agencies, and ultimate responsibility for individual client care would need to be resolved before such a system could be implemented.

Recommendations:

The Working Group makes the following recommendations:

- Create a permanent multi-disciplinary group similar to the Working Group that will continue to address these issues in an on-going way.
- Develop an alternative to holding individuals at the Cambridge Police Department lock-up facility under Chapter 111B: options for creating a safe, secure alternative with the capacity to medically monitor individuals and provide ancillary services include adding a med-psych nurse to the staff at the Cambridge Police Department lock-up facility; increasing capacity and staffing at 240 Albany Street; using the Middlesex County jail; or creating a new holding facility that functions as a “stand alone,” or as part of the new Cambridge lock-up facility, a regional jail facility, or the Cambridge Hospital.
- Develop additional outreach and residential services, particularly for youth and women.
- Implement a coordinated case management approach combining a two-tier model of appropriate social services and law enforcement involvement through a multidisciplinary team conference effort that can identify the most difficult clientele,

evaluate their need and readiness for services, and provide appropriate follow-up services.

- Expand access to indoor emergency services, particularly for the inebriated, by increasing the bed capacity and staffing of the “wet shelter” operated by CASPAR; expand transportation services to facilities outside Cambridge when our shelters are full; increase family shelter capacity to serve women and families, particularly those ineligible for assistance through the Department of Transitional Assistance; and improve the ability to place people in detoxification facilities outside of normal working hours.

PART III. HABITATION

The threshold issue for the Working Group was habitation, concerns related to the visible presence of men, women, and young persons who congregate and/or sleep in public parks, business areas, along railroad tracks, by the river, under bridges, and in subway stations and tunnels. There always have been and likely will always be individuals who do not have access to permanent housing and who choose not to stay in shelters. Some individuals, due to financial hardships, health, substance abuse, or mental health issues, cannot maintain their housing. Others, typically women or young persons, live on the streets rather than return to an abusive or otherwise unwelcoming home.

Increasingly, however, Cambridge residents and business owners have raised concerns about their presence. Why are they allowed to sleep in public places? Why can't the police clear the parks and benches of people and their belongings, or just arrest them? Where have these people come from—have they always been here or have we, as a community, encouraged their continued presence with the availability of services and lack of aggressive enforcement? Clearly, the discussions of habitation and enforcement overlap. Issues of legal remedies are addressed in the later discussion on behavior/enforcement.

As addressed by the Working Group, the issue of habitation is primarily one of visibility, and of the safety and quality of life concerns of residents related to the presence of individuals living on the streets in their communities. Concerns about safety—their own and that of the individuals who are homeless—are at the core of the habitation issue.

Some residents, particularly elderly individuals and those who live next to parks, are threatened by the presence of homeless and other people who sleep or loiter in public areas. They fear that they might be assaulted, especially at night or in poorly lit areas. Others are concerned that individuals who drink alcohol or use drugs in public settings will promote street crime. Some business owners assert that general fears and concerns about individual safety discourages customers from shopping in areas where homeless individuals congregate.

Residents also expressed concerns about the safety and wellbeing of the men, women, and young persons who sleep outside. Homeless individuals are at risk for physical attack. Crime statistics compiled by the Cambridge Police Department indicate that reported acts of violence by homeless individuals against other homeless individuals increased in 1998 and 1999. Homeless individuals are also at the mercy of New England weather. In the winter months especially, it is not unusual for residents to contact local agencies seeking assistance with warm clothing or shelter for individuals who are sleeping outdoors.

In additions to concerns about physical safety, there are also concerns about the nuisance aspect of public habitation. Individuals who live or sleep in public areas carry their accumulated belongings with them. They generate trash. They may urinate or defecate in public when there are no public facilities available. And they may be loud or disruptive. Parents whose children play in public parks, playgrounds, and tot lots across Cambridge have complained that homeless individuals use the children's sandboxes for toiletting. In North Cambridge, a neighborhood group is concerned about the safety of individuals who live beneath the bridge on Walden Street as well as the noise and trash they create in the area. But while the problems may seem all too apparent, simple solutions are not.

Developing a response that will satisfy all of the groups affected may simply not be possible. In addition to the competing legal interests, there may be multiple agencies with jurisdiction within a given area. For example, the Cambridge Police Department will respond to complaints of violence or criminal activity along the railroad tracks, but has no authority to implement regular patrols along the tracks, which are owned or leased by Conrail or the MBTA.

The Walden Street bridge further illustrates the complex interplay of public and private interests that must be considered when considering strategies. Because the bridge is of historical value, the arched bridge supports cannot be altered or closed off to prevent access. The railway tracks that run under the bridge are owned by Conrail, but leased by the MBTA. Local residents,

particularly students, use the area abutting the tracks as a shortcut between their homes and Porter Square.

Any city response to the issues related to habitation will require the coordination of efforts across city agencies, departments, and commissions. If, for example, an ordinance was enacted to prohibit sleeping on the Cambridge Common, the prohibition could be enforced by the police only if: the ordinance is constitutionally sound; the City Charter allows such a prohibition; the Historical Commission approves signage informing the public of the prohibition; and the Department of Public Works is authorized to remove and dispose of any property seized as a result of enforcement of the ordinance. Assuming that all of these issues could be resolved, the question remains—where will the homeless individuals go if moved off the Common, or out of any neighborhood in the city?

The complexity of the issues and competing interests suggests the need for further training that might facilitate implementation of new policies and standards regarding homelessness and permissible behavior. The Regional Community Policing Institute of New England (“RCPI/NE”) offers training to teach individuals and teams how to maintain personal and professional integrity and build ongoing trust relationships while implementing the philosophy and practices of community policing. Training participants gain a basic understanding of community policing along with an introduction to Dilemmas, Options, and Consequences (“D.O.C.”), a moral and ethical problem-solving and decision-making tool designed by *Facing History and Ourselves*. This tool can be used both within the police department and the larger community. The RCPI/NE program offers on-site follow-up to provide support for participant team efforts to solve crime-related problems and help with documentation, such as assessing workload or surveying the affected populations.

Local residents and business owners may also join together in private sector efforts to clean and maintain their neighborhoods. In the Central Square area, business owners plan to seek City Council approval of a Business Improvement District that would fund marketing and clean-up activities. Other projects include efforts such as “Clean Corners, Bright Hopes,” an effort to train and employ homeless individuals.

Areas of Particular Concern

The Working Group identified several public spaces in Cambridge where homeless individuals are congregating, and where the behaviors may warrant a heightened scrutiny. These areas and the behaviors of concern include:

Vellucci Park – individuals sleeping in the park; defecating and urinating in the park; public drinking and intoxication; increased noise levels; general loitering in the park and on the street near the park.

Central Square – individuals defecating and urinating in doorways to businesses; public drinking and intoxication; acts of violence by homeless individuals directed against other homeless individuals; homeless individuals verbally harassing and/or following passersby; general loitering on benches; individuals gathering at local liquor stores which open early in the morning.

Harvard Square – increased violence by homeless individuals against one another and against the general population; aggressive panhandling; public drinking and intoxication; a significant number of young homeless persons who congregate in the “Pit,” the entrance to the Harvard Square MBTA stop.

Cambridge Common – sleeping on the Common; public drinking and intoxication; defecation and urination in public areas; general loitering in the area.

Conditions in at least one area, Porter Square, have improved as a result of collaboration between the MBTA, the State Police, the Cambridge Police Department, and local residents.

Recommendations:

The Working Group makes the following recommendations:

- Develop an appropriate citywide policy that identifies legally permissible standards of public behavior; clarifies the consequences of breaches of the standards; and encourages ongoing discussions promoting tolerance of homeless men, women, and children in our community.
- Clearly define under what, if any, circumstances the city wishes to remove homeless individuals from public areas and where they would be transported to when local facilities and shelters are at capacity.

- Implement a public education campaign to disseminate information to dispel myths about the inebriated and homeless populations through public forums, fact sheets, articles and cable television; identify which governmental and service agencies can provide assistance or referrals; and explain the various laws and ordinances that apply to the entire Cambridge community.
- Provide more strategically placed portable or permanent public bathrooms to help alleviate the problems of public defecation and urination, and to address the needs of the general public, tourists, and the homeless.
- Increase the capacity and staffing at 240 Albany Street in order to accommodate overflow conditions that characterize shelters statewide in Massachusetts.
- Increase the regularly scheduled clean-ups by the Department of Public Works, and support and encourage community and private sector efforts to clean and maintain public areas.
- Develop a policy governing the disposition of property found in public areas.
- Design specific strategies with the community affected and appropriate agencies in chronic problem areas (Porter Square, Cambridge Common, Central Square, Vellucci Park, railroad tracks, etc.).
- Use the RCPI/NE faculty to facilitate problem-solving activities using the D.O.C. method, a moral and ethical decision-making tool.
- Formalize an ongoing collaborative effort among representatives of CSX (formerly Conrail), the MBTA, Cambridge Police Department, State Police, MIT, CASPAR and others wholly or partially responsible for rail property, with the Cambridge Police Department taking the lead to convene meetings to formulate a plan to patrol and maintain public and private property abutting the rail lines.

PART IV. BEHAVIOR/ENFORCEMENT

At the outset of its discussions, the Working Group agreed on the importance of focusing on problem *behavior* by individuals, and not on the particular population or community—the “homeless”—often cited as the problem. As has been noted, not all individuals who engage in

problem behaviors are homeless. Moreover, not all individuals who are homeless engage in the behaviors that are identified as problematic.

The complex problem of public intoxication in Cambridge has many facets. A small but highly visible number of chronic street alcoholics gather in business areas, neighborhood parks, and other public spaces, creating a nuisance, affecting the business community, and contributing to the sense that an area is not safe. Cambridge police officers spent 791 unit hours (an average of 2.9 hours per day) responding to Chapter 111B or “Drinking in Public” calls between January 1, 1999, and September 30, 1999, but they have limited enforcement tools in such situations. (See CPD Special Report). Service providers treat the same individuals over and over again. Until recently, the courts have been hindered by a lack of coordinated efforts to address repeat offenders and limited treatment options. A disturbing pattern of increased violence and criminal activity (assault, burglary, rape, and trespassing) by homeless individuals against other homeless individuals is a growing concern. (See CPD Special Report). Substance abuse treatment, appropriate legal intervention, human rights, and human safety issues all need to be considered when developing appropriate responses to these problems.

The Working Group focused on two categories of behavior: aggressive (and perhaps illegal) behavior, and non-aggressive (nuisance) behavior.

Aggressive or Illegal Behaviors

The Working Group discussed aggressive panhandling, following orverbally harassing someone, obstructing the entrance to a private or public building, drinking in public, aggressive behavior by intoxicated individuals, and increased violence.

Aggressive Panhandling:

Since the state law prohibiting begging was struckdown by the Supreme Judicial Court in 1997, Cambridge police have been unable to enforce the statute. (See Benefit v. City of Cambridge) Enforcement is generally limited to arrests of individuals for “disturbing the peace” if they are unusually loud and harassing. Laws proscribing aggressive panhandling have been upheld in other jurisdictions, but courts in Massachusetts have been more inclined to view panhandling activities as falling under the rubric of protected free speech.

Although the Cambridge business community has expressed strong support for enactment of an ordinance outlawing aggressive panhandling, any such ordinance would be open to serious challenge in light of Benefit, the 1997 Supreme Judicial Court decision, and other case law. In Benefit, the Court held that the state law prohibiting peaceable begging was unconstitutional because it was a content-based restriction that impinged on the individual's free speech rights. Asking for money, or even use of profane, vulgar, or obscene language is likely to be deemed protected speech when uttered in a public forum. Even a proposed ordinance aimed at "aggressive" panhandlers and grounded in a theory of disorderly conduct faces constitutional challenge. While an individual may be convicted of disorderly conduct if he or she creates a hazardous or physically offensive condition which serves no legitimate purpose, past case law suggests that the Court is unlikely to find that panhandling "serves no legitimate purpose."

Recommendations:

The Working Group makes the following recommendations:

- Work with the business community in Cambridge to develop solutions in areas where aggressive panhandling is a problem.
- Have street outreach workers "encourage" change in behavior of those aggressively panhandling.
- Reassess implementing the coupon program again.
- Implement a campaign to educate the public about the legality or illegality of certain behaviors, and of the limitations on Police Department authority to take action.

Drinking in Public:

Since the "public drunkenness" laws were repealed in 1972, it is no longer illegal to be intoxicated in public. It is illegal to drink alcoholic beverages in public, but a police officer can arrest someone for drinking in public^{only} if the officer witnesses it. Individuals who consume alcoholic beverages in public spaces are often adept at concealing their actions, disguising alcohol in another container, hiding or disposing of containers when they see the police approach, or consuming the alcohol quickly. By the time an officer can respond to a complaint

about drinking in public, the consumption of alcohol is likely to have been completed, and no arrest can be made.

The level of public support for arresting individuals who drink alcohol in public places varies. While the business community and residents in Harvard Square and Porter Square and the business community in Central Square have been generally supportive of police efforts to arrest individuals drinking in public, many of the residents of Central Square have been less supportive, complaining of aggressive policing.

There are a number of possible strategies to address problems related to drinking in public. Since November, CASPAR's FirstStep team has been quite successful in its outreach to those individuals who regularly sit in public and consume alcohol. The outreach workers attempt to direct individuals into appropriate treatment facilities or to the CASPAR Shelter, when there is space available.

Liquor stores selling cheap alcoholic beverages play a major contributing role in the complex structure that sets the stage for public intoxication. Catering to the chronic inebriate by opening at early hours and selling products favored by this population, some liquor stores help create a deteriorating atmosphere in and around their locations. In Central Square, where two such liquor stores are in close proximity, the situation has become intolerable for many in the community.

One strategy would be to more aggressively enforce existing restrictions on liquor stores. State law prohibits the sale of alcohol to an individual who is already inebriated. Enforcement of the law would depend on reporting of such sales by witnesses, or require a "sting" operation by the police. The law does not prohibit sales to an individual known or believed to be an alcoholic if the individual was sober at the time of purchase.

New home rule legislation provides Cambridge with the authority to restrict the opening hours for liquor stores. (See attached ordinance). The ordinance, however, puts the burden on the community to bring complaints to the License Commission, which can then schedule a hearing. Criteria which can be used for filing a request for a hearing include:

- community residents are "offended;"
- liquor store "customers" are impeding pedestrian traffic at a subway entrance or business;
- fights or under-age drinking in the area.

To pursue opening hour restrictions under the ordinance, there must be eyewitness testimony and a complainant.

It may also be possible to enact statewide legislation restricting sales of the types of alcoholic products typically purchased for public consumption, such as the fortified wines and smaller-size bottles such as nips and pints. Service providers have pointed out, however, that such legislation could have the unintended effect of encouraging consumption of mouthwash and other more harmful forms of alcohol. Additional study is necessary to determine whether such legislation has been effective in other communities.

Recommendations:

The Working Group makes the following recommendations:

- Implement a campaign to educate the public about the legality or illegality of certain behaviors, and of the limitations on Police Department authority to take action.
- Encourage and support residents and business owners in utilizing legislation authorizing restricted opening hours of liquor stores.
- Encourage liquor store owners to be more responsive to the concerns of residents and other business owners in their neighborhoods.
- Design specific strategies with the community affected and appropriate agencies in chronic problem areas (Porter Square, Cambridge Common, Central Square, Vellucci Park, railroad tracks, etc.).
- Make areas where public drinking occurs less “attractive” through use of CPTED (crime prevention through environmental design) principles.
- Continue development of a better monitoring process between the Cambridge Police Department, the courts, and probation services to address repeat offenders.
- Implement specific police patrol practices such as: mandate “zero tolerance” enforcement of drinking in public, particularly in Central Square and other problem areas; assign extra officers (directed patrol) to enforce drinking in public ordinances at peak hours in the problem areas; work with the Licensing Commission to conduct “stings” of liquor establishments selling to inebriated customers; and educate police personnel (supervisory

staff and patrol) on the importance of “zero tolerance,” CPTED policies, and social services resources available for chronic alcoholics.

Aggressive Drunkenness:

As noted earlier, being drunk in public is not illegal. The Working Group thoroughly discussed the use of “protective custody” under Chapter 111B as a means of dealing with problem behaviors. The availability and adequacy of treatment facilities, the potential risks associated with putting intoxicated individuals in a lock-up facility, the resistance to or lack of readiness for treatment of many of these individuals, and the mental and physical health problems associated with chronic alcoholism were considered. Several options for more adequate facilities for those in protective custody were discussed, including: transferring individuals to the Middlesex County jail, having on-site medical personnel in the Cambridge lock-up facility or a regional jail facility, and increasing funding to expand CAPSAR’s service capacity, including onsite medical personnel.

Recommendations:

The Working Group makes the following recommendation:

- Develop an alternative to holding individuals at the Cambridge Police Department lock-up facility under Chapter 111B: options for creating a safe, secure alternative with the capacity to medically monitor individuals and provide ancillary services include adding a med-psych nurse to the staff at the Cambridge Police Department lock-up facility; increasing capacity and staffing at 240 Albany Street; using the Middlesex County jail; or creating a new holding facility that functions as a “stand alone,” or as part of the new Cambridge lock-up facility, a regional jail facility, or the Cambridge Hospital.

Violence & Criminal Activity:

Crime statistics reflect the trend toward increased violence and criminal activity within the homeless community. As noted previously, while homeless individuals account for only

0.5% of the Cambridge population, individuals who list “homeless” or a shelter address on their arrest report accounted for 10% of total arrests in the arrest database for the period from October 1, 1996, through September 30, 1999. The majority of assaults involving homeless individuals reflect homeless-on-homeless assaults, including rape and murder. Perhaps because much of the physical violence has been within the homeless community, and homeless individuals are reluctant to seek police assistance, there has been little public awareness or outcry against the increased violence. Increased violence is not restricted within the homeless community, however: reports of violence against members of the general public have increased, and violence against FirstStep staff has led to some modifications in their outreach protocol.

Recommendations:

The Working Group makes the following recommendations:

- Continue development of a better monitoring process between the Cambridge Police Department, the courts, and probation services to address repeat offenders.
- Implement a coordinated case management approach combining a two-tier model of appropriate social services and law enforcement involvement through a multidisciplinary team conference effort that can identify the most difficult clientele, evaluate their need and readiness for services, and provide appropriate follow-up services.

Non-Aggressive or Nuisance Behaviors

Determining how best to address non-aggressive or nuisance behavior that does not break the law is one of the more problematic areas of concern for residents, police, and service providers. When an individual engages in clearly illegal activity, the police can step in to halt the activity by making an arrest. But when an individual’s behavior is deemed inappropriate but nevertheless legal, the options for halting the activity are less clear-cut, and may be non-existent. Residents who are affected by such behavior are often left feeling frustrated, not knowing what to do.

The Working Group's discussion of this type of behavior reflected the overlap with issues related to enforcement and habitation. These concerns are typically raised at the police department's Neighborhood Sergeant meetings and other informal community forums with police. It is important to again state that it is not illegal for an individual to sit quietly on a bench while intoxicated, or for individuals who are homeless or living on the streets to congregate on corners or in parks or other public spaces.

When the police do receive a complaint about nuisance behavior, they can talk with the individual and try to resolve the situation, or they can request that the individual "move along." The police cannot, however, move someone against their will if they are not engaging in illegal activity.

Recommendations:

The Working Group makes the following recommendations:

- Implement a campaign to educate the public about the legality or illegality of certain behaviors, and of the limitations on Police Department authority to take action.
- Increase public awareness of homelessness and substance abuse issues.

Working Group Recommendations Categorized by Area of Focus

Education:

- Implement a public education campaign to disseminate information to dispel myths about the inebriated and homeless populations through public forums, fact sheets, articles and cable television; identify which governmental and service agencies can provide assistance or referrals; and explain the various laws and ordinances that apply to the entire Cambridge community. (Part III)
- Implement a campaign to educate the public about the legality or illegality of certain behaviors, and the limitations on Police Department authority to take action. (Part IV)
- Increase public awareness of homelessness and substance abuse issues. (Part IV)

Policy:

- Develop an appropriate citywide policy that identifies legally permissible standards of public behavior; clarifies the consequences of breaches of the standards; and encourages ongoing discussions promoting tolerance of homeless men, women, and children in our community. (Part III)
- Clearly define under what, if any, circumstances the city wishes to remove homeless individuals from public areas and where they would be transported to when local facilities and shelters are at capacity. (Part III)
- Develop a policy governing the disposition and storage of property found in public areas. (Part III)
- Reassess implementing the coupon program again. (Part IV)
- Encourage liquor storeowners to be more responsive to the concerns of residents and other business owners in their neighborhoods. (Part IV)

Services:

- Develop additional outreach and residential services, particularly for youth and women. (Part II)
- Expand access to indoor emergency services, particularly for the inebriated, by increasing the bed capacity and staffing of the “wet shelter” operated by CASPAR; expand

transportation services to facilities outside Cambridge when our shelters are full; increase family shelter capacity to serve women and families, particularly those ineligible for assistance through the Department of Transitional Assistance; and improve the ability to place people in detoxification facilities outside of normal working hours. (Part II)

- Provide more strategically placed portable or permanent public bathrooms to help alleviate the problems of public defecation and urination, and to address the needs of the general public, tourists, and the homeless. (Part III)
- Provide accessible public shower and laundry facilities. (Part III)
- Increase the capacity and staffing at 240 Albany Street in order to accommodate overflow conditions that characterize shelters statewide in Massachusetts. (Part III)

Intervention, Enforcement, and Maintenance of Public Areas:

- Develop an alternative to holding individuals at the Cambridge Police Department lock-up facility under Chapter 111B. Options for creating a safe, secure alternative with the capacity to medically monitor individuals and provide ancillary services include: a) adding a med-psych nurse to the staff at the Cambridge Police Department lock-up facility; b) increasing capacity and staffing at 240 Albany Street; c) using the Middlesex County jail; or d) creating a new holding facility that functions as a “stand alone,” or as part of the new Cambridge lock-up facility, a regional jail facility, or the Cambridge Hospital. (Parts II, IV)
- Implement a coordinated case management approach combining a two-tier model of appropriate social services and law enforcement involvement through a multidisciplinary team conference effort that can identify the most difficult clientele, evaluate their need and readiness for services, and provide appropriate follow-up services. (Parts II, IV)
- Increase the regularly scheduled clean-ups by the Department of Public Works, and support and encourage community and private sector efforts to clean and maintain public areas. (Part III)
- Use the Regional Community Policing Institute for New England faculty to facilitate problem-solving activities using the D.O.C. method, a moral and ethical decision-making tool. (Part III)

- Formalize an ongoing collaborative effort among representatives of CSX (formerly Conrail), the MBTA, Cambridge Police Department, State Police, MIT, CASPAR and others wholly or partially responsible for rail property, with the Cambridge Police Department taking the lead to convene meetings to formulate a plan to patrol and maintain public and private property abutting the rail lines. (Part III)
- Have street outreach workers “encourage” change in behavior of those aggressively panhandling. (Part IV)
- Make areas where public drinking occurs less “attractive” through use of CPTED (crime prevention through environmental design) principles. (Part IV)
- Continue development of a better monitoring process between the Cambridge Police Department, the courts, and probation services to address repeat offenders. (Part IV)
- Implement specific police patrol practices such as: mandate “zero tolerance” enforcement of drinking in public, particularly in Central Square and other problem areas; assign extra officers (directed patrol) to enforce drinking in public ordinances at peak hours in the problem areas; work with the Licensing Commission to conduct “stings” of liquor establishments selling to inebriated customers; and educate police personnel (supervisory staff and patrol) on the importance of “zero tolerance,” CPTED policies, and social services resources available for chronic alcoholics. (Part IV)

Community Involvement:

- Design specific strategies with the community affected and appropriate agencies in chronic problem areas (Porter Square, Cambridge Common, Central Square, Vellucci Park, railroad tracks, etc.). (Parts III, IV)
- Work with the business community in Cambridge to develop solutions in areas where aggressive panhandling is a problem. (Part IV)
- Encourage and support residents and business owners in utilizing legislation authorizing restricted opening hours of liquor stores. (Part IV)

Executive Summary

The Multidisciplinary Working Group was convened in response to a series of City Council orders related to reports of problem behaviors by homeless individuals in Cambridge. Members of the Working Group discussed a wide range of issues, and focused on developing information and recommendations in the following areas: an overview of the homeless population in Cambridge; services available; habitation; and behavior/enforcement.

The Homeless Population in Cambridge:

There are no definitive data to describe precisely who makes up the homeless population in Cambridge, where they come from, and why they are on the street. The most recent census of homeless persons (1998) counted 552 homeless men, women, and young persons. Fifty-two percent were men, 24% were women, 12% were young persons, and 12% were adults of unknown gender or were “empty bedrooms.”

Cambridge Police Department statistics indicate that 10% of the individuals arrested in Cambridge during a three-year period from 1996 to 1999 identified themselves as homeless. Of the homeless individuals arrested, 10% (53) were responsible for almost a third of the total arrests.

Services:

Cambridge offers a continuum of care through a network of services designed to: (1) prevent at-risk families and individuals from becoming homeless; (2) meet the basic needs of the homeless for food, clothing, shelter, and health care; and (3) encourage, enable, and support homeless individuals and families to obtain and sustain residential stability, to enhance their ability to support themselves, and to increase their self-determination.

Despite the array of services available, the Working Group identified gaps including: insufficient holding facilities for individuals who are incapacitated or in need of medical assistance as a result of alcohol consumption; an unmet need for evening, weekend, and overnight outreach to the unsheltered homeless population, particularly women and young

persons; a lack of alternatives to address “repeat” service users; and the need for a coordinated system of case management to respond to individuals with complex and persistent needs.

Habitation:

The Working Group focused on concerns related to the visible presence of individuals who congregate and/or sleep in public areas, and on the safety and quality of life concerns of residents related to these individuals. Some residents feel threatened by homeless individuals or others who sleep or loiter in public areas, and fear that their presence and activities will promote street crime. Some business owners assert that fear about individual safety discourages customers from shopping in areas where the homeless congregate. There were also concerns about the nuisance aspects of public habitation: individuals carry their accumulated belongings with them, generate trash, urinate and defecate in public areas, and may be loud and disruptive. Finally, concerns were also raised about the safety of the homeless individuals themselves, who are at risk for physical attack and at the mercy of harsh weather.

Developing a response that will satisfy all groups involved may not be possible. There are competing legal interests, and there may be multiple agencies with jurisdiction within a given area. Any city response will require coordinated efforts across city agencies, departments, and commissions. The complexity of the issues involved suggests the need for training that would equip the police and the larger community to implement policies and standards regarding homelessness and permissible behavior.

Behavior/Enforcement:

The Working Group focused on *problem behavior* by individuals, and not on “the homeless,” often cited as the problem. Not all individuals who engage in problem behaviors are homeless, and not all individuals who are homeless engage in behaviors that can be identified as problematic.

There are limits on the authority of the police to respond to behaviors that may be deemed to be annoying or obnoxious by the general public. It is not illegal in Massachusetts to panhandle. Although there have been calls to enact an ordinance outlawing “aggressive” panhandling, it is unlikely that such an ordinance could withstand judicial scrutiny in

Massachusetts. Similarly, it is not illegal to be drunk in public: the police cannot arrest an individual sitting quietly in a public area while inebriated. A police officer can arrest an individual who is drinking in public, but only if the officer witnesses the drinking.

The Working Group identified possible strategies to address problems related to drinking in public.

Crime statistics reflect a trend toward increased violence and criminal activity within the homeless community. The majority of assaults reflect homeless-on-homeless assaults, including rape and murder, although there have also been reports of violence against the general public.

Working Group Recommendations Categorized by Area of Focus

Education:

- Implement a public education campaign to disseminate information to dispel myths about the inebriated and homeless populations through public forums, fact sheets, articles and cable television; identify which governmental and service agencies can provide assistance or referrals; and explain the various laws and ordinances that apply to the entire Cambridge community. (Part III)
- Implement a campaign to educate the public about the legality or illegality of certain behaviors, and the limitations on Police Department authority to take action. (Part IV)
- Increase public awareness of homelessness and substance abuse issues. (Part IV)

Policy:

- Develop an appropriate citywide policy that identifies legally permissible standards of public behavior; clarifies the consequences of breaches of the standards; and encourages ongoing discussions promoting tolerance of homeless men, women, and children in our community. (Part III)
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List of Appendices:

Appendix A

Participant List:

MULTIDISCIPLINARY WORKING GROUP: Addressing Issues of Homelessness, Public Intoxication, and Nuisance Behaviors

Appendix B

Massachusetts Legislation, Chapter 31 :

Authorizing Decrease in Liquor Store Hours of Operation

Appendix C

Cambridge Police Department Special Report dated October 14, 1999

Homelessness, Vagrancy, and Public Intoxication,
and Their Effect on Crime & Quality of Life in Cambridge

Appendix D

Directory of Resources for People Homeless in Cambridge

Updated October 21, 1999

Appendix E

Cambridge Census of Homeless Persons

July 23, 1998

Appendix F

Protective Custody Chapter 111B

Appendix G

SOS

Article about a program in New York City

Appendix A
Participants

MULTI-DISCIPLINARY WORKING GROUP:

Addressing Issues of Homelessness, Public Intoxication, and Nuisance Behaviors

Harold Cox, Chair	Cambridge Public Health Department
Stephanie Ackert	Cambridge Department of Human Services Programs
Benjamin Barnes	Cambridge Licensing Commission
Cristina Beamud	Cambridge Police Department
Suzanne Bird, M.D.	Cambridge Health Alliance, Psychiatric Emergency Services
Vicky Boulrice	Cambridge Police Department
Mary Clark	Consulting Editor
Macy DeLong	Solutions at Work
Tim Duffy	CASPAR, FirstStep
Patti Dugan	Cambridge Police Department, Domestic Violence
Ralph Dunphy	Cambridge Public Works Department
Gail Enman	CASPAR
George Fosque	Cambridge Emergency Communications
Arthur Goldberg	Cambridge City Solicitor's Office
Emily Goodfader	Cambridge Health Alliance, Emergency Department
Timothy Hogan, Lt.	Cambridge Police Department
Ron Layne	Cambridge District Court, Adult Probation
Bobbie Luise	CASPAR, Phoenix Center
Sheila McCallum	Cambridge Health Alliance, Emergency Department
Mark McGovern	Cambridge Health Alliance, Health Care for the Homeless
Brian Mickle	Cambridge Emergency Commission
Deborah Mindnich	Cambridge Health Alliance, Psychiatric Emergency Services
Karen Murch	CASPAR, FirstStep
Michael Ostacher, M.D.	Cambridge Health Alliance
Lynn Schoeff	Cambridge Public Health Department

John Sheehan, Sgt.	Cambridge Police Department
Darryl Smith	Cambridge District Court
Michael S. Sullivan	Bread and Jams
Len Thomas	Cambridge Multi-Service Center
Kathleen Townsend	Cambridge Public Health Department
Jack Vondras	Cambridge Prevention Coalition
Jeff Walker	Cambridge Public Health Department
Ronnie Watson	Cambridge Police Department
Tom Workman, M.D.	Cambridge Health Alliance, Emergency Department
Robin D. Wrex	Department of Mental Health

Members of the Senior Policy Group

Benjamin Barnes	Cambridge Licensing Commission
Harold Cox	Cambridge Public Health Department
Don Drisdell	Cambridge City Solicitor's Office
Ralph Dunphy	Cambridge Public Works Department
Gail Enman	CASPAR
George Fosque	Cambridge Emergency Communications
Jill Herold	Cambridge Department of Human Services Programs
Beth Rubenstein	Cambridge Community Development Department
Ellen Semonoff	Cambridge Department of Human Services Programs
Ronnie Watson	Cambridge Police Department