The external differences between the City and County of San Francisco and Napa County are readily apparent. While the entire county of San Francisco covers only 49 square miles, it is a densely populated urban area with a large and diverse populace. While Napa County covers a much larger area, a good deal of it is suburban and agricultural. The population is much smaller and overwhelmingly white. Over 65% of Napa County residents own their own homes, compared to 35% of San Francisco residents. While the median income in San Francisco is higher, 13% of their residents live in poverty as compared to 8% of Napa residents.

Given these inherent differences, how does each county provide necessary health and human services to its residents? San Francisco has a more complex approach, with separate departments for Public Health and Human Services, while in Napa these functions are combined in one department. The structure of each agency as it relates to the larger city and county is quite different, as are the political circumstances surrounding the role the agencies play in city/county government and in the community.

While both San Francisco and Napa Counties’ health and human services rely on nonprofit contracts to manage programs and provide services, the relationships between the nonprofits themselves and the city/county are dissimilar. One major reason is the Napa Valley Coalition of Nonprofit Agencies, a membership organization formed in 1995. In response to increasing requests from funders for more collaboration between service providing agencies, the coalition began as a way for participating agencies to work together in developing partnerships that would lead to better access to funding sources. The coalition has grown into a strong force advocating for the creation of innovative programs and services in Napa County.

The coalition has been very successful in bringing nonprofit agencies under the umbrella of one organization, working cooperatively and speaking with a collective voice. This was accomplished largely in times of increased resources and there have been clear benefits to these collaborative efforts. The fiscal situation is changing rapidly for the worse, and there is some question whether this type of organization can survive the tough budget times ahead.

* Cindy Ward is the Homeless Family Programs Manager for the San Francisco Department of Human Services.
COULD THE MODEL WORK ELSEWHERE?

There are advantages and disadvantages inherent in both large and small jurisdictions. While the collaborative model has worked well in Napa County, could it be translated effectively in a larger environment or are the differences too great? In a difficult fiscal atmosphere, the ability to lobby funders collectively and speak with one voice can be powerful.
INTRODUCTION

During my internship in Napa County I met with numerous staff from Napa Health and Human Services (HHS) and service providers from local nonprofit agencies. My interest was in examining the differences between a large county and a small county, and whether the model of nonprofit collaboration that exists in Napa could be replicated in a large city/county like San Francisco. In order to accomplish this, it was necessary to study the differences and similarities in the structure and environment of each jurisdiction, the history of collaboration in Napa and how it benefits nonprofit agencies and the community, and the advantages and disadvantages to both large and small settings. In addition, the potential impact of the pending budget crisis and how it may affect collaborative relationships was considered.

STRUCTURES AND ENVIRONMENT

In San Francisco, the Department of Human Services (DHS) is separate from the Department of Public Health (DPH). Both are a large part of city government and are primarily responsible for providing services to low-income, homeless, and other needy people. DHS manages most of the large federal and state funded programs such as General Assistance, CalWORKs, Medi-Cal, Food Stamps, and Child Welfare, and provides most of the city’s homeless services. All HUD-McKinney funding received by the city and county passes through DHS. DHS has an annual budget of $467 million, and employs over 1,700 workers. DPH provides all health services, including managing the mental health and substance abuse treatment systems. Both departments have seats on the Local Homeless Coordinating Board, which oversees the Continuum of Care plan. While staff within the two departments have formed positive working relationships and work closely on common projects, they are two distinct organizations with their own systems and cultures.

In Napa County all health and human services are provided by one department. Napa HHS has an annual budget of $55 million and a staff of 400 employees, and was the first agency in the state to integrate social services with mental health and drug and alcohol services. According to the staff at Napa HHS, this integration has been largely successful despite the cultural changes that were required. The physical site at HHS reflects this integration – all services provided by HHS can be obtained at one site. The site consists of numerous buildings including a childcare center, drug and alcohol services, a 24-hour emergency center, and a kitchen serving lunch to program participants.

Both San Francisco DHS and Napa County HHS contract with nonprofit agencies to provide many of the health and human services available in their communities. One main difference is the existence of the Napa Valley Coalition of Nonprofit Agencies, a collaborative of nonprofits working together to
secure funding, influence policy, and provide support to its member agencies. San Francisco has no such group.

**THE POLITICAL CLIMATE**

One of the differences between San Francisco and Napa that is readily apparent is the lack of political “drama” in Napa. In San Francisco both the Mayor and the Board of Supervisors have taken an active interest in the development and provision of health and social services. However, the relationship between the two is not always cooperative, and city departments can sometimes be caught in the middle of varying political agendas. This is especially true around hot-button issues like homelessness, in which there is a constant high level of scrutiny from the media and the public. In addition, San Francisco has a number of advocacy groups, such as the San Francisco Coalition on Homelessness, People Organized to Win Employment Rights, and the General Assistance Advocacy Project, who often have contentious relationships with city departments and do not hesitate to go to the Board of Supervisors with concerns and complaints.

All city and county departments in Napa are overseen by the County Chief Executive Officer, who works closely with department heads and the Board of Supervisors. Napa, like San Francisco, has experienced difficulties in placing homeless services programs in neighborhoods and has had to deal with negative community reaction. In Napa, service providers are considered to be advocates for the clients they work with and regularly communicate with the county about how to best address the needs of their consumers.

**THE COALITION**

The Napa Valley Coalition of Nonprofit Agencies was formed in 1995 when three executive directors of nonprofit organizations met to discuss the concept of bringing health and human services agencies together for the purpose of mutual support. The coalition is a recognized 501(c)3 with 54 members and 23 affiliate organizations. In addition to the main membership, there are 10 subcommittees that meet on a regular or semi-regular basis to address specific service areas, including housing, seniors, parenting, health access, behavioral health, alcohol, tobacco, and other drugs, and the continuum of care.

In addition to providing mutual support to its members, the coalition was formed as a way to secure funding from sources that were increasingly demanding collaboration among nonprofit agencies. During this time the concept of “wraparound” services was gaining in popularity, and agencies realized that they could not meet the diverse needs of every population working alone.

**THE COALITION’S MISSION, VISION, AND STRATEGIC GOALS**

The coalition identifies its mission as “to strengthen and support its collaborative nonprofit membership in the fulfillment of their health and human services missions in the Napa Valley”. They seek to provide a forum that promotes inclusion, fosters professionalism, and encourages a supportive environment thereby strengthening the membership and the health and human services available to Napa Valley residents. It is common knowledge in the community that any agency providing these services must belong to the coalition in order to operate successfully.
By serving as a conduit of information among members, the community, funding sources, and elected officials, the coalition keeps all stakeholders informed. They have become very skilled in engaging funding sources and elected officials, and have a place at the table for discussions about issues affecting the health and human services field.

The coalition acknowledges that initially the major impetus behind their formation was to attract funding. However, for continued success there must be something more than increased access to funding as a benefit to membership. Therefore, their stated goals address a variety of objectives that include the “glue” that holds the system together – having buy-in from every important organization in the county, not just nonprofits. Goals include:

- Creating and enhancing relationships within the community to build a stronger understanding of health and human services issues and benefits.
- Developing opportunities for collaboration.
- Providing training that strengthens the membership infrastructure.
- Determining basic human needs within this community, encouraging relationships with funding sources to participate in the process, and developing a community wide strategic plan to address those needs.
- Creating and fostering an inclusive environment of diverse opinions, expertise, and vision.

Especially important is agency-to-agency mentoring to provide technical assistance in developing best practices and the skills necessary for an agency to be successful. In this way, the Coalition hopes to continue to affect public policy, strengthen the health and human services forum, and increase services and the quality of those services.

**COLLABORATION BETWEEN NONPROFITS, HHS, AND OTHER FUNDERS**

Staffs of nonprofit agencies report an excellent working relationship with HHS, described by many as a partnership. HHS contracts with many agencies to provide a variety of services to the community and most of these contracts are with collaborations of nonprofit agencies. Many of these programs are made possible by the Wine Auction, an annual event that began as a fundraiser for healthcare. The auction now raises millions of dollars each year to support programs from housing to youth services.

In the mid-1990's it became increasingly clear that the auction, along with other funders and the continuum of care plan, were looking for nonprofit agencies to work together toward innovative programs that would meet a variety of client's needs, often at one site. Nonprofits responded, in part because they had to in order to attract funding. Agencies who had never considered working together began establishing relationships, applying for and receiving funding as partners.

Napa HHS was an early supporter of this collaborative concept, as well as being a partner in new projects either as a funder or a member of the collaboration. In fact many creative programs have grown out of the movement towards collaboration. These include:

- **Bridge House**, a transitional program for men on parole, probation, or recently released from jail. The services are designed to help these men increase their education and/or employment skills and become productive members of society. Catholic Charities operates the program in collaboration with Napa County Department of Corrections, County Adult Probation, and Inside Out Detention Ministries with funding.
made possible by Proposition 36.

- **Satellite Housing Program**, supportive housing for single adults who have a history of disabling psychiatric impairment. The program’s services allow clients to live independently in a non-institutional setting. Family Service of the North Bay collaborates with many groups, including Napa County Mental Health Adult Services, with an emphasis on coordination with outside case managers and other significant people in the client’s life.

- **Rainbow House**, a transitional housing program for young women 18-24 years old who are pregnant or have a child under age five. Many of these women have been involved in the child welfare system and/or are youth exiting foster care. The services are designed to increase independent living and parenting skills and move families toward their own permanent housing. Catholic Charities runs the program in conjunction with Napa County HHS and the Cope Family Center.

In May approximately 100 Napa Valley area philanthropists gathered for a workshop on how to increase giving by having nonprofits, government agencies and private foundations work together. The workshop included presentations from the coalition and several nonprofit agencies. The success of the workshop will be measured by the Rockefeller Foundation to determine how communities like Napa encourage philanthropy among residents. The event was the first philanthropy-geared workshop to be held in Napa, and the plan is to hold conferences like this on an annual or bi-annual basis. Clearly the idea is that collaboration is not only the way of the recent past, but also the way of the future.

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**THE MAPPING PROJECT**

For several months Napa HHS and the coalition have been involved in a joint process of “mapping” all the services provided by coalition agencies, including determining:

- The client population being served,
- What their needs are,
- What services are being provided,
- What needs still exist, and
- What duplication of services may exist.

One of the goals of this project is to be better able to make difficult decisions about budget cuts - if cuts are needed, where will they be the most effective and the least damaging? Coalition members are very aware of a perception in the community that many small agencies are providing similar services to similar client bases. In tough financial times, the question becomes “Do they all need to exist and be funded?” As service providers, coalition members support programs having differences in philosophies, missions, program models, and services design, but also understand the concern about duplication of services. At a meeting I attended, members discussed the coalition taking a more active role in educating funders, policy makers, and the community about how nonprofits are operated and what constitute “critical services.”

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**IMPACT OF THE BUDGET CRISIS ON COOPERATIVE RELATIONSHIPS**

Not surprisingly, the impact of the budget crisis was at the forefront of every conversation I had with staff in Napa, county and nonprofit service providers alike.

The coalition is supported by Napa HHS and by funders who want to see interdependence and coop-
eration – in all likelihood this fundamental fact is not going to change due to the budget crisis. However, as we have already seen everyone is and will continue to be impacted by the crisis. Government funding, foundation grants, and private contributions may decrease significantly, all of which greatly affect nonprofits’ ability to function effectively.

In this climate, smaller agencies, without a well developed infrastructure, and those who serve small “niche” populations suffer. As I heard from one person, “Some nonprofits should probably fold or be absorbed, but who wants to make these decisions when you are supposed to be ‘partners?’” This question relates back to the mapping project and making decisions about where best to make necessary cuts or support programs in making their own decisions about the future through downsizing or consolidation. Of course, this requires that the relationships between agencies continue to be cooperative.

Some people expressed the concern that the coalition may break down as agencies fight among themselves for funding to maintain their programs. One person said, “The Coalition was formed out of necessity for (funding) survival – now the strong cohesiveness that used to exist is damaged due to lack of funding,” while another stated “Everyone is in survival mode, which doesn’t bode well for collaboration.”

Others were more optimistic about the coalition surviving this difficult time. Given that collaboration continues to be necessary to access most funding sources, there is no other alternative but continued cooperation and the only way to survive is by staying together. One nonprofit staff person said, “The reality is that if you don’t collaborate, you get nothing – so something, even a cut, is better than nothing.” Even so, coalition members are pragmatic about their situation, as one member indicated by saying “We are past the point of pleading our case and then waiting for someone to come and save us.”

**CAN THE MODEL WORK IN A LARGE COUNTY?**

Based on my experience in San Francisco, I believe the model is already working here, to some extent, mostly in the neighborhoods. The Mission, the Tenderloin, and Chinatown all have well-developed community groups that advocate for programs and services for some of the same reasons the coalition does – increased access to specialized funding sources, an understanding of common goals, and a shared vision. One example includes the SRO Hotel collaboratives that have been created in each of these neighborhoods. Each group had a common concern regarding the condition of SRO hotels in their communities, and the tenants who were suffering from everything from lack of tenant education to displacement and homelessness due to hotel fires. The collaboratives began as grass roots tenant organizations and ended up being funded by the city.

Part of the Coalition model working in a larger environment has to do with what advantages and disadvantages small and large counties have in collaborating in order to provide effective services, as outlined on the next page.

While San Francisco boasts a wide variety of nonprofits that contract with the city to provide services, it does not have a strong nonprofit organization consisting of agencies that provide health and human services across the board, nor does one exist in the “niche” service provider communities, such as homeless service agencies. While agencies work collaboratively in certain situations or on certain projects that require it, there is no shared vision or
collective voice coming out of the nonprofit community. I believe this lack of collective voice could make tough budget times even more difficult for San Francisco nonprofits, as compared to those in Napa County.

As someone describing Napa County told me, “One person really can make a difference – for good or for bad.” It is difficult to imagine that this could be the case in San Francisco, except for those individuals who hold a great deal of political power. For good or for bad, San Francisco is too large and complex a jurisdiction for this to be possible – which is why the idea of collaboration and coalition-building should be attractive to San Francisco nonprofits. While it is not within DHS’s purview to promote or establish an organization such as the coalition, I believe this kind of association could be beneficial to nonprofit agencies with whom I work.

**ACKNOWLEDGEMENTS**

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<td>Strong sense of community</td>
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<td>Easier to identify shared goals</td>
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<td>Collaboration increases available funding</td>
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