A Community Working Together: The Evolution of Integrated Services in Napa County

B. Michael Katrichak*

Executive Summary

In 1980, a decision by the Napa County Board of Supervisors integrated the delivery of Human Services through the creation of the Human Service Delivery System. In 1992, Health Services was integrated to further create Napa County's Health and Human Services (HHSA). Napa faced and overcame some incredible challenges in the process of service integration. Union issues, the challenges with staff in the integration of "cultures" as well as services, and the indentification of managers who could successfully implement the vision and values, were but a few of the hurdles to be overcome. Through the process of integration, however, it appears that Napa learned how to build good working relationships with varied (non-profit and private sector) partners in the community. This later turned out to be the key to finding new ways to sustain the quality service delivery that the Napa community sought to maintain.

In 1990, increasing budget deficits forced the closure of the Napa County Health and Human Services 24-hour Crisis Clinic, and heralded the demise of the self-contained integrated system of Mental Health and Substance Abuse care. Increasing pressure was put on the non-profit system to respond, however, the private sector was both underfunded and fragmented. So, in 1992, Napa County Health and Human Services collaborated with the private sector to develop the Napa Walk-In Center. This was an important first step for the County and the non-profit sector to work together to solve a problem. From that point, the varied levels of parnering and collaboration led, in 1995, to the creation of the Napa Valley Coalition of Non-Profit Agencies. Today, the Coalition and its many focused committees, have recreated and enhanced the quality of services that originally flowed out of the initial integration of services. This is testament, indeed, to the power of effective collaboration.

At the present time, the "tapestry of life" which currently exists in San Mateo County, is facing an immediate threat which will alter its present demographics. The lower to mid-range socioeconomic families, which include a rich cultural diversity, are rapidly being forced to move out of the County. The factors creating their displacement are: the lack of affordable housing; a gentrification of most residential areas, and; job salaries which cannot keep pace with the escalating cost of living. Given this threat to the very fabric of the San Mateo community, it is recommended that the San Mateo Human Services Agency adopt from the Napa model and consider hiring a full time community organizer to assist existing coalitions or the formation of a new one(s), to support the retention of endangered residents.

It could well be inappropriate to attempt to replicate the Napa model on a county wide basis in San Mateo. Rather, the Napa model appears to lend itself to a more regionalized concept. In San Mateo County the north, central and southern regions that are administrative units already may be a more viable conduit for implementing coalition support. On yet another track, it may be even more appro-

*B. Michael Katrichak is a Multidisciplinary Training Specialist with Staff Development/Vocational Rehabilitation Services in San Mateo County's Human Services Agency.

priate to support specifically identified neighborhoods like North Fair Oaks in Redwood city, or cities such as Daly City in the north and East Palo Alto in the south.

At the present time, San Mateo Mental Health and Alcohol and Drug Services are partnering to establish a Day Center, where CalWORKs and other San Mateo clients might access their integrated services. It is recommended that San Mateo Mental Health, Alcohol and Drug and their consultants explore the Napa "Front Porch" model. Though "The Front Porch" is a much more elaborate model, it appears that there are specific aspects to the model that may be easily replicated in a Day Center in San Mateo.

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History of the Integration of Napa County's Health and Human Services

In May of 1980, a major decision by the Board of Supervisors to integrate the delivery of Human Services, initiated the road to what would become an incremental integration of Health and Human Services in Napa County. A visionary frontrunner for its day, this initial phase of integration brought Mental Health and Alcohol and Drug Services together with Social Services. Four division chiefs headed up a Children's Division, an Adult Division, an Alcohol and Drug Division, and a Community Services Division. Initially, eligibility was kept fairly separate, though it would become more integrated at a later date. Fiscally, Napa still continued to report to nine separate state agencies. Thus, fiscal itself was not integrated, but the management of fiscal services was.

A state waiver opened the way for the first experimental integration of Child Protective Services with Mental Health. The concern of the state centered on audit and fiscal considerations, though support was extended to assist in the process of integrating these services. Over time, workers were cross-trained to integrate these two roles into one. This integration further allowed for the creation of a 24-hour Behavioral Health Crisis Clinic, which allowed for a more aggressive outreach into the community.

The integration of Human Services in Napa County was driven by the values in its mission, and by its vision of providing a better delivery of services. The vision was to provide services to folks to empower them to self-actualize to the best of their ability.

The first few years, though, proved to be an incredible struggle. There were issues with the Unions to be dealt with, and challenges with staff as not only services, but also "cultures" were integrated. After two to three years, some of the social service directors who found the changes too radical, left the agency. Then, the culture began to change, as directors were hired to promote the changes brought about through integration.

In September 1983, having walked through the first throes of integration, the Human Services Delivery System underwent another reorganization. The number of managers was reduced with a concurrent increase in the scope of their duties. For the first time, the position for a Chief Fiscal Officer was created, to begin the integration of finances. Two other new positions were an overall Program Chief, and a MIS (Management Information Systems) manager. At the point of this reorganization, a new Eligibility Division was created, to address the integration of eligibility into the overall system delivery of services.

In October 1992, Public Health was combined with the Human Services Delivery System to create Napa County Health and Human Services (HHSA). A Director of Health and Human Services was appointed to oversee the integrated agency. Additionally, a new Deputy Program Chief was created to oversee Children and Adult Services. At this time, a committee was appointed to complete an organizational design for the agency. In July of

1994, a Health and Human Services Fiscal Division was created to better address the fiscal needs of HHSA.

The new Health and Human Services administrative design was implemented in July of 1996. Essentially, a Children's Division and an Adult Division were created to provide all services to children and adults. A HHSA Division Manager position was created to oversee these two divisions. Public Health, Mental Health, CWS, Older Adult Services, and Eligibility were all divided into these two divisions. All of the following were brought together into the Children's Division: WIC—Women, Infant, Children's Program; CHDP—Child Health and Disability Prevention; Public Health Nursing & the Children's clinics; Eligibility; Paranatal Alcohol & Drug Services; Children's Mental Health (SOC), and; CPS—Child Protective Services. The following were brought together in the Adult Division: Mental Health; Forensic Services, Alcohol and Drug Day Treatment Program, and; CSOA—Clinical Services for Older Adults.

In January 1998, the most recent HHSA reorganization took place. Eligibility and Children's Health were taken out of the Children's Division, and a new Behavioral Health Manager position was created to oversee the Children and Adult Divisions. Thus, the evolution of Napa Health and Human Services had reached the integrated service delivery system, which it is today.

Lessons Learned

The integrated services of Napa County have repeatedly shown that, overall, this integrated delivery of services is better for clients. As with the "One Stops," anytime clients can access multiple services from one center, without having to reduplicate eligibility and other paperwork, they are going to be better served in the long run. Clients in Napa County do appear to have benefited the most from the increased integration of services, which have traditionally focused on providing them with more timely and high quality, individualized services.

One important lesson that Napa learned, though, is that integrating services has to be approached on the basis of the vision, mission and value of delivering better services for the consumer. It can't be approached on the basis of saving money, because in the first few years it actually costs more money to integrate services. The added expenditure of things such as additional audits, hiring facilitators/consultants, and additional training actually increase costs. It is only down the road, once the integrated services have been fully realized, that savings may start to be generated.

Napa has also learned that ongoing strong leadership, with a clear and focused vision, is essential to accomplish a goal of integrated services. The complementary formula of having this solid, visionary leadership together with "attention to detail" managers to effectively handle "day to day" operations, is one that works. Another lesson learned is that it is possible for staff to be cross-trained and to be able to perform multiple tasks. When a staff person says, "you don't understand my discipline," it is entirely possible to completely understand that staff person's discipline, and furthermore, to incorporate it into one's daily work. The Napa experiment demonstrates that core human service skills do translate between the varying human service disciplines. Moving staff helps to build greater knowledge and acceptance, though it has also been learned that physical working space is equally important.

Organizational charts are necessary, but Napa has learned that you can't always live by them. In times of more rapid evolution, or perhaps when key personalities don't always match with organizational positions, then the chart becomes a more flexible organizational tool. One bonus that Napa has learned is that integration brings in other things that might not have been originally expected. For example, by integrating health brings along the prevention focus, which is such a mainstay in the delivery of health services. Hence, such an integrated addition, heightens the awareness (and program development) of prevention in the delivery of all other services, as well as by integrating existing health prevention programs into all service delivery. It appears that Napa is currently on the cutting edge of moving more aggressively in addressing Public Health's contribution, and in focusing more resources into the direction of prevention. In fact, the flow in service delivery which Napa County Health and Human Services has witnessed is the original movement of inpatient to outpatient services, and now a gradually movement from outpatient into more and more prevention services.

Perhaps one of the most interesting lessons that Napa has learned is that staff doesn't necessarily operate as "one nation," but rather in smaller units or "tribes." Deputy Director, Jim Featherstone, believes that people relate better to "tribes" than to "the nation". Following this philosophical stance, Napa came to see that staff identify themselves in "tribal" units, usually groupings consisting of between 8 and 12 staff members. It appears that this reflective knowledge can be critical in creating multidisciplinary units focused toward working with target populations.

Ongoing Challenges

Napa has learned that some staff is more flexible than others are, and it is a challenge to train and work with more "inflexible" staff who have an especially difficult time with change. On the other hand, Napa has also learned that you can sometimes stretch staff too far, thus compromising effectiveness and productivity. Thus, the challenge is to strike as healthy a balance as possible.

Program change is driven by money, and by better delivery of services. Napa has learned that the bad side of more money is more rules, regulations, auditors, and ultimately more scrutiny. The ongoing challenge is to find a way to comply with varied funding streams, while attempting to maximize an integrated service delivery geared to the needs of the consumer.

Another ongoing challenge is to move decision making down to the lowest level, ensuring that the experience and "front line" knowledge of staff is incorporated into the decision making process. Napa has also learned that, on the one hand, conducting multiple tasks can be more exciting but on the other hand, they can also be more taxing. The challenge is to closely monitor the "taxing" aspect, as it can ultimately lead to staff burnout if it goes unchecked. Alas, another challenge is that integration requires many meetings! Last, though not least, change is necessary but difficult.

Current Evolution

Though the 20-year evolution of integrated services in Napa County is impressive in itself, the projects, which are a part of the current evolution, may be even more so. The integration of Health and Human Services has reached the point where it has moved

beyond, into the wider community, to actively engage other private agencies and organizations.

What follows is a limited description of two very exciting organizations/projects, which have evolved out of this history of collaboration, and partnering. The first is the Napa Valley Coalition of Non-Profit Agencies, which began in 1995, and is currently beginning to realize many of it vision steps. The second is "The Front Porch," a collaborative and enterprising project, which comes out of the work of the Behavioral Health Committee, a part of the Napa Valley Coalition of Non-Profit Agencies.

Napa Valley Coalition of Non-Profit Agencies

In 1995, four people sat down to talk about forming a support group for executive directors of non-profits, and the seeds were sown for a full-fledged coalition. At the first meeting, the executive directors of six private non-profit agencies in Napa County met with Dan Corsello, the former Director of the Health and Human Services Agency, to discuss forming a viable coalition. Today 50 private non-profit agencies in the greater Napa Valley are active members of the Napa Valley Coalition of Non-Profit Agencies (NVCNPA). In addition, about 10 non-voting associates (i.e., probation), who are vital to the progress of the Coalition, also participate. Each of the private non-profit agencies is represented by their executive director, or by a manager appointed by the executive director, to membership on the human services Coalition. The Director of the Health and Human Services Agency did not become a member of the Coalition until she was invited to do so by the organization, a year after their formation. The Coalition has multiple committees (see Appendix 1 [a-c]), to spearhead and focus the challenges and tasks which confront the delivery of health and human services throughout Napa County.

The amazing thing is that these private non-profit agencies, which had previously engaged in high competition between each other, are now unified in their efforts to secure a continuum of care for the disadvantaged populations of Napa County.

The impact of the coalition has been felt locally and on a statewide level. Historically, the Napa City Council has not given any funding to private non-profits. However, through the cumulative impact of the coalition, the city council has granted $750,000 over the past three years toward building repair of participating coalition agencies. The growing sense of empowerment is evident in following the agenda and discussions at a coalition meeting. A recent "Economic Impact Report" (see Appendix 2 [a-i]) manifests the growing "clout" of the coalition, through their combined resources. With annual revenues of almost 40 million dollars, and with health and human services to over 45 thousand clients, the group grows more formidable. Suddenly the potential appears endless, from the purchase of group health insurance for all non-profit employees, to creating services to fill gaps in the continuum of care for area residents. On a statewide level, the coalition model developed by Napa County is wanted by many throughout the State of California. As for itself, a future vision of the coalition is to become a Learning and Training Institute, so that others may learn from what it has been able to accomplish.

"The Front Porch"

Back in the 1980's when services became integrated, Napa County had created a self-contained, integrated system of care for mental health, substance

abuse, and other family crises. This system included a 24-hour Crisis Clinic, a 24-hour Detox Unit, an Outpatient Clinic, a 28-day Residential Substance Abuse Treatment Unit, and an Emergency Response Team.

In 1990, forced with increasing budget deficits, Napa County Health and Human Services closed its 24-hour Crisis Clinic. As fiscal pressures increased, not only was the Crisis Unit closed, but so too were the Detox Unit, Outpatient Clinic, and Residential Substance Abuse facility with the Emergency Response Team being eliminated as well. The immediate impact of these closures was that only the most severely and chronically mentally ill could be treated. Most children, families and those needing help with emerging problems were left to fend for themselves. They were deemed "too well" for the limited services that were available.

The loss of the Crisis Clinic and its integrated services affected the entire delivery system of the area. The non-profit community had depended upon the county for these services, and for the fact that they had acted as a screener for the services they provided as well. Now that the county system was gone, increasing pressure was placed on the non-profit sector to respond. However, the private sector was both underfunded and fragmented.

In 1992, Napa County Health and Human Services, together with the private sector, responded by developing the Napa Walk-In Center. This program, administered by Lutheran Social Services, trained volunteers to provide crisis intervention counseling three evenings a week. While the program could barely begin to meet the extremely high level of mental health needs of those in crisis, it was an important first step as both the county and the non-profit sector worked together to begin to solve a problem.

In 1996, Napa's mental health providers came together forming the Napa Mental Health Committee. With funding from the Blue Cross Foundation, they created a vision for a 24 hour, 7 days a week system of care. Later they included the Alcohol and Drug Committee under the umbrella of the Behavioral Health Committee, enabling agencies to work in collaboration with each other, rather than in isolation.

The Behavioral Health Committee (See Appendix 1, page b) was one of the firsts formed by the Private Non-Profit Coalition. With a plan for ongoing sustainability, their "Front Porch" is about to be realized, in part through a large supportive grant from the California Endowment. "The Front Porch" will be a One-Stop entry point and information center for day and after hour's services in the form of a new, integrated, multi-agency after-hours response center for mental health, social services, and substance abuse services. "The Front Porch" will be:

- **One Place to Call:** Unifying existing help lines and crisis lines run by governmental and non-governmental agencies. Putting volunteers who answer calls in one place with supervision will improve quality and coordination.
- **Whatever the Severity of the Need:** Information, drop-in services, peer counseling, brief mental health counseling, alcohol and drug intervention, groups (self-help, support and therapy), walk-in crisis response, psychiatric evaluations, and emergency psychiatric services. The response center will serve as a staging area for services to other locations. Outreach to people's homes in crisis situations will be part of the initial design, and additional multi-disciplinary services to outlying areas and hard-to-reach communities will be added.

- **A "Time-Out" to Prevent Escalation:** Childcare for people who have come to seek services. Several hours of respite for the caretakers of young, old, sick or disabled people to prevent frustration or exhaustion leading to abuse. An overnight bed for stabilization to prevent the need for temporary hospitalization or incarceration.
- **Protective Services, Life Sustaining Social Services, and Victim Response:** Victim witness, sexual assault, and domestic violence services, adult protective services, child protective services, and emergency aid such as vouchers for food, prescriptions, diapers, baby formula, and overnight motel stays for temporary shelter.

The project design of "The Front Porch" brings together interagency and community collaboration to meet the behavioral health needs of the under-served of Napa County. What is really amazing is that many of these same services have come full circle. The original self-contained and integrated service delivery system that was the Napa Human Services Delivery System from the 1980's, has now been resuscitated and enhanced through a public/private sector partnership, which is the Napa Valley Coalition of Non-Profit Agencies. In other words, rather than be defeated by the fiscally driven closure of public services, the Napa community strategized and built on the collaborative relationship they had established in order to recreate and enhance those services through a public/private sector design.

Conclusion

The 20-year experience of integrating services and collaboration has positioned Napa County to face the challenges brought on in providing an ongoing continuum of care for the under-served populations within its community. It can be argued that this has been possible for Napa County given its population numbers (approximately 125,000), making it a more manageable county for the delivery of services. And yet, its models of integrated Health and Human Services and the Coalition of Non-Profit Agencies appear to be replicable in part, if not in whole. Perhaps the real challenge lies not in the size of the county, but in the strength of its vision and mission to provide better integrated services.

The key elements in creating these models are visionary leadership, dedicated commitment, and plain hard work. It can also be argued that these models have been successful because of the visionary leadership of unique individuals like Napa's Dan Corsello, Terry Longoria, and Jim Featherstone, and that it might be difficult to replicate such a level of leadership. And yet, every community no matter how large or small has visionary leadership that can be identified and charged with a mission such as Napa's. Perhaps the harder elements are the latter two. A long-term dedicated commitment through thick and thin is not easily come by, and plain old hard work through a long process of building working relationships can be equally taxing.

These factors aside, the bottom line is that Napa County faced their organizational life change to process and proceed forward, rather than fall back. When proof arrived that public funding could no longer support its quality service delivery, Napa then regrouped and built upon the partner relationships already in place to design a public/private/non-profit model that would secure those same quality services. Given its size and positioning, Napa County may well be a herald to the route that many other counties may be already undertaking, or may need to in the near future. In this regard, the vision of a Learning and Training Institute may

prove to be a gift to other counties who want to secure their own delivery of quality integrated services.

Implications for San Mateo County

The "tapestry of life," which currently exists in San Mateo County, is facing an immediate threat which will alter its present demographics. The lower to mid-range socioeconomic families, which include a rich cultural diversity, are rapidly being forced to move out of the county. The factors creating their displacement are: the lack of affordable housing; a gentrification of most residential areas, and; job salaries which cannot keep pace with the escalating cost of living. Given this threat to the very fabric of the San Mateo community, it is recommended that the Human Services Agency consider hiring a full time community organizer to assist existing coalitions or the formation of a new one(s), to support the retention of endangered residents.

It could well be inappropriate to attempt to replicate the Napa model on a county wide basis in San Mateo. Rather, the Napa model appears to lend itself to a more regionalized concept. In San Mateo County the north, central and southern regions that are administrative units already may be a more viable conduit for implementing coalition support. On yet another track, it may be even more appropriate to support specifically identified neighorhoods like North Fair Oaks in Redwood City, or cities such as Daly City in the north and East Palo Alto in the south.

At the present time, San Mateo Mental Health and Alcohol and Drug Services are partnering to establish a Day Center, where CalWORKs and other San Mateo clients might access their integrated services. It is recommended that San Mateo Mental Health, Alcohol and Drug and their consultants explore the Napa "Front Porch" model. Though "The Front Porch" is a much more elaborate model, it appears that there are specific aspects to the model that may be easily replicated in San Mateo.

Appendix 1a

Coalition of Non-Profits

Committees

Executive Committee

- **Supervise Executive Director**
- **Create Strategic Plan**
- **Prepare Meeting Agenda's**
- **Financial Review**
- **Committees**
- **Economic Survey**
- **Electronic Connectivity/Web sites/Computers**
- **Education**
  - **Candidates Forum**
    - **City Council**
    - **School District**
    - **County Supervisors**
    - **Leadership Napa Valley**
  - **Grant Writing**
- **Funding Collaborative**
  - **CDBG (Community Development Block Grant)**
  - **Marin Trust**
  - **Headlands Foundation**
  - **United Way**
  - **Wine Auction**
  - **Gassar Foundation**
  - **Napa Solano Leadership**
  - **Queen of the Valley - Health Care for the Poor**
  - **Hands Across the Valley**
  - **Community Foundation of the Napa Valley**
- **Hiring Executive Director**

Public Relations Committee

- **Newsletter**
- **Radio PSA's**
- **Public Access Television Program**

Appendix 1b

Drug and Alcohol Committee

- **Education/Prevention/Outreach**
- **Native American Services**
- **Latino Services**
- **Juvenile Services**
- **County Plan**
- **"Wolfe" Youth Center**
- **Residential Stabilization Center - Detox/Residential Treatment**
- **Drug Court**
- **Jail Services**

Behavioral Health Committee

- **SOP**
- **Jammin' Co/Cybermill**
- **ABC Grant**
- **EPSTD**
- **Internship**
- **Front Porch**
- **Cal Endowment**
- **Transitional Youth**
- **Core Training**

Housing Committee

- **Transitional Youth**
- **TRAIN**
- **HOME**
- **Inclusionary Ordinance**
- **Continuum of Care**
- **Affordable Housing Projects Education & Support, i.e. Skyline Project**
- **Consolidated Plan/Housing Element/General Plan**
- **Affordable Housing Task Force**
- **FEMA Board**
- **Season of Sharing Coordinating Council**
- **Project Darryl**

Parenting Coalition

- **Resource and Referral**
- **Parenting Work Brigade**
- **Community Awareness Campaign**
- **Prop 10 Children and Families First**

Appendix 1c

Community Development Block Grant (CDBG) Committee

- **Prioritizing Committee**
  - **Develop Priorities, Strategies and Applications**
  - **Review Process and Applications**
  - **Prioritize Collaborative Grant Applications**
  - **Recommendations to CDBG Committee & City Council**

Safety Net Food Committee

- **Sunday Feeding Program**
- **Hands Across the Valley Funding**
- **Leadership Napa Valley**

Disabilities Committee

- **Awareness Week**
- **Advocacy**

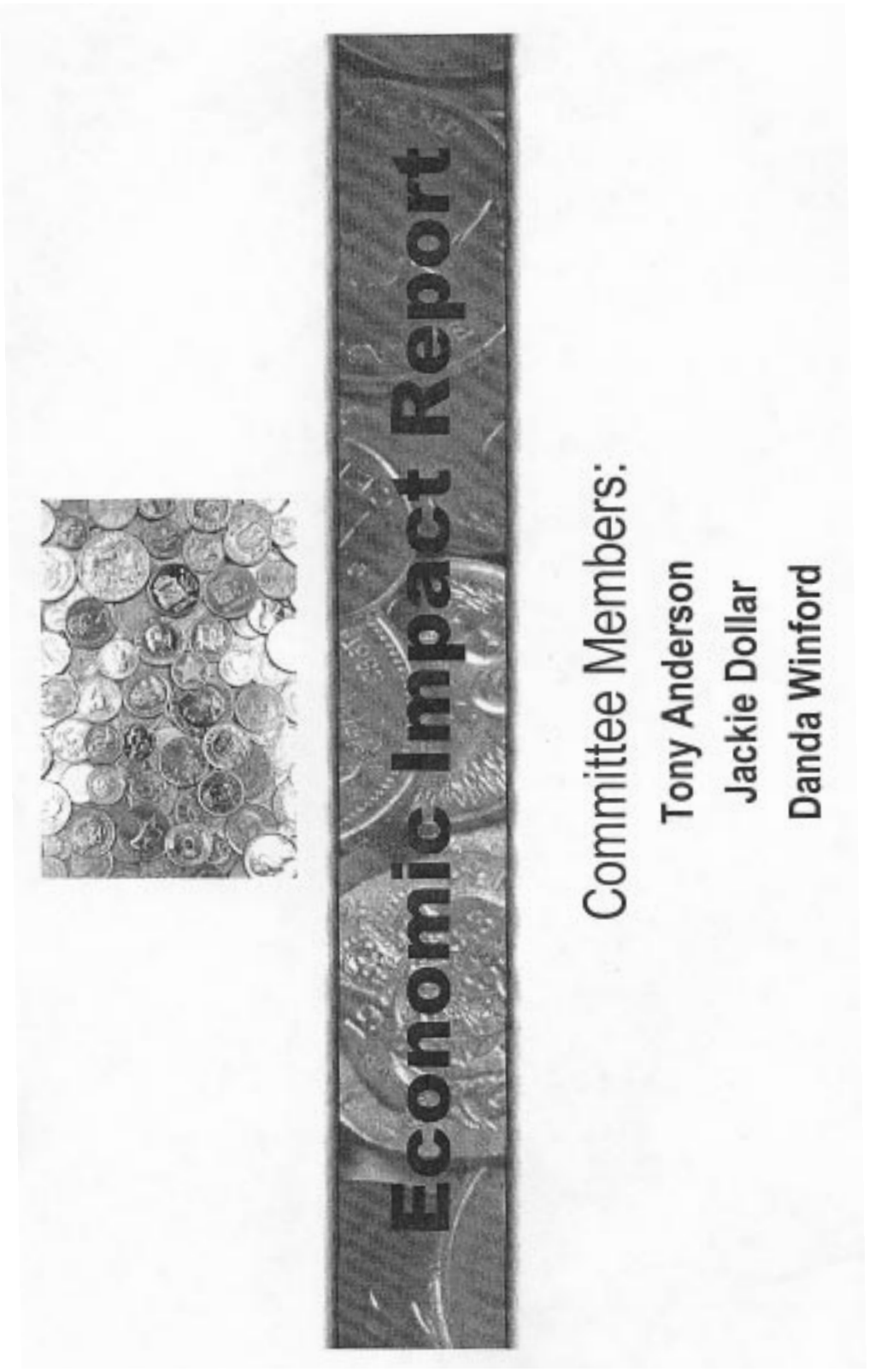
Alzheimer's Committee

- **Education**
- **Training**
- **Respite Care**

Appendix 2a


Napa Valley Coalition of Non-Profit Agencies
NVCNPA
Survey 2000

Appendix 2b


Economic Impact Report
Committee Members:
Tony Anderson
Jackie Dollar
Danda Winford

Appendix 2c

Outline
Who Receives Our Services?
Dollars Spent in the Valley
Where the Revenue Comes From. . .
Employment
The NVCNPA provides health and human services to the Napa Valley region.
This presentation provides an overview of the coalition's economic impact on the Valley.

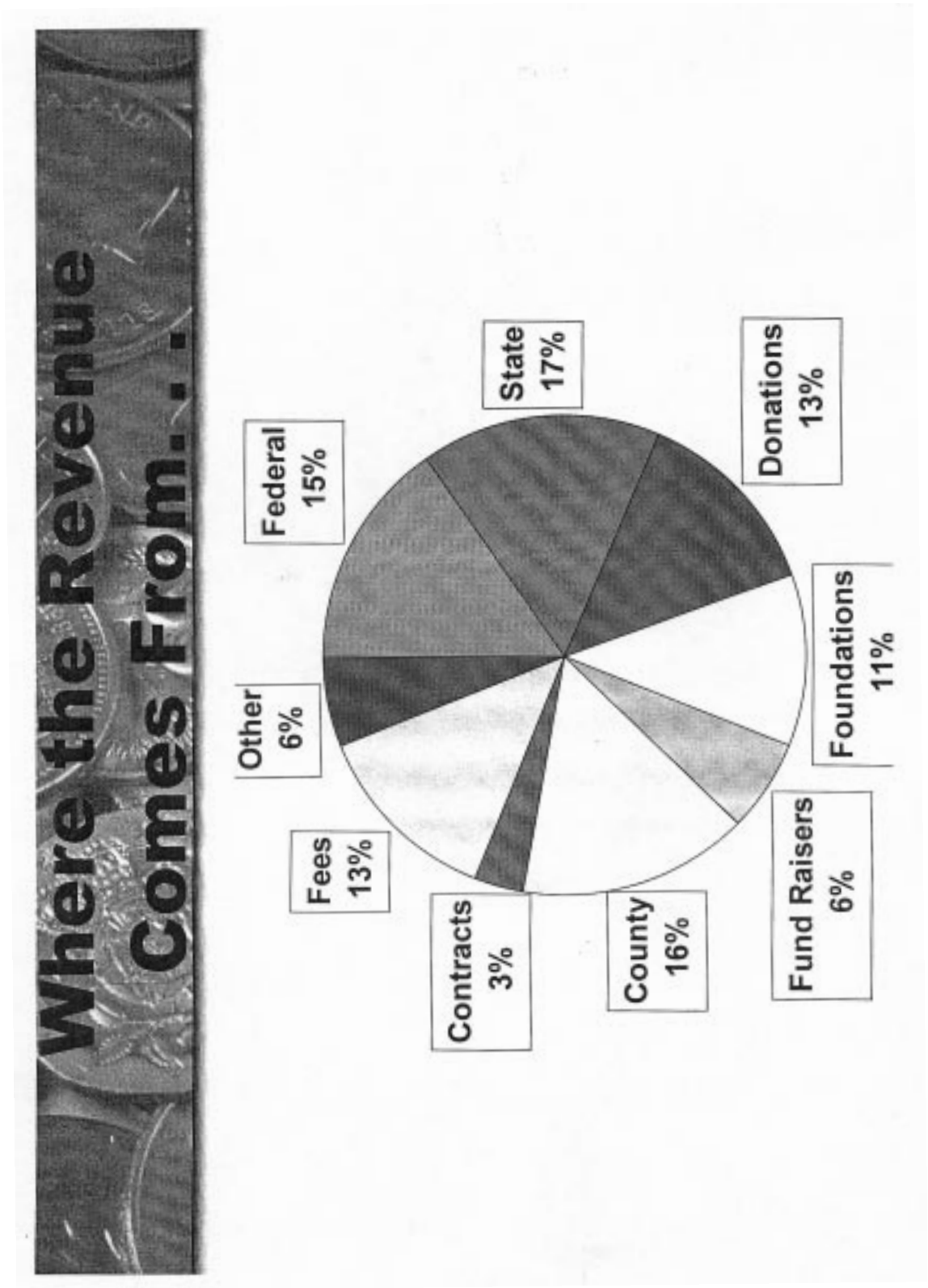
Appendix 2d

Who Receives Our Services
• 45,887 people with health and human services needs:
• Senior services
• Substance abuse
• Education support
• Housing support
• victims support prevention
• Food programs
• Homeless Services
• Children and Families
• Low income support
• Disability Services
• Mental Health Services
• Employment services
• Youth programs
• Health related Services

Appendix 2e

Dollars Spent in the Valley
Payroll $18,362,000
Medical and Dental $926,575
Insurance $418,240
Rent/Leases $1,593,616
Utilities $685,697
Food $980,152
Office Supplies $280,817
Bldg Repair $341,221
Vehicles $409,179
Printing $164,688
Trainings $203,464
Audits $183,843
Education $180,649
Computers $94,779
Professional $951,878
Vendors
Construction $2,984,680
Real Estate $404,707
Equipment Purchase $268,365
Banking $75,045
Other $583,632

Appendix 2f


Where the Revenue Comes From. . .
State 17%
Donations 13%
Federal 15%
Foundations 11%
Other 6%
Fees 13%
Fund Raisers 6%
Contracts 3%
County 16%

Appendix 2g

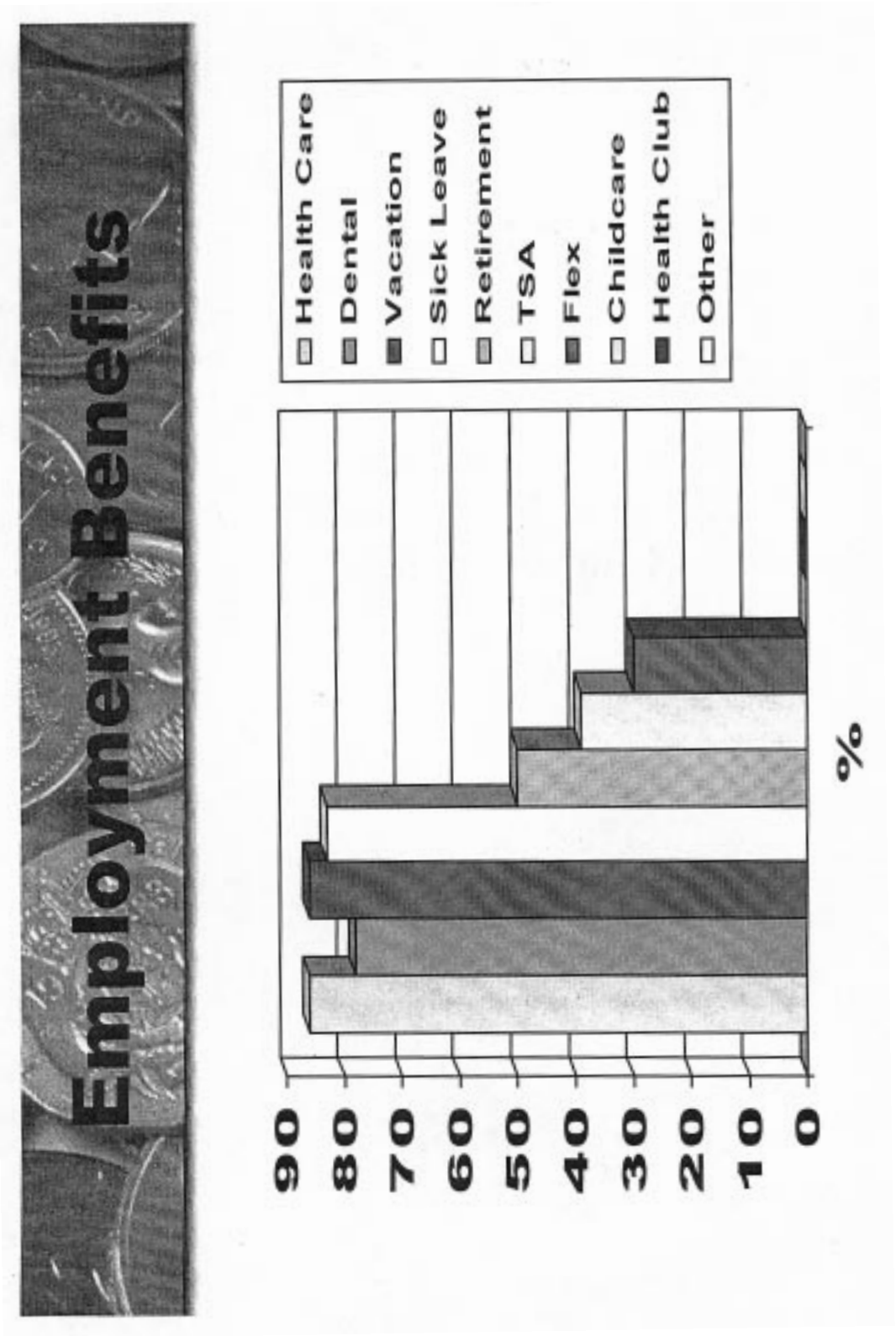
Employment Figures

Salary Range	Low	High
Support Staff	$1434	$2016
Line Staff	$2123	$2599
Program Coordinators	$2365	$2919
Professionals	$2938	$3851
Directors	$4026	$5148

Staff Data	
Full Time Employee	503
Part Time Employee	323
Total Employed	826

Volunteers	
Number of Volunteers	2731
Total Hours Provided by Volunteers	132395

Appendix 2h


Employment Benefits
Health Care
Dental
Vacation
Sick Leave
Retirement
TSA
Flex
Childcare
Health Club
Other
90
80
70
60
50
40
30
20
10
0
%

Appendix 2i

Summary
• Total Annual Budget: $38,694,838.00
• 204 distinct program with about half of those programs based in the Valley
• 80% of those surveyed estimate growth within the next three years.