PARTNERSHIPS IN SAN MATEO COUNTY: WHY BOTHER?

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INTRODUCTION

Partnerships can be either cooperative or collaborative. The difference lies in the goals of the partnership. In a cooperative effort, the partners may share clients, space, and information but they do so with their own goals in mind. In a collaboration, the partnership is working toward a single goal or set of goals, and more than sharing is involved. According to The Education and Human Services Consortium, in a 1991 publication: "The advantage of collaboration over cooperation is the possibility it affords to restructure the expertise and resources of partner agencies and... design and deliver services that are developmental rather than remedial in philosophy, preventive rather than merely corrective in approach, and centered on the total needs of the child and family."[1]

In today's world the increased demands on human services delivery systems far outpace the increase in available resources to meet those demands. In order to provide effective and meaningful services to those in need, it has become absolutely imperative for those charged with providing the services to collaborate with each other. Never before has the challenge to "do more with less" been heard more often. For the past decade, those of us in the human services field have been challenged to find creative ways to provide services to clients because of diminishing resources. Equally important is the responsibility to avoid duplication of services by single or multiple agencies, so that more clients can be served, and also to provide more streamlined, personalized services to each family.

Simple logic would tell us that collaborating and combining resources is an obvious step in that direction. Unfortunately. collaborative efforts are frequently thwarted by funding source restrictions. Most programs are severely constrained by their funding sources, which generally place restrictions on pooling of funds. Most such efforts require waivers, which can be time-consuming and difficult to obtain. The waiver process often discourages collaboration efforts.

WHAT'S SO SPECIAL ABOUT SAN MATEO COUNTY

Due to its demographics and leadership, San Mateo County is in a position to develop model approaches for providing comprehensive services to its communities. It is one of the most ethnically diverse counties in the state, and includes rural, urban and suburban communities. It supports agricultural, industrial and white collar professional industries, and serves both affluent and impoverished constituencies. It provides a microcosm within which to test truly innovative approaches to public service.[2]

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[1] "Structuring Interagency Partnerships to Connect Children and Families with comprehensive Services". The Education and Human Services Consortium

[2] "Peninsula Partnership Statement of Need". provided by Audrey Seymour

The belief in the importance of collaboration is deeply rooted in San Mateo County and in the Human Services Agency, where its greatest proponent is the Agency Director. When Maureen Borland was appointed to direct the HSA in 1992, she invited a group of community, business and government leaders to join her and her staff to develop a five year strategic plan for the delivery of human services in San Mateo county. Developing that plan was a painstaking process, but the Agency is currently in the third year of a five-year plan. The themes and strategic directions are universally accepted by all participants, and form the foundation of all of the efforts we explored. One particular theme, and the strategic directions thereunder, captures the Human Services Agency's commitment to collaboration and extending the boundaries of the human services system in order to[3]:

- Create a seamless system of public/private service by fostering cooperation and partnerships among government, non-profit and private sector organizations and individuals through the development of shared vision and values. common interests and objectives and coordinated implementation strategies.

- Build public support for addressing human service needs through separate and joint public education efforts.

- Promote waivers and legislation that remove disincentives to prevention and early intervention services, attainment of consumer selfsufficiency and provision of assistance that strengthens consumer's family and support environments.

San Mateo County HSA often pursues the waiver process, and has had legislation introduced to obtain approval for pilot projects. Sometimes they are successful; sometimes they are not. However, even when the result seems to be negative, they are often able to turn it around into a more positive outcome than was anticipated for the original request. One notable example of this is the SUCCESS[4] project, which will be discussed later.

It was with considerable interest and excitement that we embarked on our internship in San Mateo. Following many interviews[5] with Human Services Agency staff, as well as with representatives of several community based agencies. and attending meetings of the SUCCESS Advisory Committee and the Pacifica S.C.H.O.O.L.S Project[6] Committee, it is clear to us that the primary force for forming and sustaining a true collaborative effort is "commitment". That commitment must flow from the top down and rise from the bottom up. Participants must agree on the goal and the core principals. All parties must be involved for the long haul, and must keep that goal and those principals in sight.

San Mateo County is extremely fortunate to have located within the HSA the Community Information Program (CIP). This office is funded in part by the Peninsula Library System, in part

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[3] San Mateo County Human Services Strategic Plan
[4] SUCCESS: "Shared Undertaking to Change the Community to Enable Self-Sufficiency"
[5] See Appendix 1 for list of individuals interviewed.
[6] S.C.H.O.O.L.S: "Schools as Centers of Health Offering Outreach and Links to Service"

by the HSA, and in part by other contracts. Information is their business, and they provide some to HSA on a regular basis and some upon special request by HSA and other agencies.

One example of the type of information they prepare for HSA is caseload mapping, a map of the county with a specific program caseload mapped out to show where the clients are located. They are able to do mapping for many subjects, such as county population by age and other data from the county census, as well as HSA -requested data such as child abuse reports received during a specific period, The agency and various collaboration teams use the information provided by CIP as one way of identifying high needs areas within the county, in order to direct appropriate levels of service to those areas.

The Director of CIP, Janet Hofmann, has been with the county for many years, knows the history and the players, and is herself a participant- both as an employee and as a resident of the county-in several collaborative projects. She provided us with an overview of the CIP, and her own observations regarding what makes a collaboration work.

FORMAL COLLABORATIVES

Core Services Provider Network: HSA and seven Community-Based Organizations.

This group consists of seven agencies (three citysponsored and four private non-profits) serving seven geographical regions of the county. At one point, these agencies were a loosely knit group, sharing common goals, with some coordination provided by the county Community Services Agency. When that agency was eliminated, and its functions absorbed by other agencies, the seven providers formed the Core Service Agency Network on their own.

The Human Services Agency provides a Coordinator for the group. Although each agency is independent, they work together for the common cause. Each agency contracts with HSA to provide Information and Referral Services in their area. Each provides a variety of other services, not all the same; for example, one contracts with the county to provide the winter shelter program. Six of the member agencies are also members of the Peninsula Partnership.

Peninsula Partnership for Children, Youth and Families

A unique characteristic of San Mateo County is the Peninsula Partnership for Children, Youth and Families. In January, 1994, a group of public sector and foundation leaders who formerly met as The Children's Executive Council. began meeting as the Peninsula Partnership. Following several months of taking part in the California Policy Academy that same year, the Partnership members made a commitment to their vision of "what San Mateo County might look like if it truly nurtured its children."

This mission was expressed in the core principles: "to redirect existing resources; to look at the whole child and meet comprehensive needs; to provide assistance at the earliest possible

opportunity; to focus on outcomes; and to involve families and community members in planning and implementation."[7]

The Partnership-with a staff of three-is housed at the Peninsula Community Foundation, which acts as agency sponsor. Originally it was located with the County Administrative Officer; however, the Coordinator, Audrey Seymour, believed a more neutral site was appropriate, and approached the Foundation for their sponsorship.

The Partnership's approach is to support communities in developing comprehensive, integrated, and community-based services for children and their families. There are six communities involved: Daly City. East Palo Alto, Menlo Park, Pacifica, Redwood City and San Mateo. The agencies representing each of those communities vary from city agencies to private-nonprofit organizations. In 1995, with the assistance of the partnership staff and a small planning grant, the six sites began work on a five year plan. Each site, with its own collaborative team - including representatives from cities, schools and community organizations -identified its own priorities, approaches and strategies. The county-wide plan was submitted and approved by the Board of Supervisors and the State of California that same year.

Although the Partnership does provide some funds to the member communities, and assists them with exploring various new sources of funding, they also help to find more effective ways to direct existing, on-going resources. The Partnership provides technical assistance and training to increase local capability to invest both new and existing resources more wisely. The Community Liaison is dedicated to working with the six sites to: help the communities assess their capacity and needs; provide assistance directly and/or broker technical assistance consultants to bring needed process and content expertise to the sites: facilitate cross-site seminars and peer-learning opportunities; guide sites regarding goals, principles and requirements of the Partnership: and report site progress. issues and needs to the Partnership Council, which consists of city, county and community leaders, including Maureen Borland.

The Partnership is the link between six independent organizations which share a common mission. Each site has the same monetary allotment maximums from the Partnership. Because the member organizations are no longer forced to spend so much of their time competing for money, they are free to focus on the mission.

COLLABORATION MODELS

HSA Case Aide Volunteer Program: Human Service Agency and the Child Advocacy Council.

An important community organization in San Mateo is the Child Advocacy Council. led by Bernadette Plotnikoff, which also works with Santa Clara County. This agency grew out of a complaint to the Board of Supervisors in 1976 concerning one individual's perception of the county's inability to respond appropriately to reports of child abuse.

[7] "Peninsula Partnership History". provided by Audrey Seymour

At that time a Child Abuse Task Force was formed. and the county became a pilot county for the "Child Protection Act". This was one of the first collaborative efforts, giving the county experience at mixing state, county, and community funds and participation. In 1979, the Child Advocacy Council was formed. They are funded by various non-governmental sources, as well as some county contributions for specific services. In 1989, Bernadette approached Stuart Oppenheim, Director of Youth and Family Services to identify areas where her agency could help HSA. They conferred with the social workers to determine where help was needed, and what the workers' fears were. Early in, the process, the labor organizations were consulted, and reassured that the CAC did not intend to replace paid employees, but rather could meet unmet needs by assisting and supplementing employee services.

As a result of these efforts the Case Aide Volunteer program was established. The original funders (six separate non-governmental organizations) wanted some assurance from the county that after the three years initially funded the program would continue, and that the county would contribute some of the funding. The program is now in its seventh year, and is funded by the Packard Foundation and the county.

The CAC solicits and trains volunteers from all walks of life to serve as Case Aide Volunteers. Each volunteer is expected to commit to six months of service, at least 4 hours per month. CAC provides fingerprinting, DMV clearances, and reference checking. The training program is extensive, and includes child abuse reporting requirements. Among the volunteers there is great cultural diversity, and ten languages are spoken. The types of services they provide include mentoring, tutoring. transporting children to supervised visits with parents, providing child care for parent education training programs, and so forth. Social workers refer the need for a volunteer to the CAC program coordinator, who schedules the volunteer. Upon completion of the service, the volunteer completes a contact report, which is reviewed and forwarded to the social worker. During a year, the volunteers provide about 7000 hours of volunteer service.

S.C.H.O.O.L.S. Project in Pacifica

A model community project is the S.C.H.O.O.L.S project in Pacifica. This project is led by a Collaborative Planning Team,[8] consisting of representatives from a variety of organizations including: Pacifica Resource Center (city), School District, Campfire Boys and Girls, Human Services Agency, Public Health, and others.

The project has eleven goals, ranging from "Plan and Create a Family Resource Center" to "Expand the Parent Service Project to include one additional school". Each goal has a committee, which includes planning team members as well as other community representatives as needed and as appropriate to the subject.

Community involvement is critical, both so the Team doesn't end up trying to do everything, and so the goals and events belong to the community, not to the committee. One example of this is Goal 2: Plan and Implement Families Matter Day". This is an annual event, targeting families and family activities. The Goal 2 Committee does as much of the background framework as possible, and then relies on community members and groups to assist with implementation.

[8] See Appendix 3. "Historic View of the Family Resource Center Concept"

Also important to the success of each endeavor is community feed-back and continuing needs assessments. This Team believes that it exists to serve the community, and that no group knows more about what the community really needs than the community members.

The focus and professionalism of this group is quite impressive. Every member is prepared for each meeting, and does his or her assignments in a timely manner. Again, the commitment of each individual and of each agency represented is impressive. Every person there is committed to the mission and to the action necessary to get there. Everyone is there for the duration.

This project has won two awards for innovation in collaboration: the Golden Key from the State School Boards Association, and the Kent Award from the San Mateo County School Boards Association.

The Futures Project: School-Based Service Integration

In 1992, when the San Mateo County Human Services system was restructured, the Youth and Family Services Division was created with three service units: 1) Prevention and Early Intervention Services; 2) Alcohol and Drug Services; and 3) Child Welfare Services. Each Unit was to focus on increased integration of service delivery, higher levels of community outreach and education, and client self-reliance.[9]

The Prevention and Early Intervention Unit decided to develop a school-based program to pilot in one area of the county. The four highest need areas were identified. The school districts in those four areas were asked to outline why they should be the first to receive this pilot project. Following the presentations, the selection committee chose the Bay Shores area of Daly City. The Peninsula Community Foundation provided funding for a full-time Futures Project Coordinator to oversee the project and to coordinate services at the school sites. Interdisciplinary teams are located at two elementary schools, one middle school and one high school. The teams are composed of public health, mental health, child welfare, alcohol and drug, and income maintenance staff.

The timing of the planning for Futures coincided with the statewide acknowledgement of the need for school-based services, and the county received Healthy Start funding which was used for remodeling, renovation, equipment and supplies, as well as for the first three years' operating expenses.

Although the project struggled during the first year of implementation, it has settled into a successful operation. The two primary problems were: 1) the difficulties of service collaboration between large bureaucracies (the school districts and education system did not seem to be working to reduce fragmentation); and 2) statewide evaluation procedures for the Healthy Start program (the myriad of forms necessary to evaluate the effective use of the money were so problematic that staff questioned the value of the money received).

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[9] "The Futures Project: School-Based Service Integration in San Mateo County", Maureen Borland, BASSC Casebook on Organizational Change, 1994

In spite of these initial difficulties, Futures is considered to be an effective example of the neighborhood-based service delivery concept.

A STATE-OF-THE-ART HUMAN SERVICES COLLABORATION

SUCCESS, or " You Win Some. You Lose Some (and Sometimes When You Lose, it's Just as Good or Better)"

SUCCESS began as an *unsuccessful* application for waivers. The county wanted legislation to pilot a unique service delivery system, combining the "one-stop" concept with community service centers. Even though the pilot was not approved, HSA proceeded with the project. Now, two years later, the county is poised to implement SUCCESS as their Welfare Reform model.

The SUCCESS Coordinating Committee includes members of HSA staff and the community. The purpose of these meetings is to provide input into the work products done by staff, to approve the procedures/policies and recommend they be taken to the Advisory Committee. The Advisory Committee is made up entirely of community leaders - Board of Supervisors, school districts, community organization leaders, labor organizations, and so forth -and reviews and approves the recommendations of the Coordinating Committee. The ultimate approval, of course, lies with the Board of Supervisors.

In keeping with the mission and values of the county, the Human Services Agency, the Peninsula Partnership and the Core Service Providers, SUCCESS focuses on creating a service delivery system which will provide prevention and early intervention services aimed at helping families help themselves to attain self-sufficiency. Self-sufficiency includes "educational, social, psychological and financial ability to deal with the demands of daily living, on one's own family and community resources, without welfare assistance."[10] The emphasis is on the family unit, rather than on the individuals therein. SUCCESS includes the non-custodial parent in the definition of "family", and stresses the importance of maximizing both the financial and emotional contributions of this parent. The elements of the SUCCESS Model include:

- **Entry: Screening/Assessment/Action Planning**

  System entry points will include community centers, community based organizations, school based centers, and HSA service centers. Screening/ Assessment/Action Planning will be done at any one of these entry points, by a Screening & Assessment Specialist. A thirteen page "Universal Screening/ Assessment Tool" has been developed for use in this process. It includes the preliminary action plan, the first "contract" with the client.

- **Work First**

  A minimum of four Work First Sites will be located throughout the county to provide clients - including noncustodial parents - with a group environment that teaches a comprehensive set of life management and employment attainment and retention skills.

[10] SUCCESS Model, dated February 6. 1997

- **Family Self-Sufficiency Team (FSST)**

  Case management services will be provided by a mufti-disciplinary team member as the service delivery vehicle for clients who need help to overcome family circumstances in order to become self-sufficient. Case managers may include Health Resources Specialists, Mental Health Spf-ialists, Alcohol and Drug Specialists, Family Social Workers, and others.

- **Temporary Assistance for Needy Families Eligibility Simplification**

  San Mateo County has applied for waivers to simplify and streamline the eligibility and grant determination processes. By reducing time and resources spent on these determinations, clients could be working more productively toward selfsufficiency.

The Human Services Agency will provide training to SUCCESS staff from all participating agencies and organizations, as well as to their own staff. HSA staff is preparing for changes in roles: Benefits Analysts (eligibility workers) will function as Employment Services Specialists and Income & Employment Services Specialists. This staff no longer will be interviewing solely to determine program eligibility and grant amount, but will be working with the family on the case management plan as a member of the WorkFirst or Family Self-Sufficiency Team.

Although our observation at Advisory Committee and Coordinating Committee meetings came at the end of a two-year process - after almost all of the work had been done - we were able to get a feeling for the level of commitment needed for this effort to have developed so SUCCESSfully! The other partners in this collaboration - health services. mental health, schools, core service providers, and so forth - were all fully involved. and it seemed that they had been so since the onset.

WHAT ARE THE KEYS TO SUCCESSFUL COLLABORATION

As we interviewed various individuals and attended assorted meetings and read some of the available literature on this subject, we began compiling a list of imperatives for a successful collaborative partnership. Following is our list:

1. Leadership.
   Someone must be identified as the leader of the group, responsible for communication. both to and from the group and the party to whom the group is responsible, be it a depart ment, an agency, or the Board of Supervisors.
2. Staff support.
   The importance of support staff cannot be overstated. Each project needs someone to be assigned the on-going responsibility of provid ing scheduling, minute taking, and other sup port services for the group. This function should not be an incidental add-on to someone's regular job; it requires consideration given to the time it takes to do the job well.
3. Neutral facilitator.
   It is important to have a facilitator who has no vested interest in the outcome of the project, but who can keep the group on target, and can facilitate disagreements. The facilitator must be flexible and sensitive to the needs of the members.
4. Consultant.

The value of consultants, both in terms of the time they can devote to the project, and the professionalism they bring to it, is important. It is worth the cost to hire someone; the amount of time needed can vary according to the status of the project at any time.

5. Continuity of players.
   The importance here is the nucleus of the group. These are the participants with staying power. and must include suitable representation of all stakeholder groups. Other participants can come and go during the life of the project, but it is extremely important to have this nucleus.
6. Investment-of people, time and money.
   The participating agencies must be willing to free up people to devote time to the project. It cannot be just a casual assignment for staff already too busy if it is to succeed. A true collaboration requires more than just the person who has time to attend the meetings. It requires people who have the authority to speak for the agency they represent, and who share the vision. Additionally, a contribution of money - even in very limited amounts - to fund support staff, consultants, etc. demonstrates the agency's commitment to the issue. Again, the primary commitment must come from the top.
7. Mission.
   The project must have a clearly defined mis sion, and be action oriented. Early on in any collaborative venture, a mission statement must be developed. All participants must rec ognize their common goals. They must stay focused during the life of the project on those goals and the mission. There must be unity and a consistency of purpose.
8. Data
   It isn't possible to have "too much informa tion", even if a great deal of data means hav ing to make harder choices in terms of who will be served, and what services will be offered. The more data available - demo graphics, statistics, and so forth - will mean that options can be thoroughly explored, and that outcomes evaluation criteria can be developed at the same time.
9. Needs Assessment.
   In the first stages of the project, needs as asessments must be done. San Mateo County believes firmly in public forums, client focus groups, surveys (of the community and of agen cy staff) and other information-gathering meth ods to identify the specific needs that the pro ject will address. No one knows what the com munity needs like the community members themselves. Too often, the "professionals" assume to know better what people really need.
10. Building Trust and Ownership
    In order to move from a group of people with distinct identities who happen to have a common interest, to a partnership with a collective identity and a mission, it is first necessary to build trust. In order to downplay competition among members, and to establish a committed partnership, trust must be two-way, and must continue to grow throughout the life of the program.
11. Give and Take
    Each participant must be prepared to "bring to the table", and must be aware that each will not always take something away. A collaboration must be focused on the mission - and what each member can offer - rather than on the individual needs of the membership.
12. Involvement in the Community

Participants must become visible in the community. It is important to attend meetings of other groups, including social functions, so that members are identified as being involved with - and caring about - the people of the community. This is what makes the project real, both to the people who live there, and to the project participants. This is where the passion for the mission comes from.

13. Building Informal Relationships
    As the group proceeds to work through the process, it is critical that relationships be cultivated with those whose support will matter in order for the collaboration product to work. These are generally informal relationships, outside of the direct partnership itself. These relationships may include people who are the de facto leaders or elders of the community: leaders of organizations or agencies not directly involved in the product itself, but whose constituencies might be impacted; and it never hurts to have a "political fixer" on your side.

WHY DO SOME COLLABORATIVE EFFORTS FAIL

The response from those we interviewed were supported by literature, and produced a shorter list:

1. Fail to do numbers 1 through 13!

The predominant answers were: failure to agree upon or to articulate the mission; lack of commitment to the mission; and lack of sustained support from above.[11]

CONCLUSIONS

There is little disagreement that the traditional service delivery systems are in need of redesigning -not just repairing - and that integration is probably the most vital answer. The current system has resulted in uncoordinated and duplicative delivery of services that is confusing to families; the processes and organizational structures are inflexible; and there is almost no emphasis on prevention and early intervention services.

Public agencies, such as social services, health services, mental health, and others, work independently of each other in providing assistance to the same families. Attempts at coordination are made at the line worker level, without any systems change. When partnership efforts do occur, they are generally "cooperative" rather than "collaborative". Agencies other than governmental ones, such as community based organizations, are for the most part looked upon as ancillary to the governmental service delivery system, rather than as true partners in that system.

In this era of federal and state welfare reform, block grant funding, and movement toward privatization of service delivery, all service providers must look to collaboration as the new reality. It is imperative that we pursue activities which will facilitate collaboration, such as introducing and lobbying for legislation which would reduce the categorical restrictions on pooling funds. The waiver process must be simplified and restructured to avoid discouraging innovative service delivery systems.

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[11] 0'Looney, John, "Modeling Collaboration and Social Services Integration: A Single State's Experience with Developmental and Non-Developmental Models". 1994

Just as self-sufficiency is the goal of the various income programs, so must it be the goal of service programs. Families must be assisted to remove all barriers to the self-sufficiency of the family units, including educational, social and psychological barriers. Services to families must include the noncustodial parent to the greatest extent possible.

Needs identification and evaluation must begin with the community. Various types of public forums are necessary to obtain input. Both governmental and nongovernmental agencies must be involved in the identification of need and program planning from the onset, rather than bringing in community agencies as service contractors after the decisions have been made.

A new emphasis must be placed on prevention and early intervention services. Identification of need and immediate prevention/intervention services are very likely best provided in the school setting. Parents of school-age children are more readily accessed through the schools.

Just as people need to be assisted and taught how to be financially self-sufficient, they must be taught how to identify and access appropriate service resources, including their own - which they may never have known they had.

RECOMMENDATIONS TO OUR DIRECTORS

Contra Costa

Contra Costa County has made a variety of attempts at collaboration over the years, some successful, some short-lived, and some simply failures. The most notable recent success was probably the development and implementation of two Service Integration Team sites. (This project has been the subject of prior BASSC Case Studies.)

I discussed my internship topic with Katherine Armstrong, who was the consultant to the Contra Costa SIT project for four years, and is currently the Executive Director of the Zellerbach Family Fund. We talked about why collaboratives seem to be so much more difficult to "pull off' in Contra Costa than in San Mateo. My first inclination was to assume that it had something to do with money; for example, is there more funding available there -such as that which seems to be available through the Peninsula Foundation, the Packard Foundation, and so forth - to support these efforts? Surprisingly, her answer was "no". There is a significant amount of grant money available within Contra Costa County. The difference, in Dr. Armstrong's view, is knowing how to access and utilize that money. Other Departments within CCC routinely apply for and receive grants to develop and implement service programs.

The primary funding-related obstacle to collaboration in CCC appears to be our method of contracting for some services. Rather than include community based organizations and groups in the planning process, and discussing allocation of money up front, we plan without them, and then initiate the competitive bid process. I suspect that this developed after years of concern on the part of various Board of Supervisors members and Department

leaders who felt that this was the best way to ensure correct and legal allocation of public funds. It seems to me from observing San Mateo that when the potential service providers are included in the development - and all are welcome to participate - that the scrambling for the money at the end will be reduced.

After some discussion, Dr. Armstrong and I agreed that the pivotal reason for problems with collaborative efforts in our county is the lack of natural leadership in most of our communities, particularly the high needs areas. Existing groups within our communities tend to be adversarial and focused on getting their "share" of any available funding. Most efforts to really collaborate become antagonistic, and there is little or no loyalty to the cause or to the larger group. There are few, if any, "natural coalitions" in the county. Community needs assessments often are not responsive to the input of the members who will be served, but rather, respond to the needs of the professionals.

In spite of these obstacles, Dr. Armstrong believes collaboratives are essential, and she remains very optimistic about the potential for success in Contra Costa County. She concurs with the thirteen "imperatives" we collected in our research. She believes that while It is necessary to reconstruct how we fund service delivery systems, she also believes that we can create the environment in which a collaboration will work, and that "the passion for the mission" will define the ultimate success of a program.

I also discussed my topic with Steve Peavler, Contra Costa County Social Service Division Manager for Projects, who is currently involved with the SIT program and with establishing some new collaborative programs in our county. We reviewed our thirteen "imperatives" and what I view as the primary barriers to successful collaboration in Contra Costa. Steve agreed, for the most part, but emphasized that he believes significant progress has been - and continues to be - made in this area. More and more he is seeing community based groups working together. He spoke of the importance of building trust among the members, and the value of the "personal touch" of the leaders. He concurred that moving to the RFI arena -requesting input from community organizations and potential service providers - rather than waiting until implementation and reinforcing adversarial competition through the RFP process - is important for the future of collaborative programs.

I recommend that our Department consider four things related to collaborative partnerships: 1) access additional funding for development and implementation of programs through exploration of and application for grants; 2) reevaluate how we plan and conduct contracting, replacing the competitive bid process with full participation in the planning and development process to the greatest extent possible; 3) develop a Community Information Program, possibly with Health Services, for the purpose of providing demographic mapping on regular and as-needed bases; and 4) consider establishing a school-based service delivery pilot project.

Napa County

Napa County has been in the forefront in terms of internal collaboration. Under the leadership of Dan Corsello, over the past six years, health and human services has become an integrated agency. Staff from the various units and departments, as well as Probation and Napa Valley

Unified School District, have come together to form multidisciplinary teams in order to serve our clients in a more comprehensive and holistic capacity. Some of the internal units include Child Protective Services; Children's Mental Health; Adult Mental Health; Perinatal Drug and Alcohol Services; Public Health; Family Preservation and System of Care. The focal issues discussed at the collaboratives include placement; school programs and placement; treatment plans; and conferencing around multiproblem families.

Within the past three years, Napa County, under the direction of Joan Luzney, Program Manager, has also received a System of Care Wrap-Around Grant in a collaborative agreement with Sonoma County. The Wrap-Around model is strength-based and utilizes parents as partners. The main focus of the System of Care grant is to successfully transition children out of group homes into the family home. which may involve a foster family or legal guardian, if the child. is a ward or a dependent. The team may include representatives from the various units within Health and Human Services as well as the parent(s), therapist, AA sponsor, family and/or friends of the parent and/or child, etc. The rationale for the membership of this team is the goal of establishing with the family a support system that will assist the family in accomplishing the goals that the family has set based on their needs, as well as forming a support system that will remain in place after services are terminated.

Besides the clinical collaboratives that have been in operation over the past several years, Napa County, under the direction of Terry Longoria, Director, has been working toward a more comprehensive collaboration of community members. Within the past two years, non-profit agencies under the leadership of Dan Corsello, have formed a coalition in order to eliminate competition for funding and duplication of services. Since its inception, the public and private sector, as well as elected officials have been included in this coalition in order to better serve the community in a more comprehensive and efficient manner.

One of the early successful outcomes of the collaborative effort was the food coalition which not only raised money to feed needy individuals and families, but also facilitated a more streamlined and efficient way of service delivery. There are several other focal issues progressing toward fruition, such as the development of a community "crisis service" to serve as a centralized intake center for community members in the midst of any type of crisis. There is also a proposal to provide services to the Hispanic population in the form of a multiservice center as well as a community service center dealing with all aspects of parenting.

Some of the obstacles facing the county efforts in California include the lack of integration at the state level which necessitates working with nine different State agencies that often have competing agenda and funding issues. Another obstacle for collaboratives in general is the time that must be invested in order to continue the lengthy process of needs assessment; forming a coalition; developing and maintaining trust in the participants; creating a shared mission; building and sustaining relationships; locating and appropriating funds; investment and ownership of the mission; and the implementation.

In attempting to compare the collaborative efforts from one county to another in order to make recommendations for Napa County, what I discovered is that each county must utilize the model and approach that works best for the county. Each county's needs at any given point in time look

a little different. The geography and demography also are unique and pose a slightly different challenge which needs to be met by the advocates and visionaries of the community. A recommendation for Napa County is that consumers be included in collaboratives. Another recommendation is that information about collaboratives be shared with agency staff as well as the community.

Appendix 1
Individuals Interviewed

Human Services Agency	Agency Director
Borland, Maureen	Manager, Employee Services
Martin, Madelyn	Director, Youth & Family Services - Our Mentor
Oppenheim, Stuart	Social Work Supervisor
Crawford, Patricia	Social Work Supervisor
Smith, Joyce	Social Work Supervisor
Davila, Judy	Social Work Supervisor
May, Susan	Coordinator for the Core Service Provider Network
Roberts, Tom	Manager, Alcohol & Drug Prevention Services
Hekimian. Paula	Agency Director
Peninsula Partnership	
Seymour, Audrey	Coordinator
Pacifica Resource Center	
Palk, Patricia	Director
Peninsula Library System -Community Information Program	
Hofmann. Janet	Manager
Child Advocacy Council	
Plotnikoff, Bernadette	Program Manager
The Zellerbach Family Fund	
Armstrong, Katherine	Executive Director

Appendix 2
Historic View of the Family Resource Center Concept - Pacifica SCHOOLS Project

Initial Assessment of community needs indicated major `accessibility to services' need throughout Pacifica - October, 1993.

Original SCHOOLS Project design focused on each school as the center of the community - a `hub' of service.

The emergence of the Peninsula Partnership Initiative in the community in February, 1994, refocused attention regarding the realistic opportunity of creating a central family resource center.

An elaborate needs assessment, done in conjunction with the Peninsula Partnership. April, 1994, identified specific gaps related to accessibility to service providers and agencies in Pacifica.

"Community for Kids Day'", September, 1994, further substantiated accessibility need.

To further support the SCHOOLS Project concept, the idea of creating a central place where service providers could be housed, was discussed - November, 1994

The five year plan for the Peninsula Partnership Initiative was developed, which included the development of a central family resource center in Pacifica - October, 1995

A Collaborative Planning Team (CPT) was established in January, 1996 to study the feasibility of establishing a family resource center.

The CPT met throughout the spring of 1996, and made several visits to other local/county family centers.

The CPT held a retreat in August, 1996 to establish the year two goals for the Peninsula Partnership Initiative.

Goal 1 - to establish a family resource center - was identified as the top priority goal and was formally adopted by the CPT in September, 1996.

A Family Resource committee was re-established in October, 1996, with additional members.

The Family Resource Committee set a meting calendar and hired a consultant to assist in the development process - October, 1996 - February, 1997.