

ALAMEDA COUNTY FUND DEVELOPMENT OFFICE

Rocío Canchola

EXECUTIVE SUMMARY

The Napa County Health and Human Services Agency (HHS) has been embarking on a number of efforts leading to better health outcomes and streamlined service provision for some years now. While various opportunities are focused on addressing many difficult issues, there continues to be limited capacity to address these needs. This environment made the Alameda County Fund Development Office an interesting learning opportunity that I wanted to explore as a means to potentially develop more resources.

The Alameda County Fund Development Office (FDO) started as a pilot in 2011. In the five years that it has been in existence it has **submitted 181 grant proposals and secured \$44 million in revenue**. Some of the grants were intended as one-time projects, particularly focused on Health Care Reform. Other grant opportunities have provided the base funding for evidence-based practices that are now being implemented county-wide. Lastly, sustainability after a grant cycle has come in the way of longer lasting changes in services and implementation of innovative practices that have proven to be effective during the grant.

A visit and review of the Alameda County FDO resulted in the recommendation for a hybrid model in Napa County. Specific recommendations are listed in detail in this report.

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Introduction to the Need for Fund Development

The Alameda County Fund Development Office (FDO) started as a pilot in 2011 and was launched to meet the following needs: 1) encourage agencies to apply for more state, federal and foundation grants and 2) facilitate cross-agency collaboration on grant applications for innovative programming. Five years later, the FDO has grown into an established office that has helped develop and **submit 181 grant proposals and secure \$44 million in revenue.**

The site visit to the Fund Development Office was timely for Napa County as there are a number of county-wide efforts taking place to improve cross-agency collaboration and improve health outcomes. One such example is Live Healthy Napa County (NC). This is a collaborative effort between local agencies and the Health and Human Services Agency (HHSA) to improve overall well-being in the community. This LHNC Collaborative developed several strategies in a Community Health Improvement Plan (CHIP) that include: Wellness and Healthy Lifestyles, addressing Social Determinants of Health, Sustainable Partnerships and High Quality Access. There are a number of gaps in these efforts, these include limited capacity and funding, state mandates that limit the extent to which services can be modified and limited cross-agency collaboration. These gaps require a change in culture, where the focus is on collectively addressing community needs and outcomes and not operating in silos. The current environment in Napa County presents an opportunity where fund development can become an effective tool to address the current gaps, thereby improving community outcomes.

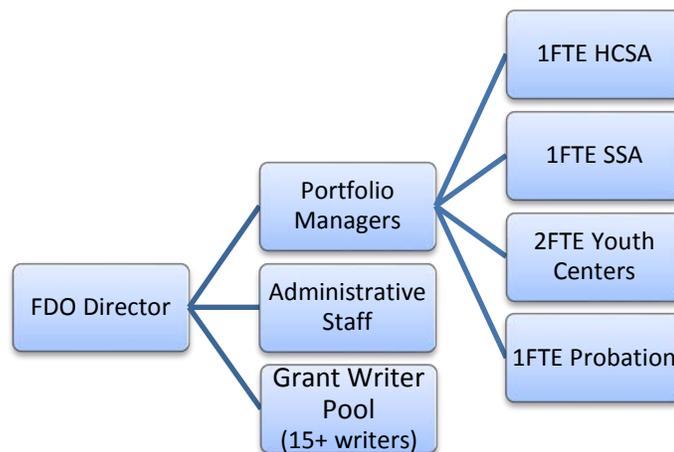
FDO Structure

Walking into the FDO, I was interested in a review of best practices and lessons learned from the FDO pilot and had the following questions:

- What is the current structure of the FDO?
- What position classifications are Portfolio Managers under?
- How is the application process approved and vetted?
- Has the FDO experienced any resistance due to issues of sustainability?
- How are projects sustained after a grant cycle ends?
- Who manages a grant after it has been received (deliverables, budget, and evaluation)?
- Is there any collaboration between Portfolio Managers and local funders?

Current FDO structure & Position Classifications for Portfolio Managers:

PM – Portfolio Manager (Official classification: Fund Development and Grant Specialist.
Salary range: \$58,406.40-\$90,000)



- FDO Director – Health Care Services Agency (Finance Department)
- PM SSA – Social Service Agency, Administration Department, Policy Development Unit
- PM HCSA – Health Care Services Agency. Funded by Public Health and supports Administration (indigent care) and Behavioral Health as needed.
- PM Ashland Youth Center – contracted employee
- PM Center for Healthy Schools – contracted employee
- PM Probation – full-time employee
- Grant Writers Pool - 15-20 independent fundraising professionals that are available through a third-party vendor (Request for Proposal [RFP] process).

The FDO Sustainability Process:

- Client [Partner] Fees and a negotiated share of FDO costs among client [partner] agencies.
- Clients pay the salary and benefits of a dedicated PM or the total consultant fee of a dedicated consulting PM.

- Clients also pay a negotiated contribution to the costs of the Grant Writers Pool based on anticipated use. This fee is collected at a frequency determined by the HCSA Finance Director. Clients are charged against a written commitment based on actual usage throughout the year. Any unspent contribution is rolled over to the next fiscal year or refunded at year-end.¹

Grant Application Process and Considerations:

The Portfolio Managers (PMs) have various areas of focus and work closely with department directors to ensure that grants are aligned with strategic plans or department priorities for the year. There is a collaborative process by which the PM and program determine the feasibility of applying for a grant. Once this process is complete, the PM starts the writing process with support from fiscal, program and the evaluation department. Should the PM have competing priorities (more than one grant due in the same time period), the PM may pull in support from the Grant Writers Pool and, or seek support from other PMs.

The funding that has been granted to Alameda County is not for business as usual, but is intended to bring in innovative and new approaches to service delivery as well as capacity-building support. Some funding is used to offset staff time while they are working on a project, but positions are never created within Social Service Agency (SSA) with grant funds. In general, community partners have been supportive of the Fund Development role because it has brought money into the community and more funding opportunities to Community-Based Organizations (CBOs).

Grants Management and Sustainability:

¹ Kramer, Ilona, Jessica Mausner, Miriam Rosenau and Carrie Rosenzweig. Creating a Cross-Agency Fund Development Office: A Success Story from Alameda County. Spring 2015.

If a grant proposal is funded, the program becomes lead in managing the grant deliverables although the PMs continue to liaison between the various departments to ensure grant reporting requirements are met. Staff has mentioned that it would be helpful to have an FTE at the analyst level who can work with various departments to ensure they are meeting their reporting needs as well as providing grant monitoring support as needed.

The issue of sustainability does come up in Alameda County, and some directors are concerned with sustainability of projects that are grant funded. There is a consistent concern that there are more costs and efforts being spent on the grant writing and managing process than amount of money that is brought in. The system that the Alameda County Fund Development Office takes to determine the feasibility and value of a grant is effective in ensuring the value added to services and programs is at the heart of the fund development process. There are instances in which community needs and the political environment may take precedence and it is logical to apply for a grant regardless of the requirements. For grant cycles that have ended, sustainability comes in the form of integration of innovative ideas or program structures into existing services. Other grant cycles have provided capacity-building and technical assistance to determine the feasibility of integrating evidence-based programs, which are currently being implemented. Some grants are time limited by nature, such as many of the funding opportunities that came with Health Care Reform intended to get eligible people enrolled.

In order to determine whether it would be feasible to implement an office, such as the FDO in Napa County, it is important to know a little more about the community and climate within Napa County Health and Human Services Agency (HHSA).

Introduction to Napa County

Napa County is located in the heart of California's wine region and is home to some 141,667 residents who share a strong sense of community and a legacy of preserving and protecting its rich agricultural heritage. Presently about 56.6% of the Napa County population resides in the City of Napa, 14.4% in the City of American Canyon, 8% Up Valley and 21% in smaller rural town and unincorporated areas of the county. The majority of the service providers are located in the City of Napa. Family Resource Centers strategically placed in geographically underserved/unserved areas help support individuals through educational classes, system navigation and referral services to the social service agency and similar providers.

Identified Community Needs

HHSA is an integrated agency that includes the following divisions: Alcohol and Drug Services, Child Welfare Services, Comprehensive Services for Older Adults, Mental Health, Public Health, Operations and Self-Sufficiency Services Divisions as well as Fiscal and Administration.

After interviewing staff from HHSA, Probation, and the District Attorney's Office, most staff members expressed interest in researching grant opportunities but also expressed the limitations they were under due to limited capacity. Presently, divisions use different classifications of staff to do the grant writing with no systematic effort to search for grant opportunities. As potential for promising opportunities arise, divisions make decisions about whether to apply or not depending on how the opportunity aligns with the division or agency-wide priorities and/or the political environment. Staff mentioned great interest in dedicating time to grant research that is more focused on the agency's strategic plan as well as division priorities. The issues of sustainability were also raised, but the opportunity to bring money into the community to offer

services in a different way (even when it is through a contractor) generally outweighed the concerns with sustainability. Staff are particularly interested in opportunities that support the goals within the Community Health Improvement Plan.

Given the current needs in Napa County, a case study focused on the Alameda County Fund Development Office (FDO) could provide some insight as to how to address gaps and change organizational culture with respect to fund development.

In FY 15-16, there were six grants identified in the HHSR Revenue Agreement Report. The grants were under the Mental Health, Operations and Self-Sufficiency Services Divisions.

- Mental Health Grant 1 - \$1,323,635
- Operations Grant 1 - \$20,252
- Operations Grant 2 – \$157,003
- Operations Grant 3 - \$1,918
- Self-Sufficiency Services Grant 1 – \$485,714
- Self-Sufficiency Services Grant 2- \$100,000

There are a handful of grants that various HHSR Divisions applied for and are still pending a funding decision. Operations wrote six grants last year focused on addressing homeless issues, Public Health and the Mental Health Division are working on others. Various staff wrote the grants but the majority of writers have been from the Analyst II level.

Feasibility of Implementing the FDO in Napa County

Full implementation of the FDO is not feasible in Napa County because of the size of the community in relation to Alameda County. Regardless, there are efforts within the Health and Human Services Agency that warrant the need for a hybrid of the FDO in order to continue making efforts that successfully address gaps outlined in the prior section.

HHSA is moving to a model of placed-based service delivery, focusing on the Live Healthy Napa County CHIP as well as other efforts that include Results Based Accountability (RBA), Diversity and Inclusion Committee, Mutual Learning (among other training suites), Collaborative Management Ambassador Group and Health Integration. All of these efforts are taking place with existing staff and for the most part existing funding streams. The missing link is the capacity to continue to keep up with the pace of change necessary to fund development to support innovation and opportunities for cross-agency collaboration. With an agency that is busy trying to meet the basic needs of individuals and run programs effectively with existing mandates, it can become quite challenging to also focus on the bigger picture. Recommendations for the Napa County Health and Human Services Agency are listed below:

Recommendation A -

Develop a full-time Project Manager Position at HHSA to work on transferring and prioritizing the agency-wide efforts presented through the HHSA Strategic Plan and CHIP into more tangible and logical steps for staff that promote cross-agency collaboration including fund development. This position would fall under the HHSA Administration – Contracts Unit. Positioning this person in this department would allow for more neutrality and improve the visibility of LHNC as a community-wide effort, not just a Public Health effort.

Roughly 0.5FTE of this position would work with internal groups to search for grant opportunities, assist in the development of boilerplate language and manage the approval process. Should there be time to write grants, the project manager may support teams, but ultimately the subject-matter experts within the division will take the lead in grant writing. The priority would be to search for funding that promotes cross-agency collaboration and supports LHNC efforts. Division programs would also manage grants but would receive technical support

from the Project Manager. Grant funding that is contracted out to CBOs would also be managed by the Project Manager. Fund development activities would also include partnering with private sector entities to work on community-wide wellness efforts.

The Project Manager may adopt a streamlined contract evaluation process such as RBA to make recommendations for collaborative partnerships as we move towards a place-based service model. A discussion about the (Tobacco) Master Settlement Agreement (MSA) RFP and contracting process would need to take place. This position could potentially take on the MSA RFP process with the support of an analyst/contracting specialist.

Proposed Budget: \$108,360.72 to \$129,898.08 (1 FTE & benefits: HHSA-Project Manager Level)

- Potential revenue streams: Medi-Cal Administrative Activities (MAA)
- Support from local funders and private sector to bring grant opportunities to community-based organizations (negotiated percentage)
- Suggested Timeline:
 - Full implementation by start of FY 17-18; in FY 16-17 staff will need to:
 - **July-November:** work with Public Health, LHNC Leadership group and SMT to develop statement of need.
 - **September-November:** HHSA Director starts conversations with local Funders to determine whether they would support the development of this position.
 - **December-February:** negotiate amount to be paid by each division and any potential local funder. Complete HR documentation necessary. Alert fiscal of new position so that it can be a part of the FY 17-18 budget process.
 - **July 1 2017:** start recruitment.

Recommendation B – Longer Term

Create a Fund Development team in Napa County. Hire 2 full-time Fund Development and Grant Specialists; 1 FTE for HHSA, 1 FTE for law enforcement (DA, Sherriff and Probation), and a third position to work with other county departments on an as-needed basis. These positions would be overseen by the Staff Services Managers from the CEO's office (supervision would

vary depending on agency or departments that the SSMs oversee) and would work collaboratively as needed. Direct supervision may vary by department.

Suggested Timeline – Start conversations and research/cost benefit analysis and come to a decision by end of FY 17-18. Take time to analyze need, funding mechanisms, develop position classifications, and considerations with CEO’s office as well as DA, Sherriff’s and Probation..

This recommendation would be highly contingent on the success of recommendation A.

Short-Term Recommendations

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| Contract Unit | Conduct 3-6 month study to determine the types of grants that Napa County HHSA would be eligible for (e-civic database may be used for this) | Start July 2016 |
| ESD, SMT, DISC | Continue to deliver messaging about existing efforts to all staff and its applicability and importance to staff at all levels | On-going |
| Deputy Director HHSA | Send quarterly emails to all staff with updates on existing efforts to ensure all staff are getting the same information and have access to the information that is generally discussed at higher levels. | On-going |
| Contracts Unit | Update the Grant Policy and Procedure and include attachment A template, or similar document to assess the feasibility of a grant application. | July 1, 2016 |
| Contracts Unit ASA Team | Use the HHSA Contract intranet site to request approval for a grant application. The contract worksheet, proposal as well as the contract would be stored in one place and readily available to anyone doing research. This would allow for improved tracking of grant applications. Determine level of success and where there is room for improvement. Tracking currently not happening. | September 1, 2016 |
| SMT | Offer grant writing opportunities to interested staff as requested. Organize team of existing “grant writers” to streamline efforts and support each other as editing, or other similar needs arise. | October 1, 2016 |

These recommendations stem from the need to change organizational culture to help the agency move from doing business as usual to a model where divisions can successfully use grant funding to support innovative approaches and increase collaboration. These recommendations truly require a shift in culture where not only HHSA divisions but also agencies believe community well-being and fund development operate as a community and not in silos. While

this may take time, I do not believe there is any agency that would not support the overall vision of community well-being.

Acknowledgments

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