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Author

Goldman, Joseph M

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Joseph M. Goldman

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Joseph M. Goldman



The University-Oakland Metropolitan Forum is a partnership of the University of California at Berkeley; California State University, Hayward; Mills College; Holy Names College; the Peralta Community College District; and the Oakland community.

University of California at Berkeley
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Abstract

Collaboratives play a special role in Oakland's community building and neighborhood improvement activities. As formalized partnerships, the collaboratives that have developed in recent years are comprised of nonprofit organizations, city and county agencies, grassroots community groups, private corporations and individuals. Collaboratives are active in the delivery of social services in the communities designated in Oakland's application for Federal Empowerment Zone status: East Oakland, West Oakland and the Fruitvale and San Antonio districts.

This paper briefly describes the formation of collaboratives in Oakland. This is followed by a synthesis of common issues addressed by collaboratives. A presentation is included of the major efforts of selected collaboratives in Oakland, highlighting the populations they serve, their structure and their means of delivering services.

The final part of this report is a description of each collaborative. A narrative of its history and a discussion of issues of primary importance to the organization are presented.

Much of the information included in this report has been gathered through interviews with representatives of collaboratives. Additional data was collected from responses to a survey by members of the Oakland Collaborative (an umbrella organization) and from grant proposals, mission statements and other literature supplied by collaboratives.

Part I

Introduction to Collaboration in Oakland

Introduction

Oakland has a history of collaboration. City departments, Alameda County agencies and a host of nonprofit organizations have joined together to manage the efforts of collaborative organizations. Sometimes, a project that might be accomplished best by a combination of organizations evolves into formalized collaboration. To implement their own objectives, single organizations have reached out to find other groups that serve similar populations, groups likely willing to work together to accomplish more general community goals.

Reasons for Collaboration

Collaboration signals dialogue between groups of people, plans beyond the boundaries of a single organization, and efforts to enhance the work of one agency acting alone. Collaboration suggests an existing framework of solid alliances for the implementation of new programs. It allows for a network of service providers that readily can make use of community improvement grants. Such efforts become a forum for coordinating broad-based, goal-oriented policy that recognizes the narrower objectives of small organizations.

What makes the collaborative unique among mergers is that collaborative partners generally maintain their independence. The participating organizations need not give up their original purpose as they combine programmatic efforts. By working with organizations with simi-

lar orientations, collaboration often allows an organization to expand its purpose. Although some collaboratives exist as loosely formed groups, others have a tight organizational structure.

Many of Oakland's collaboratives were initiated with a narrow mission, geared to meeting the needs of a funding application. Although most continue to maintain the essence of their original goals, others have redefined their goals as objectives have broadened. Solutions to very specific problems have evolved to address the multitude of difficulties each neighborhood faces.

The flexibility of the collaborative's structure enables it to expand its mission sometimes more readily than an individual organization with a specific funding and programming objective. As a collaborative deems expansion necessary, it is able to attract the services and advice of other organizations with a broader range of foci. For example, a collaborative organized around mitigating the effects of drug abuse in a particular neighborhood may evolve from what is initially response-oriented to a prevention focus. The management of the collaborative might determine their drug treatment program would be enhanced by developing a drug education program. The education program may begin to address issues indirectly related to drug use, broadening the collaborative's scope to one of community empowerment and citizen organizing.

Not all collaboratives are the same. Mergers and the development of collaborative efforts come about for many purposes. Four key reasons arise for the formation of collaboratives: 1) to coordinate the services of individual organizations, provide program support and facilitate the sharing of information; (2) to provide a means for an organization to

expand its services; (3) to develop special projects beyond the realm of the services provided by any single participating organization; and (4) to increase efficiency in the delivery of services, reducing a duplication of efforts. More than one of these reasons may be applied to each collaborative. Other reasons may also exist.

The combining of forces to create a collaborative does not mean that the new entity becomes the only provider of a particular type of service. Gloria Cox, community liaison for Oakland Healthy Start notes that because there remains a duplication of services among collaboratives, it is important for them to work with one another to stay informed about their efforts.¹ By bringing together organizations with narrow foci into large-scale projects, many collaboratives are involved in efforts similar to those taking place in other areas of the city. Through involvement in a collaborative, however, the participating organization becomes aware of how its efforts are redundant and can make an informed decision about where its work is needed most.

If Empowerment Zone designation is granted, tapping the resources and experience of collaboratives may aid in the appropriation of funds and the development of programs. The framework of strong collaborative organizations serves to benefit the city. Due to their comprehensive nature, collaboratives may offer some of the solutions for improving services for the residents of the communities designated in Oakland's application.

¹Interview with Gloria Cox, Community Liaison, Oakland Healthy Start, Oakland, California, 28 February 1994.

Other Organizations and Collaborative Functions

Some organizations function by themselves in a capacity much like a collaborative. The East Oakland Youth Development Center (EOYDC), for example, a center for recreation and community empowerment-related activities, sponsors a range of programs.² Instituted as a service center for youth in 1977, the EOYDC today is a nonprofit agency providing services in East Oakland. Although it is not a collaborative, it serves as a member organization, or collaborating partner, of several collaboratives. Involvement with collaboratives means the EOYDC works on many different projects, all of which relate to its own service mission for young people.

By examining an organization such as the EOYDC, one is reminded that there are elements of collaboration in almost any organization. While some collaboratives remain projects outside of the specific focus of each participating organization, some solidify with their own focus and merit the formation of their own organizational structure.

Additionally, some large organizations function as collaboratives, without bringing in outside organizations to sponsor their projects. The Junior League of the East Bay, for example, focuses on the same issues of many of the community-based collaboratives.³ The bulk of its volunteer force and programmatic efforts are directed toward "children at risk" in Oakland's communities. The outside support that an organization such as the Junior League can offer to collaboratives is tremendous. Through its contact with the Oakland Collaborative and in events that draw the participation of other collaboratives, the organi-

²Interview with Jimmy Evans, East Oakland Youth Development Center, Oakland, California, 21 March 1994.

³Interview with Kathy Tabor, President, Junior League of Oakland-East Bay, Inc., 16 February 1994.

zation lends support in tandem with the ongoing activities of other organizations.

A collaborative is one of many players in Oakland's network of community organizations. Agencies and nonprofit organizations, as well as members of the business community and groups from outside of Oakland play key roles in providing services for the residents of the city. The collaborative is unique because it facilitates working together. It fosters a spirit of participation at the inter-organizational level. It also makes public and notable the activities of the organization that might otherwise have little contact with the people served by the collaborative, nurturing familiarity with the greater range of services available in Oakland.

Part II
Focus and Organization of Oakland's Collaboratives

Focus and Organization of Oakland's Collaboratives

Introduction

Directors of the collaborative umbrella group, the Oakland Collaborative, and the advisory University-Oakland Metropolitan Forum indicate that Oakland likely has between ten and twenty formalized cooperative efforts that might appropriately be considered collaboratives.⁴ Because some representatives do not to participate in the meetings of the Oakland Collaborative and others are involved in informal collaboration, no official record of the number of collaboratives in Oakland exists.

With this limitation, the collaboratives outlined in the following sections are a selection of the organizations in Oakland that consider themselves to be collaboratives. The list includes existing organizations that have been documented by the Urban Strategies Council in earlier compilations of collaboratives.⁵ Collaboratives with a range of organizational structures have been included to illustrate the variation of management, programming and size. Every attempt has been made to include organizations generally known to the author that might appropriately be considered collaboratives. Nonetheless, one should note that new collaborative efforts develop regularly.

The roster of the Oakland Collaborative includes representatives from many organizations (Appendix A). Some individuals representing larger agencies, not collaboratives, participate in the meetings and

⁴Interview with Jim Hays, Director, Oakland Community Partnership, Oakland, California, 7 March 1994. Similarly noted by Victor Rubin, Director of the University-Oakland Metropolitan Forum, in comments made in class, City Planning 298A, University of California at Berkeley, 23 March 1994.

⁵"Overview of Collaboratives in Oakland," Urban Strategies Council, Oakland, California, May 1993.

programs of the Oakland Collaborative. They appear on the roster with their primary affiliation, which often is not the collaborative, but one of the collaborating partners. Some organizations listed on the roster have been omitted from the tables and collaborative summary information in this report. The efforts of these organizations are more closely aligned with the typical day-to-day operations of a traditional nonprofit social services organization that occasionally makes contact with other social service providers, or relies on outside organizations for referrals.⁶

Collaboratives: When Were They Founded?

Most of Oakland's collaboratives were founded recently as the result of new funding initiatives or pressing concerns that required an immediate response. Although Oakland's history of collaboration is touted by the organizers of its collaborative efforts, many of the organizations founded since the 1960s no longer operate as collaboratives, but have solidified into nonprofits or have been integrated into appropriate agencies.⁷

The majority of current collaboratives have been initiated within the past three years. The median founding year of a collaborative cur-

⁶An example of such an organization is the El Sobrante-based children's care facility C & V Caring Friends. Although the organization's administrator attends meetings of the Oakland Collaborative and participated in the Empowerment Zone Coordinating Council's Collaborative Project Profile survey, Virginia Fuller describes her organization as "an independent entity" which benefits through its contacts with Oakland-based organizations. (Interview by telephone with Virginia Fuller, Administrator, C & V Caring Friends, El Sobrante, California, 17 February 1994.)

⁷Even some of the collaboratives today seek 501(C)(3) tax status. Once this is achieved, they may be viewed, although not always, as individual nonprofit organizations rather than collaborative efforts.

Table I
Selected Oakland Collaboratives: Year of Initial Operation⁸

Collaborative	Year Operation Began
Center for Integrated Services for Families and Neighborhoods	1992
East Oakland Fighting Back Project	1986
East Bay Perinatal Council	1984
Emergency Services Network of Alameda County	1983
Empowered Youth Educating Society (EYES)	1990
Fruitvale Community Collaborative	1991
Grandparent Caregiver Advocacy Project	1993
Healthy Start -- SB 620	1992
"Just Say No" Youth Power Projects	1993
Oakland Collaborative	1992
Oakland Community-Based Public Health Initiative	1992
Oakland Community Partnership	1991
Oakland Family Services Center	1993
Oakland Healthy Start	1991
Prevention of HIV in Women and Infants Demonstration Project	1991
Representatives of Infant Services in Alameda County	1987

Source: Empowerment Zone Coordinating Council, interviews and literature from collaboratives

rently in operation in Oakland is 1991, with four of the collaboratives established in the 1980s. This does not include those organizations that were founded prior to their reorganization into the collaborative as it exists today. For example, the Oakland Community Partnership grew out of the Oakland Crack Task Force founded in 1989. Likewise, "Just Say No" International was initiated in 1986, yet their collaborative Youth Power Projects were not developed until 1993. Some collaboratives were started and are administered by organizations that have existed for many years. La Clinica de la Raza, a founding partner of the Fruitvale Community

⁸Year of initial operation is the first year of funding for a collaborative project.

Collaborative (FCC) was organized in 1971; the Spanish Speaking Citizens' Foundation, another FCC partner was incorporated in 1965.⁹

Formalized collaboration, as a term in common usage, is a relatively new phenomenon. Noteworthy is that much of what is deemed collaboration occurs through both formalized and informal linkages. Even among recognized collaboratives, one can find striking variation in terms of organization and management.

Organizational Structure of Collaboratives

The definition of a collaborative sometimes is elusive. Most collaboratives deem themselves to be such based on formal links between organizations that are essential for their success in providing services. Collaboratives can be large networks of twenty or more organizations; they can be simple agreements between two agencies working together on a project for a common good.

The majority of collaboratives have fewer than fifteen collaborating partners. Among Oakland's collaboratives, the Emergency Services Network of Alameda County has the highest number of partners, with over 270. The Grandparent Caregiver Advocacy Project and the Prevention of HIV in Women and Infants Demonstration Project are comprised of the fewest partners among the organizations surveyed in this report. Each has three.

Managers of collaboratives often express how their organizations expand or are reduced in size within a matter of months, depending on the projects in which they are involved. Funding also plays an impor-

⁹"Working on Behalf of Children and Their Families," Description of Fruitvale Community Collaborative objectives and organization, pp. 15-16.

Table II**Size of Collaboratives: Number of Collaborating Partners**1 to 5 Partners

Prevention of HIV in Women and Infants Demonstration Project (3)
 Empowered Youth Educating Society (EYES) (4)
 Grandparent Caregiver Advocacy Project (3)
 'Just Say No' Youth Power Projects (5)

6 to 15 Partners

Center for Integrated Services for Families and Neighborhoods (6)
 Healthy Start -- SB 620 (11)
 Oakland Community-Based Public Health Initiative (13)
 Oakland Healthy Start (10)
 Representatives of Infant Services in Alameda County (11)

16 to 25 Partners

Fruitvale Community Collaborative (20)

26 to 35 Partners

East Oakland Fighting Back Project (29)
 Oakland Community Partnership (34)

Over 35 Partners

Emergency Services Network of Alameda County (over 270)

tant role in the level of participation of the individual partners. In some collaboratives, where the collaborating partners are highly involved in every element of programming, often fewer partners are found.

The organizations that participate in collaboratives represent many interests. Included are city and county offices and agencies, as well as religious, educational, research and small grassroots organizations.

Carolyn Cates developed a matrix of the participation of organizations in eleven collaborative projects in Oakland (Appendix C lists col-

laboratives included in Cates's study).¹⁰ She found that many organizations are partners in more than one collaborative. For example, Alameda County Health Care Services and the Asian Community Mental Health Center each participate as a partner of four of the collaborative projects designated in the study. The participation of four collaboratives in other collaboratives was also cited. Most of the research found, however, that the majority of organizations that participate are partners of only one or two collaboratives.

Objectives and Areas of Focus

A matrix of the objectives and areas of focus of the collaboratives in Oakland was completed by the Urban Strategies Council in September 1992. The matrix detailed each collaborative's self-reported objectives, indicating the primary and secondary areas of focus. Future areas of focus—objectives not currently being addressed even though they may have been written into the organization's goals—were also included in the study.

This same matrix was mailed in December 1993 by Elissa Brown, Staff Coordinator of the Empowerment Zone Coordinating Council, to the individuals and organizations listed on the Oakland Collaborative's membership roster. The majority of collaboratives responded that they are involved in a range of activities that mirror broad objectives. For each of the categories listed, all except *job training and placement, affordable housing and job creation/business*

¹⁰Draft Matrix of Collaborative Projects and Member Organizations for review by Oakland Collaborative Evaluation Sub-Committee Members, from Carolyn Cates, Far West Laboratory. San Francisco, California, 17 March 1994.

Table III
Objectives and Areas of Focus for Selected Oakland Collaboratives

Areas of Focus:
1 - Primary Area of Focus
2 - Secondary Area of Focus
3 - Future Area of Focus

Objectives and Areas of Focus

Collaborative	Community Empowerment and Civic Improvement	Community and Family Wellness	Develop/Influence Policy	Education	Job Training and Placement	Neighborhood and Public Safety	Promote and Enhance Youth Opportunities	Public Health	Reduce Demand for Drugs and Alcohol	Affordable Housing	Job Creation/Business Development
Center for Integrated Services for Families and Neighborhoods	1	1	2	2	1	2	1	1	2	3	1
East Oakland Fighting Back Project	1	1	2	2	3	1	3	3	1		
East Bay Perinatal Council		1	1	1			2	1	1		
Emergency Services Network of Alameda County	1	2	1	1	3	3	3	2	2	1	3
Empowered Youth Educating Society (EYES)	1	2	2	1		2	1		2		3
Fruitvale Community Collaborative	1	1	1	1	1	1	1		1	2	1
Grandparent Caregiver Advocacy Project	2	1	1	1		1	3	2			
Healthy Start -- SB 620	1	1	1	1	3	2	2	1	1	3	3
"Just Say No" Youth Power Projects	2	2		1		2	1	2	1		
Oakland Community-Based Public Health Initiative	1	1	2	1	2	1	1	1	1	2	2
Oakland Community Partnership	1	1	1	2	3	1	2	1		3	
Oakland Family Services Center		1	3	1	1			1		3	1
Oakland Healthy Start	3	1	3	3	2	3	2	1	3	3	3
Representatives of Infant Services in Alameda County		1	2	1				1			

Sources: Classification Categories - Urban Strategies Council
 Data - Empowerment Zone Coordinating Council "Collaborative Project Profiles"

development were the primary foci of the collaboratives that marked them among their areas of focus. These three categories were most often indicated as future areas of focus. Only the Emergency Services Network of Alameda County indicated *affordable housing* as a primary focus.

Based on the data collected, the two primary areas of focus for Oakland's collaboratives are in the sphere of *community and family well-being* and *education*. Only these two categories were included by all of the responding collaboratives as primary, secondary or future areas of focus. *Community empowerment and civic improvement* and *public health* are also indicated among the primary areas of focus for the majority of the listed collaboratives.

Where Collaboratives Target Services

Geographic Focus

Collaboratives aim their services toward a specific segment of the population. They target their programs geographically, concentrating on the three areas designated in the Empowerment Zone application. While some collaboratives are involved in activities throughout Oakland, Fruitvale and East Oakland have more collaboratives than West Oakland that provide services specifically targeted to the community. Although this is not an indication of a weaker overall service provision in West Oakland, a greater level of collaboration in Fruitvale or East Oakland suggests a higher level of community involvement in collaborative activities. This is also indicated by the fact that collaboratives in West Oakland, with the exception of the Center for Integrated Services for Families and Neighborhoods, are the same programs that exist in the East Oakland and Fruitvale Communities.

Table IV
Geographic Focus of Collaborative Services in Oakland

East Oakland

East Oakland Fighting Back Project
 Healthy Start -- SB 620
 Oakland Community-Based Public Health Initiative
 Oakland Healthy Start (Ujima House)
 Prevention of HIV in Women Demonstration Project
 Representatives of Infant Services in Alameda County*

Fruitvale

Fruitvale Community Collaborative
 Healthy Start (Fruitvale-San Antonio Family Life Resource Center)
 Healthy Start -- SB 620
 Oakland Community-Based Public Health Initiative
 Oakland Family Services Center†
 Representatives of Infant Services in Alameda County*

West Oakland

Center for Integrated Services for Families and Neighborhoods
 Oakland Healthy Start (Imani House)
 Representatives of Infant Services in Alameda County*

City-wide

East Bay Perinatal Council
 Emergency Services Network of Alameda County
 Empowered Youth Educating Society (EYES)
 'Just Say No' Youth Power Projects
 Grandparent Caregiver Advocacy Project
 Oakland Community Partnership

†Some on-site services target city and county-wide populations.

*Services are provided through Family Life Resource Centers in these communities.

Population Focus

Many collaboratives target what they deem *high risk groups* in their programming efforts. These are populations subject to poverty, unemployment, higher rates of physical and mental illness, and a lack of educational opportunity and job skills. Very often the individuals who comprise these high risk populations are ethnic minorities.

Data gathered by the Urban Strategies Council on the racial and ethnic populations targeted by collaboratives indicated that the majority of the organizations in the 1993 study served all racial and ethnic groups (Appendix B).¹¹ Oakland's Japanese population was less often a focus of collaboratives (6 of the 11 surveyed indicated that the

Table V
Target Populations for the Services of Selected Oakland Collaboratives

<u>Collaborative</u>	<u>Population Served</u>					
	Infants	Children	Teenagers	Women	Men	Families
Center for Integrated Services for Families and Neighborhoods	Yes	Yes	Yes	Yes	Yes	Yes
East Oakland Fighting Back Project		Yes	Yes	Yes	Yes	Yes
East Bay Perinatal Council	Yes	Yes	Yes	Yes		Yes
Emergency Services Network of Alameda County	Yes	Yes	Yes	Yes	Yes	Yes
Empowered Youth Educating Society (EYES)		Yes	Yes	Yes	Yes	
Fruitvale Community Collaborative	Yes	Yes	Yes	Yes	Yes	Yes
Grandparent Caregiver Advocacy Project	Yes	Yes	Yes	Yes	Yes	Yes
Healthy Start -- SB 620	Yes	Yes	Yes	Yes	Yes	Yes
"Just Say No" Youth Power Projects		Yes	Yes	Yes	Yes	
Oakland Collaborative						
Oakland Community-Based Public Health Initiative	Yes	Yes	Yes	Yes	Yes	Yes
Oakland Community Partnership	Yes	Yes	Yes	Yes	Yes	Yes
Oakland Family Services Center	Yes	Yes	Yes	Yes	Yes	Yes
Oakland Healthy Start	Yes	Yes	Yes	Yes	Yes	Yes
Prevention of HIV in Women and Infants Demonstration Project	Yes	Yes	Yes	Yes		Yes
Representatives of Infant Services in Alameda County	Yes	Yes	Yes	Yes		Yes

Sources: Urban Strategies Council, organization literature and interviews

¹¹"Overview of Collaboratives in Oakland," May 1993, p. 5.

Japanese population was a target), while African Americans were a target population of all surveyed collaboratives. Other Asian populations were less often targeted, while Latin American, Native American and white residents were served by 10 of the 11 collaboratives.

Women and teenagers are the predominant groups served by the programs of collaboratives. Most of the collaboratives also indicate that they target infants and children. Overall, collaboratives tend not to be exclusive in administering their programs to specific groups of people based on age or gender.

By the very nature of the effort, some collaboratives will more actively involve the interests of particular communities. The variety of organizations that comprise some collaboratives creates a balanced effort to serve many populations. Because each collaborating partner has its own area of expertise, collaboratives enable the sponsorship of broad programs for the elderly, children or pregnant women. This wealth of targeted programs suggests collaboratives may be more comprehensive in their community empowerment efforts than a very specialized organization might be.

Service Implementation Strategies

Like any social service organization, collaboratives serve communities in any of several different ways. Based on a review of collaborative efforts, six primary vehicles for the delivery of services are identified. These are child care facility; community programs facility; the coordination of activities among partners; the sponsorship of counseling or support groups; education and intervention programs; and

Table VI
Service Implementation Strategy for Selected Oakland Collaboratives

Collaborative	Means of Service Provision							
	Child Care Facility	Community Programs Facility	Coordination of Activities	Counseling/ Support Groups	Education/ Intervention Programs	Health Care Facility		
Center for Integrated Services for Families and Neighborhoods		Yes	Yes	Yes	Yes	Yes		Yes
East Oakland Fighting Back Project			Yes		Yes			
East Bay Perinatal Council			Yes	Yes	Yes			
Emergency Services Network of Alameda County			Yes					
Empowered Youth Educating Society (EYES)			Yes	Yes	Yes			
Fruitvale Community Collaborative			Yes		Yes			
Grandparent Caregiver Advocacy Project			Yes	Yes	Yes			
Healthy Start -- SB 620		Yes	Yes	Yes	Yes	Yes		Yes
"Just Say No" Youth Power Projects			Yes	Yes	Yes			
Oakland Collaborative			Yes		Yes			
Oakland Community-Based Public Health Initiative		Yes	Yes	Yes	Yes			Yes
Oakland Community Partnership			Yes		Yes			
Oakland Family Services Center	Yes	Yes	Yes	Yes	Yes			
Oakland Healthy Start		Yes	Yes	Yes	Yes			Yes
Prevention of HIV in Women and Infants Demonstration Project			Yes	Yes	Yes			
Representatives of Infant Services in Alameda County		Yes	Yes	Yes	Yes			

Sources: Urban Strategies Council, Empowerment Zone Coordinating Council, organization literature and interviews

health care facility. The majority of collaboratives are involved in education and intervention efforts and function as service coordinating entities. Coordination of activities includes the recruitment of new partners, the production of a newsletter and the general management and administration of projects sponsored by the individual partners.

Some collaboratives are strictly site-based. The collaboration is a means of providing on-site coordination of services, not necessarily through cooperative programming, but by bringing organizations together to utilize a common space for their activities. The Oakland Family Services Center is an example of such an effort.

Table VII**Primary Means of Service Provision for Selected Oakland Collaboratives**

(When the collaborative very clearly has more than one primary means of providing services, the project is listed under the appropriate headings.)

Community Programs Facility

Center for Integrated Services for Families and Neighborhoods
 Healthy Start -- SB 620
 Oakland Family Services Center

Coordination of Activities

Emergency Services Network of Alameda County
 Fruitvale Community Collaborative
 'Just Say No' Youth Power Projects
 Oakland Collaborative
 Oakland Community Partnership
 Representatives of Infant Services in Alameda County

Counseling/Support Groups

Grandparent Caregiver Advocacy Project

Education/Intervention Programs

East Bay Perinatal Council
 East Oakland Fighting Back Project
 Emergency Services Network of Alameda County
 Empowered Youth Educating Society
 Prevention of HIV in Women and Infants Demonstration Project

Health Care Facility

Healthy Start -- SB 620
 Oakland Community-Based Public Health Initiative
 Oakland Healthy Start

Conclusion

Part of the nature of an organization is to collaborate with other organizations. Strategic alliances allow corporate executives to strike deals with each other to improve their sales or to open new markets. Municipal agencies meet regularly to ensure that their efforts are not being duplicated by other government offices and to learn of new projects which might necessitate their involvement.

Although collaborative projects have become an important part of the way Oakland's service providers work together, informal collaboration should not be neglected. Hall writes "organizations oriented to social change rely on other organizations for funding and support."¹² His analysis does not suggest that organizations must formalize the links between them.

The staff of an organization must be cognizant of its reasons for seeking to collaborate. It must be aware that its own efforts may expand or be reduced depending on the type of collaboration it chooses to enter. Collaboration has many benefits for the organization including improved access to information, the potential for additional funding for special projects, enhanced efficiency and a means to expand its own efforts. Many of these benefits can be accomplished through informal collaboration.

Ad-hoc committees work together to develop informal collaborative efforts to meet various needs. For example, Darryl McMillon of the Alameda County Health Care Services Agency has been making contacts through his involvement in the Oakland Collaborative.¹³ He is working to

¹²Richard Hall, Organizations: Structure and Process (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1977), p. 9.

¹³Interview with Darryl McMillon, Alameda County Health Care Services Agency, Oakland, California, 25 February 1994.

pull services together that complement the comprehensive programming of perinatal outreach programs. He affectionately labels his efforts "the male-counterpart-to-pregnant-woman collaborative." Convinced that people are aware of the strong network of collaboratives and know that they work, he explains his labor is one of many such informal organizational efforts taking place in Oakland.

So supportive of the collaborative process is McMillon that he has also organized a volunteer committee comprised of several members of nonprofit organizations and established collaboratives to tackle the organizing of Alameda County Youth Month activities. His own experience with agencies and the participation of managers from a multiplicity of interest groups fuels the argument of so many community boosters who emphasize the ease of bringing organizations together in Oakland. Although further study is needed of the scope of informal collaborative efforts in Oakland, it is through informal cooperation that many new collaboratives are born. Based on the record of collaboratives being created to meet the needs of the city's communities, it is likely that organizations working together will continue to be common in Oakland.

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Part III

Descriptions of Selected Oakland Collaboratives

Descriptions of Selected Oakland Collaboratives

The following descriptions are derived from several sources, including interviews, surveys and literature provided by the organizations.

Sources are cited beginning on page 59.

Center for Integrated Services for Families and Neighborhoods

Goal

"The creation of a community-based family service center on the campus of the Prescott Elementary School, which is neighborhood-governed and delivers culturally competent holistic integrated services to the residents of the Prescott neighborhood."

Collaborative History and Programs

The Center for Integrated Services for Families and Neighborhoods (CISFN) was developed to serve as a means of channeling the services provided by public agencies into a West Oakland center. Like other site-based collaborative efforts in Oakland, the purpose is to provide family-focused, neighborhood-based services that meet the range of the community's needs. A comprehensive program can be complemented by activities to improve the conditions of the neighborhood.

The project developed as a result of two ad-hoc efforts geared toward the integrated provision of social services. CISFN describes the basis for its founding:

The Lieutenant Governor's Task Force for the Seriously Mentally Ill (1986-1988), which produced the capitated Integrated Service Agency concept currently being modeled in Modesto and Long Beach; and

The Neighborhood Family Service Organization (NFSO) project, conducted by the Family Welfare Research Group at UC Berkeley, which, in 1991, produced Assembly Bill 831, a bill to establish and test an alternative human service system in low income neighborhoods.

From these efforts came the coordinated services offered by the CISFN in Sacramento and Oakland.

Oakland's mayor, Elihu Harris, requested in January 1992 that the CISFN consider West Oakland for the development of a social services center. During the summer months, the County and City supervisory boards, as well as the Board of Education, enacted resolutions to participate in the "proposed joint effort to develop a model human service system in the Prescott neighborhood." The community was selected because its population is faced with serious social problems and is concentrated with individuals with low incomes. Based on the efficiency to be gained by providing services at one location, a neighborhood service agency was developed through a joint powers agreement of the current collaborating partners.

A project of the Western Consortium for Public Health, the CISFN has grown in its efforts to change the manner in which social services are administered.¹ Participants hope that a school-based location for the integration of comprehensive services into the Prescott community will reduce the fragmentation of social services currently being provided. The staff of CISFN hopes that by its full implementation in July 1994, the center will serve as a focus for community empowerment and civic involvement.

¹ The Western Consortium for Public Health is a nonprofit corporation sponsored by the Schools of Public Health and University Extensions at the University of California at Berkeley and UCLA.

A study conducted prior to the implementation of the CISFN found that the neighborhood residents and the individuals who work in the Prescott community would be interested in becoming involved in an "alternative system." Managers hope that the full range of activities it seeks to cultivate at the site can be enhanced by filtering professionals, students and empowered community residents into the programs center.

East Oakland Fighting Back Project

Goal

"To reduce the demand for drugs and alcohol in East Oakland, focusing on prevention, early intervention, treatment, relapse prevention, and environmental change."

Collaborative History and Programs

A national program of the Robert Wood Johnson Foundation, Fighting Back operates in fifteen cities around the US. As part of this effort, East Oakland Fighting Back (EOFB) was created and awarded \$3 million over a five year implementation period for the development of a traditional partnership of nonprofit groups, private organizations and government agencies to work together on specific programs targeted at the reduction of drug and alcohol use.

The Castlemont Corridor Substance Abuse Prevention Project (CCSAB), established in Oakland's Castlemont High School neighborhood in 1983 by Alameda County Supervisor Don Perata, became the mechanism to spur EOFB. Organized by many of what are today EOFB's collaborating

partners, CCSAB focused on creating a smooth transition to high school for the young people of the district.

When the Robert Wood Johnson Foundation solicited proposals for Fighting Back projects, Perata's efforts brought about the conversion of CCSAB to Oakland's undertaking of Fighting Back. With a neighborhood political redistricting, Perata's constituency shifted elsewhere. The initial two-year planning grant for EOFB came under the management of Achebe Hoskins, EOFB's director, following the founding of the organization in 1989.

EOFB has four primary programmatic areas, including community organizing projects, drug and alcohol abuse prevention and intervention projects, public awareness activities and a program it inherited from the work of Perata, Grandparents as Second Parents (GASP). GASP is related to the efforts of EOFB because it deals with the shift in parenting roles that comes about as a result of the effects of alcohol and drug use.

Although its original goal has been maintained since the EOFB's inception, the objectives for meeting the goal have changed. The collaboration has become an aggregation of projects. An early objective was to create a substance abuse treatment center. The ideas that were the focus of this effort evolved into a very different method of using programming funds: for job training and education.

Along with this change in objectives came a shift in the roles of the partners. Today, each partner plays a different part, from program sponsorship to participation on the membership board of the organization. Although EOFB does not hold 501(c)(3) status, it is planning to

become a designated nonprofit organization, like several of the other Fighting Back projects in other cities.

East Bay Perinatal Council

Goal

"The East Bay Perinatal Council is a coordinating body for the exchange of program and policy information among perinatal health and social service providers in Alameda and Contra Costa Counties."

Collaborative History and Programs

In 1979, the Oakland Perinatal Health Project, funded by the California Department of Health Services, became involved in the effort to reduce the high rates of infant mortality in Oakland's low income neighborhoods. All state-funded perinatal providers were brought together under the project for meetings and the coordination of activities. The Department of Health Services was staffing the meetings, but in 1982 "funded a local nonprofit agency to organize the perinatal providers' meetings, which continued until September 1983, when that agency went out of business."

After the agency's demise, the International Child Resource Institute (ICRI) served as host for the meetings. The organization borne out of the meetings held by the ICRI was incorporated as a nonprofit agency in 1984 and named itself the East Bay Perinatal Council "to reflect the emerging coalition of the full range of health and social service providers who would cooperate within the [Alameda and Contra Costa] two county region."

Today the Council serves in the capacity as facilitator of information dispersal among social service agencies, including those with a direct focus on perinatal health care in the East Bay. Among the efforts of the collaborative is intervention and the direct provision of service, but much of what the council does is to serve as a network for the coordination of the services of the area's agencies.

The collaborative sponsors the five following programs focused on health concerns related to women who are pregnant or have a baby: a tobacco cessation project, nutrition education program, the Healthy Tomorrows project (providing prenatal care for African American women), an HIV/AIDS education project, and Options for Recovery, an alcohol and drug program. By bringing together many organizations that work on different aspects of perinatal care, the collaborative allows for the comprehensive management of health care for pregnant women with different backgrounds and needs.

Emergency Services Network of Alameda County

Goal

"[The Emergency Services Network of Alameda County (ESN)] is dedicated to the elimination of homelessness and hunger. ESN's goals are three tiered and address the full continuum of services needed to help deal with the problem of homelessness and hunger. They are: 1) prevention; 2) stabilization of existing services; and 3) elimination."

Collaborative History and Programs

In the early 1980s, the Travelers' Aid Society found itself deluged with inquiries from the homeless. Accustomed to its tradition of assisting travelers, the Society convened a meeting of social service providers in Alameda County to discuss the growing homelessness problem. The initial meeting involved over thirty organization and agency representatives. Also involved were homeless individuals. The meetings continued over several years and the ad-hoc organization, working with and being housed by the United Way, began to staff itself.

Eventually, the effort incorporated as the Emergency Services Network of Alameda County (ESN), with Travelers' Aid serving as its fiscal agent during the first several years of its operation. The agencies that comprised ESN held the power in the collaborative and established rules governing the funding of the organization. A concern among the participating agencies and individuals was that the rapidly expanding effort might begin to control the established programming and managing mechanisms of the individual agencies. Based on this concern, ESN started its mission and continues not as an umbrella group, but as an organization focused on information sharing and giving support to its coalition of social service providers and individuals. The membership determines ESN's staffing and the office responsibilities.

The City of Oakland was ESN's first funder. Funding was granted for the convening of the organization. Oakland determined that other cities in the county also should be involved. By 1987, all but one city in Alameda County was providing ESN with grants, based on a sliding scale for the services they provided and the population they served. Oakland has paid more each year than the other cities since it signed a

contract, in 1985, with ESN to produce its annual report on homelessness.

Through its efforts, ESN has grown to "a coalition of over 270 shelter, food and support services, and individuals concerned with homelessness and hunger in Alameda County." Former executive director Zenobia Embry-Nimmer describes her role in furthering the efforts of ESN by reaching out to "communities of color." Through the refinement and strengthening of the organizational structure, she "built in stronger controls for the membership" which have allowed the organization to develop in such a manner that the coalition partners maintain their independence, yet have access to the facilitating services provided by the staff of ESN.

ESN touts itself as being the only broad-based organization representing the lowest income members of the community. Its support of neighborhood, city and county advocacy and public education efforts is tied to its own focus on its members' needs. Through committees, the collection of data and as an information facilitator, ESN enhances the efforts of its collaborative partners. Its immense partnership roster places it among the largest collaborative efforts in Oakland.

Empowered Youth Educating Society (EYES)

Goal

"To provide a space for youth to challenge each other and learn leadership, organizing and peer education skills that enable them to develop proactive responses to injustice and make positive changes in their communities."

Collaborative History and Programs

On February 17, 1990, a group of young people gathered for a meeting to determine the scope of a youth empowerment project. Organized by the Encampment for Citizenship, youths at the meeting discussed the meaning of empowerment, issues important to young people, and ways to mobilize. Participants described the need for "having youth run meetings, take the initiative and have more responsibility," "having adults to support us that act as allies, not as parents" and "taking action and getting involved in the community." Racism, sexuality, drug abuse and "adulthood" were identified, among others, as some of the issues faced by young people that could be addressed by the group.

What grew out of the meeting has molded Empowered Youth Educating Society (EYES), a collaborative developed and organized by an alliance of four active nonprofit organizations: the Encampment for Citizenship, New Bridges, TODOS and The American Friends Service Committee (AFSC). Directors of the organizations met to establish the structure of EYES and brought together curricula used by New Bridges and the Encampment in their outreach and education programs. Many of the youths active in the development of EYES had participated in programs sponsored by the various partners, including the Encampment's national summer camp program. Spurred on by the dissatisfaction the young people felt returning to their homes and neighborhoods after participating in intensive youth-focused, community-building activities, EYES was developed to serve as an outlet for using energy productively to educate other young people, get involved in community organizing activities and work as advocates for youth.

Although EYES has youth participants from both sides of San Francisco Bay, virtually all of its programmatic efforts are focused in Oakland, with workshops and teen centers situated in areas designated in the Empowerment Zone application. Organized as a special project, funding for EYES was procured by the Encampment who hired the staff to manage the collaborative. Funding sources include community and private foundations, as well as individual donors. EYES coordinator Marcelle Moran was brought on board to work with workshop coordinators, advance the message of EYES in the community by providing information and referrals, and manage the collaborative's volunteer base and meetings. The Encampment has taken the most active role among the collaborating partners, providing on-site office space and allowing for the use of its office equipment. Recent budget restrictions have limited the financial support provided by AFSC.

Moran touts EYES as the only direct form of youth involvement among the collaborative projects in Oakland. Her concern is EYES members inform her that they are not taken seriously when they represent their organization at general meetings of collaboratives, agencies and non-profits in Oakland. Nonetheless, she coordinates a collaborative with the belief that youths should facilitate and make decisions in the planning of their activities. She suggests that they can "build on that [involvement in EYES] and find a way to integrate it into their lives."

Fruitvale Community Collaborative

Goal

"To improve the socio-economic status, health and safety of children, youth and families in Oakland's lower Fruitvale area."

Collaborative History and Programs

"This truly is a collaborative," says Aliza Gallo, former executive director of the Fruitvale Community Collaborative (FCC). The powerful community organization was established by the joining of the Fruitvale District-based Spanish Speaking Unity Council and La Clinica de la Raza. This alliance came about in response to a request for funding proposals submitted to the East Bay Funders. The two organizations already had been involved in a host of community activities since the 1960s and their joining for the formation of the FCC became a logical device to enhance community empowerment activities. By serving in a support role for neighborhood organizations and disseminating information on community needs, the FCC provides a means for interaction.

A survey of Fruitvale residents outlined concerns about poorly coordinated services, problems with safety and the lack of employment opportunities. The funding proposal sought to address these issues. Some of the initial objectives for the collaborative included increasing resident involvement in crime watch programs and other neighborhood activities, raising money for drug prevention and education programs and creating a task force on neighborhood employment opportunities.

Presently the FCC is in its second year of a three-year funding program. Its staff of six includes community organizers, a project coordinator and its interim manager. The suite it occupies in a neighborhood office building echoes the mighty scope of the role undertaken by the collaborative.

Gallo describes the multifaceted role of a collaborative that "becomes an entity that can directly relate to leadership development"

by being able to respond more rapidly and with greater force than smaller community organizations. Programs from information referral services to coordinating graffiti cleanup facilitate this role. Nonetheless, the FCC itself does not provide direct services. Rather, it is a conduit for community change through the careful coordination of the activities of its many collaborating partners. The FCC sponsors initiatives in particular areas through the development of community task forces. Current initiatives are in the areas of recreation, employment development, youth service and family violence.

The FCC is not an incorporated organization, but rather a project, with its partner, the Spanish Speaking Unity Council, serving as its fiscal agent. Its own strength is a result of its reliance on twenty collaborating partners. Even the process of applying for Empowerment Zone designation suggests benefits for the FCC, as the collaborative intends to make use of the resource mapping to document changing circumstances and determine where its own efforts can be directed.

Gallo sees the efforts of the organization making a difference. She remarks "We're trying to make a lasting change here. We're institutionalizing the leadership in this area."

Grandparent Caregiver Advocacy Project

Goal

"To develop a model legal services and social services clinic; improve and coordinate services and peer support for grandparent caregivers and advocate for policy reform on their behalf."

Collaborative History and Programs

The Grandparent Caregiver Advocacy Project (GCAP) is in the midst of both the planning and implementation process of its efforts to put into place a host of services. Funded for three years by a San Francisco Foundation Lifeline Initiative grant, GCAP provides resources for grandparents who must take care of their grandchildren due to the absence of or mental or physical illness of a parent. The project was initiated during the summer of 1993.

A written introduction to the services provided by GCAP explains "Grandparent-Caregivers have stepped in to stabilize the situation for these children, share resources and to prevent another generation from cycling into the criminal justice system." GCAP also works to ensure a positive reunification of parent and child after the parent's recovery or release from prison.

The effort was developed by three organizations that are familiar with different aspects of the types of services that should be made available to grandparent caregivers. Legal Assistance for Seniors was founded in 1976 and has since served as an advocate for the legal rights of the elderly in Alameda County, providing counseling and education services. The Center for Urban Family Life sponsors several community organizing programs in Oakland. The third partner is Legal Services for Prisoners with Children (LSPC). In providing support services for incarcerated parents, LSPC has been advocating for grandparents' rights statewide since it was founded in 1978.

In working to meet its goal, GCAP has developed four program areas. The Model Grandparent Caregiver Legal Services Clinic and the Model Community Services Clinic provide legal assistance, through direct *pro*

bono work, and counseling and support services. GCAP has held several training sessions for its *pro bono* panel. The Bay Area Policy Roundtables on Grandparent Caregivers are managed by the collaborative "to define the problems in improving legal and social services and to develop strategies for expanding resources and services." The Oakland Task Force, comprised of representatives from legal and health care organizations as well as educators and grandparents, was established to study the duplication of efforts and gaps in the service provided by the collaborative and other organizations.

River Ginchild, project director, explains "Alameda County is fortunate to have had studies done on the role of grandparent caregivers." One study by therapist and facilitator of the Grandparents as Parents Support Group, Lenora Poe, describes the role of Black grandparents as caregivers. The staff of the program suggests that research of this type facilitates the targeting of its programs.

Healthy Start -- SB 620

Goal

"To produce measurable improvements in outcomes for students and their families in the areas of school attendance and performance, physical and social health indicators and family functioning."

Collaborative History and Programs

The sponsorship of a program based in two Oakland year-round schools has enabled inter-agency collaboration to serve students through the development of a family resource center, a primary care health

clinic and social service case management team representing several specialties. Healthy Start provides these services for children through grade six at Hawthorne and Whittier Schools. Collaborating partners include city and county agencies, research-focused organizations, the School District and Housing Authority.

The SB 620 Healthy Start program in Oakland was initiated with State funds that were used to further the advancements made by the School-Linked Services Workgroup (SLCG). The SLCG was established in 1990 by Urban Strategies Council director Angela Blackwell and School Superintendent Pete Mesa. The effort was based upon the goal of bringing together the representatives of local agencies with the schools.

In 1990, a conference was held titled "Serving the Same Client." Conference participants representing many agencies and community groups determined that there was no data available on the number of service providers working with the same families and individuals. Out of the conference, the determination was made to have the Urban Strategies Council conduct a "Data Match" study to understand how many families and individuals were in contact with County Social Services, Health Care, Probation and other organizations. By examining eight schools, the Urban Strategies Council found that fifty-eight percent of families were served by at least three agencies. This "Data Match" exercise substantiated the insistence that methods might be developed to better coordinate fragmented services. Furthermore, the study cited a need for more prevention-oriented programs.

Paul Brekke-Miesner, Health and Safety Program Manager for the Oakland Unified School District, explains that these efforts were strong. They spurred a satisfactory application for the newly announced

Healthy Start grants. Healthy Start was the first request for proposals to which the group responded and the result was a three-year grant from the California Department of Education. With the new funding, the SLCC's efforts turned to the Healthy Start initiative in which the schools would become the instruments for site-based agency collaboration.

Although the implementation phase of the Healthy Start grant has taken longer than the expectations of the program's participants, Steven Alvarado, the program manager, explains its potential success in that it is a holistic approach in providing services to children. He explains that through the provision of services by more efficient means, program players save money and there is a greater degree of coordination. Staff from collaborative partners, including \$300,000 in in-kind donations, along with \$400,000 from the school district and \$200,000 thousand from participating nonprofit organizations have created a pool of resources targeted directly at the site of the population to be served.

Out of this collaborative approach comes the realization that efforts may reach beyond the scope of the school yard. Even managers of the program find challenges associated with integrating noneducational issues, from health to public safety, with what is perceived as the traditional educational basis for the schools.

**"Just Say No" Youth Power Projects
Bay Area Regional Office**

Goal

"Empower youth to lead healthy, productive, drug free lives.

'Just Say No' International does this through innovative programs that

promote academic achievement, social development and physical and emotional well-being."

Collaborative History and Programs

Starting with one club in an Oakland school in 1986, "Just Say No" International has burgeoned into a network of over 25,000 "Just Say No" Clubs. The Pacific Institute for Research and Evaluation (PIRE) provided fundraising assistance for Oakland Parents in Action (OPA), the community group that assisted in the development of the first club. A federal grant provided under the Pyramid Project enabled PIRE to finance the beginning of what has become one of the most recognized drug awareness and education programs in the United States. Still based in Oakland, in 1994 "Just Say No" International has a staff of 34 at its headquarters and regional offices as well as thousands of program participants and volunteers nationwide.

The Bay Area Regional Office (formerly the East Bay Regional Office) is staffed by Regional Director Marilyn Lovelace and an office assistant. The newest focus of the office, touted by Lovelace as a collaborative effort, is the Youth Power Projects to provide peer tutoring and community service involvement. Crafted by "Just Say No" International, the headquarters announced their newest program in April 1993 with a descriptive manual completed by the end of that year. Regional offices will play a vital role in promoting the new strategy and in seeking partners to cosponsor their efforts. Lovelace describes the role of "Just Say No" as the "catalyst to establish a relationship" with groups that will sponsor the Youth Power Projects.

A Juvenile Justice Department Federal appropriation expected in June 1994 will provide between \$300,000 and \$500,000 to pilot the Youth Power Projects. Seven organizations shall serve on an advisory council, including active Oakland nonprofits and agencies such as La Clinica de la Raza, UMOJA and the Oakland Housing Authority. Three years of funding will enable these organizations to be the catalysts for Youth Power in their respective neighborhoods. The advisory council will train and recruit team leaders. It will also serve as an agent for evaluating the Youth Power.

Oakland Collaborative

Collaborative History and Programs

Although organizations have been collaborating in Oakland for years, it was not until April 1992 that a collaborative of collaboratives was formed. Jim Haye, director of the Oakland Community Partnership and Paul Brekke-Miesner, Health and Safety Program Manager of the Oakland Unified School District were among those who organized the Oakland Collaborative as a means for the various organizations involved in community work in Oakland to come together and discuss the programs in which they work. The Oakland Collaborative provides a monthly meeting as a forum for the discussion of issues pertinent to Oakland's multiple community development and citizen empowerment initiatives.

Facilitated by the Urban Strategies Council, the collaborative developed a mailing list of organizations that includes not only other collaboratives, but also people who might benefit their own organizational efforts by participating in the Oakland Collaborative. Many of the participants are employees of Alameda County and Oakland City agen-

cies. These individuals who are involved in ad-hoc committees or smaller nonprofit organizations see their participation in the Oakland Collaborative as a means of building alliances with other community organizations.

Unlike some of the collaboratives in Oakland that are organized around specific projects, the Oakland Collaborative is organized around dialogue and the maintenance of a community calendar, yet its members participate on media and service evaluation committees. It also provides, in a sense, an umbrella organization that can facilitate the dispersion of information within Oakland's communities.

This large-scale collaboration is uncommon elsewhere. Hays explains the benefits of collaboration:

The City of Oakland has a long and positive history of groups working together. We are also developing a more recent history of multicultural cooperation that can serve as a model for other communities if we allow our relationships to continue developing in positive and productive ways.

Among Oakland's collaboratives, virtually all are familiar with the efforts of the Oakland Collaborative. As a result, they are also familiar with the types of activities going on throughout the city, including, sometimes, what is taking place in their own neighborhoods.

Oakland Community-Based Public Health Initiative The Community Health Academy

Goal

"To improve the health and well-being of the local community through a multicultural community-based health initiative which restructures public health practice and education."

Collaborative History and Programs

Creating public health awareness at the community level is the focus of the Oakland Community-Based Public Health Initiative (OCBPHI). A collaborative effort organized by the UC Berkeley School of Public Health and funded by the W.K. Kellogg Foundation, the OCBPHI seeks to change health education methods and the manner in which health services are administered in East Oakland. The Oakland project is one of seven in the United States serving as a site for the collaboration of health-promoting organizations.

The collaborative is unique in that it draws upon the highly technical skills of the faculty of a university academic department. This allows for the establishment of a laboratory for new ideas while improving the quality of health service access available in a community in need of better service. By creating the Community Health Academy, the program seeks to accomplish three principal functions:

- (1) To provide community health education, training and employment;
- (2) To participate in community health campaigns and initiatives; and
- (3) To provide supportive services and programs which enhance the local partnership.

The University of California at Berkeley anticipates a change in its Public Health curriculum as a result of the success of this collaborative effort. The collaborative broadens its own focus and furthers the advancement of community empowerment by training local residents with health-related job skills. Residents who participate in the program will be tracked to determine what careers they pursue beyond their training.

Leland Brown, director of the Community Health Academy, notes one of the first goals of the effort is to empower residents to take control

of their environment. Through the efforts of the Community Health Academy, it is suggested that public health can be seen as an educational device leading not only to improved community health, but multicultural understanding as one of many factors important in the administration of community health programs.

Oakland Community Partnership

Goal

"To improve the quality of life for Oakland Residents; To change public attitudes regarding alcohol and drug use; coordinate [a] service delivery system; promote community wellness and empowerment; influence public policy."

Collaborative History and Programs

Rooted in its beginnings as a forum for the fight against drug use, the Oakland Community Partnership has expanded its scope. Director Jim Haye describes its evolution as "kind of a network, kind of a nub always evolving." The Partnership works with the range of broad-based community issues facing the wealth of ethnic groups living in Oakland.

As a result of a conference on drug use, the Oakland Crack Task Force was formed in 1989. Haye, who was working for Alameda County, joined the grassroots organization at the start. The Task Force started its mission with a citywide focus on alcohol and drug abuse. The group invested the support of seven Oakland churches and by March 1990, had the community involvement to stage a major educational event and concert for 6,000 people, featuring Lou Gosset. As its mission expanded, the

Task Force began collaboration with a number of agencies, government offices and nonprofit groups.

Funded by a grant from the Center for Substance Abuse Prevention (CSAP) of the Federal Department of Health and Human Services and the Department of Housing and Urban Development, the Oakland Community Partnership was established in October 1991. The transition from a specific focus on drug use prevention to expanded interest in employment training and education, community events, political organizing and the sponsorship of youth-focused activities was not without its problems. Some internal conflict occurred as a new range of issues was addressed by the rapidly growing organization. As growth and administrative issues were settled, Far West Laboratory was secured as the Partnership's fiscal agent as a result of the involvement of Far West employee Ralph Baker.

Unlike some of Oakland's collaboratives established to develop a particular project, the Partnership serves as a forum for cooperation among several organizations with a similar focus. Not all collaborating partners are involved in all projects, nor does the Partnership provide their only means for involvement in the community. Rather, by reaching out to organizations that would appropriately be brought together to work on specific projects, the Partnership serves as a broad coordinating force. By maintaining a broad mission, the collaborative facilitates its involvement in activities it deems appropriate for the advancement of more specific objectives that may be embodied in its goals.

Funding from the first year at the level of \$477,000 has been reduced to \$354,000 for the current year. This has made necessary the reduction in staff from a one-time level of nine to today's four members. Haye claims this has "brought the organization down," although it con-

tinues to expand its efforts. Presently the collaborative is organizing itself to put to use its HUD grant for drug elimination and community empowerment programs in senior homes. Among its major efforts, the Partnership sponsors an annual youth retreat at Northern California's Russian River, produces a quarterly newspaper in English and Spanish, conducts an annual neighborhood drug survey and actively promotes the individual activities of its partner organizations through board meetings and public relations activities.

Oakland Family Services Center

Goal

"To increase access to neighborhood-based health and child care and related services for families through a coordinated multiservice model."

Collaborative History and Programs

The Oakland Family Services Center (OFSC) is a collaborative of the efforts of eight public service agencies and non-profit organizations. The organizations utilize the OFSC as a location to host community programs targeted at a range of populations. Although the collaborative is not a tax-exempt nonprofit organization, it is staffed to facilitate the comprehensive delivery of services of a community-based center. A goal in the founding of the collaborative was to create an accessible site for services in a targeted neighborhood, providing convenience for health and family services to residents of the Fruitvale and San Antonio communities of Oakland. Additionally, it would serve the greater Oakland and Alameda County populations by de-institutionalizing

some agency-mandated and nonprofit services, organizing them in a community setting. While the Family Day Care Support Network and Tiny Tots are based on the site, the other partners utilize the site for the provision of direct services for their clients. Organizations that decide to use the site can become a collaborative partner. The collaborating partners take the active role of on-site programming while the OFSC serves in a coordinating and public relations capacity for their efforts.

A project of the International Child Resource Institute, the idea for the OFSC developed in 1992. It is funded by the San Francisco Foundation Lifeline Initiative and the S.H. Cowell Foundation for three years, beginning September 1993. The funding permits the hiring of a part-time site coordinator. Noa Mohlabane of the Family Day Care Support Network has been working in this capacity.

Kenneth Jaffe, the executive director of the International Child Resource Institute (ICRI) initiated the funding requests for the establishment of this project that grew out of its programs for children and families. ICRI was incorporated in 1991 and has been involved in the reduction of infant mortality through the establishment of the Oakland Infant Health Project and through its Child Care and Parenting Services program. In 1993, in his efforts to develop the OFSC, Jaffe solicited and was given support by organizations ranging from Oakland Community Housing to the Children's Research Institute of California. These organizations have served as collaborating partners.

The facilities, a blend of old farmhouse grounds and contemporary building additions, are situated on a residential street. The giggles and screams of children penetrate the facility during the day with the

activity of the Tiny Tots program; at night the center hosts a range of programs from the court-mandated black parenting class to social support meetings and courses offered by the collaborating partners. Anticipated uses include foster parent training sponsored by the American Indian Child Resource Center, an office of the Bay Area Black Women's Health Project, and on-site low income housing.

The mix of recreational space and meeting rooms also allows for the provision of child care services during any of the events held at the center. Thus, collaboration allows for organizations to pinch-hit for one another so that the benefits of all of their services can be fully realized. The grant proposal summary submitted to the San Francisco Foundation emphasizes the "OFSC has a high likelihood of institutionalization at the county and state levels because agency participants are committed to systematic change."

As a model, the cooperation is unique in that collaboration is site-specific. The project has support from social service agencies each examining the OFSC as an opportunity to target a specific neighborhood by providing services within that community. New partners have been sought by the collaborative and others have approached the center as a forum for participation.

Oakland Healthy Start

**Imani House (West Oakland Family Life Resource Center),
Ujima House (East Oakland Family Life Resource Center), and
Fruitvale-San Antonio Family Life Resource Center**

Goal

"To reduce infant mortality by 50 percent in five years by developing and implementing broad community based strategies which would sig-

nificantly impact high risk areas. To effectively provide linkages with existing services which would increase utilization and retention in services."

Collaborative History and Programs

A project of the Alameda County Health Care Services Agency, Oakland Healthy Start is fully funded by the Federal Government as one of several Healthy Start programs initiated by the US Department of Health and Human Services. Although the project functions as an agency, it serves as a collaborative effort: each service and several administrative functions are conducted by other agencies and nonprofit organizations.

Through the establishment of the Healthy Start program, the Federal government allows for flexibility in that each community receiving funding is able to craft the type of services it provides to reduce infant mortality. Thus, Oakland's approach toward addressing the problem is not identical to that taken in Detroit, South Carolina or the Northern Plains Indian communities.

Oakland Healthy Start is an innovative program. In its efforts to address infant mortality from an African-American perspective, the program summons the services of the Institute for the Advanced Study of Black Family Life and Culture as its arm for training and staff development. Clinical Services are provided by La Clinica de la Raza, with Nurses in Action providing the mental health arm. A primary method for the provision of health services by Oakland Healthy Start is through three neighborhood-based Family Life Resource Centers functioning as small collaborative efforts. The three centers, Imani House in West Oak-

land, Ujima House at 99th Avenue in East Oakland and a yet unnamed center serving the Fruitvale and San Antonio neighborhoods, are to provide "culturally consistent programs" in the communities they serve. Each center targets services to provide not only health care, but to promote economic development and community empowerment.

Gloria Cox, the community liaison for Oakland Healthy Start explains that these goals of community development and revitalization were part of a initial wish list with goals that were "very lofty." Once planning turned to implementation and the reality that the provision of specific services were the main objectives, the types of services offered by the Family Life Resource Centers were narrowed.

"We wanted each of the resource centers to do mandatory voter registration drives. We wanted each of the resource centers to develop neighborhood watch groups. We wanted each of the resource centers to stimulate economic development," explains Cox. These remain elements of the programs that are sponsored by the centers, but for the moment do not address the primary health care focus. Until additional funding and staffing become available, the broader goals will continue to be addressed by the quality implementation of current efforts.

Prevention of HIV in Women and Infants Demonstration Project

Goal

"To reduce the incidence of sexually transmitted diseases ... through the development of HIV prevention programs that reflect the unique situations, motivations and priorities of women —women who may be both at risk of disease and risk of unintended pregnancy— and the

importance of integrating pregnancy and disease prevention recommendations."

Collaborative History and Programs

Demonstration projects in Oakland have served as models to be adapted in other locations throughout the city, as well as around the country. The Prevention of HIV in Women and Infants' Demonstration Project (WIDP) was instituted in 1991 with a \$3.8 million grant from the Centers for Disease Control.

WIDP is not a large-scale collaborative effort, balancing the participation of many organizations. The grant for the Oakland project—one of five designated cities in the US—enabled the collaboration of three agencies: the Alameda County Social Services Agency, the California Prevention Education Project and the Alameda County Health Care for the Homeless program.

WIDP's means of intervention is through educational workshops, counseling groups, outreach on the street, health fairs and case management. A primary method for outreach is through the utilization of community volunteers trained to educate those with whom they come in contact. Nonetheless, the goal of the collaborative is to involve the entire community by seeking support in its intervention and education programs from merchants and residents, and by targeting directly those families with women at risk of contracting the virus that may lead to AIDS. As a study and demonstration project, the collaborative focuses on two neighborhoods in its programming and data collection, using its intervention program in East Oakland and holding West Oakland as a control community.

Presently, the project is in its intervention stage. Over the next years, intervention will continue and follow-up surveys will be conducted. The hope of the project managers is that the research helps develop cohesive policy recommendations for women throughout the country.

Representatives of Infant Services in Alameda County

Goal

"To serve as the central body committed to improving services in Alameda County for all families with infants/toddlers who have or are at risk for developmental problems (whether or not they meet the eligibility criteria under the Individuals with Disabilities Education Act, Part H [PL 102-119]), by promoting interagency coordination and communication, and family/professional collaboration."

Collaborative History and Programs

In January 1987, the organizations which are now the collaborating partners of Representatives of Infant Services in Alameda County (RISA) met to determine how agencies and families could be brought together to address developmental disabilities. They hoped to establish a framework by which services could be better coordinated, reducing the duplication of efforts they saw as problematic. Among the founding agencies were the Departments of Education, Drugs and Alcohol and Social Services, as well as the Regional Center of the East Bay and the Developmental Disabilities Council.

In 1988, the Individuals with Disabilities Act, Part H, was being implemented at the Federal level. By way of its implementation, the State of California received funding for programs that focused on early intervention efforts for babies and toddlers to 3-years old. Jennifer Church, RISA project assistant, explains that RISA was designated in Alameda County for the Disability Act's funding so it could plan and coordinate family-centered services. Although the program is supposed to be at the full implementation stage, the scope of its efforts requires RISA to continue planning some of its implementation goals.

More direct State involvement in developmental disability intervention programs for toddlers began with the passage of Senate Bill 1085 in September 1993. The State Department of Developmental Services and the Department of Education became the lead agencies for the Early Start Program, of which RISA is a part. BANANAS, a nonprofit child care referral and information service based in Oakland serves as the fiscal agent for RISA and provides office space for the coordination of its programs. As mothers with their babies wander in from the street to the bright, window-lined hallways of the BANANAS facility, RISA's coordinating staff is kept in contact with the types of clients who are benefiting from the their work.

The targeted families are minorities living in the Healthy Start target area who have children to 14-years old with developmental disabilities or at risk for developing such disabilities. Much of the referral efforts are targeted at the Family Life Resource Center sites in West Oakland, East Oakland and Fruitvale-San Antonio. RISA's staff of three is responsible for information sharing, identifying service dupli-

cation, organizing public outreach activities, coordinating the efforts of its partners, and developing new projects to address unmet needs.

Part III**Sources for Summary Information of Collaboratives****Center for Integrated Services for Families and Neighborhoods**

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Appendices

Appendix A**Organizations and Agencies Represented on the Roster of the Oakland Collaborative**

(Note: The following organizations include the primary affiliations of representatives of collaboratives that are not included on the roster.)

Alameda County Social Services
 Alameda Health Consortium
 Asian Health Service
 Board of Education
 C&V Caring Friends
 CAL-PEP
 Center for Community Health
 Center for Integrated Services for Families and Neighborhoods
 Center for Urban Family Life
 Community Health Academy
 Dennis Rose and Associates
 East Bay Funders
 East Bay Perinatal Council
 East Oakland Fighting Back
 East Oakland Youth Development Center
 Emergency Services Network of Alameda County
 Evelyn and Walter Haas Jr. Fund
 Empowered Youth Educating Society (EYES)
 Family Resource Network/RISA
 Fruitvale Community Collaborative
 Fruitvale/San Antonio FLRC c/o Bay Area Black Consortium
 Grandparent Caregiver Advocacy Project
 Health Initiatives Coordinator
 Healthy Start
 Institute for Health Policy Studies
 Institute for Health Policy Studies
 International Child Resource Institute
 Junior League of Oakland-East Bay
 Just Say No International
 Legal Assistance for Seniors
 Mayor's Office of Drugs and Crime
 Multi-City American Indian Child Resource Center
 Oakland Collaborative
 Oakland Community Partnership
 Oakland Family Services Center
 Oakland Sharing the Vision
 Oakland Unified School District
 Oakland Sharing the Vision
 OCCUR
 Office of Supervisor Mary King
 Resident and Community Services
 Spanish Speaking Citizens' Foundation
 Spanish Speaking Unity Council
 Ujima House
 University-Oakland Metropolitan Forum
 Volunteer Centers of Alameda County
 West Oakland Health Center
 WIC Wellness Guide

Appendix B

Targeted Racial and Ethnic Populations: Selected Oakland Collaboratives, 1993

1 - Primary Target Population
2 - Secondary Target Population

<u>Collaborative</u>	<u>Population Served</u>												
	African American	Cambodian	Central American	Chinese	Filipino	Japanese	Korean	Laotian/ Mien	Mexican American	Native American	Puerto Rican	Vietnamese	White
Community Health Improvement Project	1	1	1	1	1		1	1	1	1	1	1	1
Oakland Community Partnership	1	1	1	1	1	1	1	1	1	1	1	1	1
East Bay Perinatal	1	1	1				1		1	1	1	1	1
East Oakland Fighting Back	1	1	1	1	1	1	1	1	1	1	1	1	1
Fruitvale Community Collaborative	1	1	1	1	1	1	1	1	1	1	1	1	1
Healthy Start	1		1						1	1	1		1
Oakland Community-Based Health Initiative	1	1	1	1	1			1	1	1		1	1
Office of Mayor	1	1	1	1	1	1	1	1	1	1	1	1	1
Oakland Unified School District	1	1	1	1	1	1	1	1	1	1	1	1	1
Reps. of Infant Svcs. in Alameda County	1	1	1	1	1	1	1	1	1	1	1	1	1
Office of County Supervisor Mary King	1			2			2		2				

Source: Urban Strategies Council

Appendix C
Collaborative Projects In Oakland, As Listed by Carolyn Cates

Community Health Improvement Project
East Bay Perinatal Council
East Oakland Fighting Back
Fruitvale Community Collaborative
Health Start Project
Model Neighborhood Program (Supervisor King)
Mayor's Office on Drugs and Crime
Oakland Community-Based Public Health Initiative
Oakland Community Partnership
Oakland Unified School District Comprehensive Health and Safety Plan
Representatives of Infant Services in Alameda County

Source: Carolyn Cates, Far West Laboratory

