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The Bayview Hunters Point Foundation for Community Improvement: A Pioneering Multi-Ethnic Human Service Organization (1971–2008)

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The Bayview Hunters Point Foundation for Community Improvement is a nonprofit organization established in 1971 to defend the legal rights of African-Americans living in its community. Over the years, the agency diversified its services to include mental health and substance abuse treatment, violence prevention, youth programming, and HIV services. The organization has overcome multiple challenges during its 37-year history in relation to social, political, and economic changes that have influenced the way the organization has financed and delivered its services. The history of the organization presents a collaborative approach to community problem-solving and exemplifies the important role that external relationships play in relationship to nonprofit growth and survival.

KEYWORDS *Organizational history, nonprofit organization, community development, African-American community*

INTRODUCTION TO THE BAYVIEW HUNTERS POINT FOUNDATION

The Bayview Hunters Point Foundation for Community Improvement, Inc. (BHPFCI) is a nonprofit human service agency that has provided services in

All written and verbal sources used to develop this case study can be found in the Appendix B.

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the southeast sector of San Francisco since 1971. Originally established to defend the legal rights of African-Americans, BHPFCI diversified its programs over the years to include substance abuse and mental health treatment, youth services, violence prevention/intervention, and HIV/AIDS support services. The agency is dedicated to revitalizing the Bayview Hunter's Point community that has been continuously drained by drug addiction, alcohol abuse, mental illness, crime, and violence. Although the agency has expanded services throughout the entire city, BHPFCI has always focused its attention on delivering comprehensive services to meet the changing needs of low-income, predominantly African-American residents in the Bayview Hunter's Point area.

The mission of the BHPFCI is "to build a community that is empowered, clean, safe, and healthy" with the goals of: (a) providing health, social, and human services, (b) maintaining and improving the quality of services, (c) being a responsive and responsible voice for the community, and (d) serving as an organizer, collaborator, convener, and developer of the community. The values of the organization include a commitment to promoting an atmosphere of respect, positive interactions between providers, consumers, and staff.

Bayview Hunters Point, or "the Bayview," is a vibrant low-income community in the southeastern quadrant of San Francisco. It boasts some of the best views of the San Francisco Bay and one of the most pleasant microclimates in San Francisco. Located along the bustling Third Street corridor, the community is bordered by the Bay to the east, Bernal Heights to the west, the Potrero Hill neighborhood to the north, and Portola and Visitacion Valley to the south. The Bayview community has a rich history of ethnic diversity and immigrant families attracted for decades because of jobs on the waterfront docks and in the slaughterhouses.

The Bayview is one of the more racially integrated areas of San Francisco and was the leading social, cultural, political, and economic center for African-Americans in California during the 1800s. African-Americans were attracted by the integrated public schools and by the absence of racially-based violence. Nevertheless, there was housing discrimination in the Bay Area and newly arriving African-Americans found the Bayview to be welcoming.

African-American migration to Bayview Hunters Point increased substantially when World War II transformed the area into an industrial center in 1941 with the establishment of the Hunters Point Naval Shipyard (which brought associated businesses in steel production, warship construction, and other port terminal activities). In the 1940s, thousands of African-Americans migrated from southern states for job opportunities at the shipyard. Additionally, when the primarily African-American community in San Francisco's Fillmore District was forcibly evicted through the city's redevelopment activities in the 1950s and 1960s, many resettled in Bayview Hunters Point to take advantage of affordable rents.

By the late 1960s and early 1970s, the shipyard operations declined along with jobs and the Bayview's population. When the naval shipyard closed in 1974, many Bayview residents were left unemployed. The effects of this decline were significant. As a result, poverty is a major issue with 21.7% of the 33,170 residents falling below the poverty line in 2001. The community has many public housing developments despite the fact that it has a higher percentage of home ownership compared to other San Francisco neighborhoods.

At one time, the Bayview community included a vibrant commercial district that now struggles for survival. A full service shopping center was closed and gated entryways and barred windows cover many of the shops along the commercial corridor. Liquor stores with check-cashing signs appear on street corners and residents are threatened by the impact of violence and substance abuse that are all too common in low-income communities. Polluting industries and commercial facilities have contributed to high rates of disease and residents in Bayview Hunters Point are hospitalized more often than those in any other neighborhood in the city for almost every disease (asthma, heart failure, diabetes, and kidney and urinary tract infections). Yet Bayview residents lose more years of their lives to violence than to any other cause.

FOUNDATION BEGINNINGS

While the foundation has played a prominent role helping people with a variety of challenges over the last 37 years, it actually began with the single issue of legal defense. The organization began informally in 1970 when Ernest "Ernie" Mitchell Jr., a resident of the Bayview community, recognized the need for a community-based organization to address the problems of crime and drug abuse. Mr. Mitchell was keenly aware of the disproportionate number of community residents being charged with crimes and he saw many of his friends enter the criminal justice system as a result of drugs. Mr. Mitchell was determined to improve the situation by organizing residents to approach local representatives of the federal Model Cities Program for funding to provide legal representation for residents of the community. The Model Cities Program was designed to help cities address blighted neighborhoods, with San Francisco selected as one of the original 150 cities to participate in the program.

With a budget of \$32,000, the Community Defender Program was launched. The City redevelopment agency leased a site on Galvez Street to the new agency for \$1 per year. Donations were received to paint the office and student volunteers from Hastings Law School interviewed prospective clients to document community needs and assist staff. With little publicity, the Community Defender Program received multiple local referrals

and the organization was formally established as the “Bayview Hunters Point Foundation for Community Improvement.”

In addition to coordinating legal services, BHPFCI began work on community issues. When a community member was killed by a police officer, the staff rallied the community to advocate for a full investigation of the case and changes in police procedures. A local newspaper article illustrates some of the community sentiment about the police in 1968:

The people in Hunters Point-Bayview do not trust the San Francisco Police Force. . . . The people feel that there is a lack of sympathy and understanding on the part of the Police Force for the problems of the Black Community. . . . The local citizens testified of jailor beatings of a Black prisoner, and Black young men are still being stopped by cops and harassed. . . . (The Spokesman, 1968)

There was a real need for the Community Defender Program at the time because African-American residents were not adequately represented by the public defender’s office. Many of their rights were plea bargained away and unfair trials were common. If a case became a matter of one person’s word against another’s, African-Americans did not generally fare well. BHPFCI noted that blacks were being arrested for things that whites were not (e.g., gambling or playing cards) and debated the merits of African-American juries for arrested African-Americans since the legal procedures appeared to be differentially applied based on race.

The Community Defender Program addressed the full range of client problems in addition to court representation. The attorneys understood that many of their client’s problems stemmed from the environmental conditions of poverty and racism and took the form of substance abuse and mental illness. By responding comprehensively to the needs of the community, the agency developed its service philosophy of offering a full-range of services to meet the interrelated needs of individuals and their families. Once the foundation was officially incorporated with its IRS 501(c)(3) nonprofit status in 1971, it was better able to solicit funding to expand its programs. BHPFCI became an incubator for the development of many other service organizations.

The Founding Executive Director and Staff

Mr. Mitchell was raised in Bayview Hunters Point, continued to live there, and saw the need to help his struggling community. As the first executive director, he was known as a frugal administrator who did not believe in spending program dollars on unnecessary expenses. For example, he often noted that it was not necessary to order a box of pencils because, “we can only write with one pencil at a time.” His budget philosophy laid the groundwork for

dedicating the majority of the agency's funds to staffing and programming, with little available for long-term plans for building acquisition and staff retirement programs. Mr. Mitchell was considered a delegating leader when it came to political and financial decision making, empowering others to provide oversight and support. He is described as a "behind the scenes" person, and encouraged his management staff to carry on the "up front negotiating and representation" roles for the agency.

The founding Board of Directors and staff played an important role in the early history of the agency. The staff of the Community Defender Program consisted of five criminal attorneys, one social worker, two investigators, and two legal secretaries, as well as consultants from various fields. They were eager to learn new ways to serve the community and took trips to the Hall of Justice, municipal court trials, superior court trials, and jury trials. When possible, new employees were recruited from the Hunter's Point neighborhood. The membership of the founding Board of Directors was comprised of both African-Americans and people of other ethnicities. In addition to the Board, BHPFCI benefited from an advisory task force comprised of older community members who were active in the affairs of Model Cities Program (Allioto, 1971). The foundation truly was a community-based effort.

DEVELOPING SERVICES (1970s)

The Community Defender Program was the first of its kind in San Francisco and around the country and was replicated both locally and nationally. With significant local support for the program, BHPFCI became a legal training ground for law students to serve as interns—positions which sometimes developed into employment. The agency's efforts helped to reform the criminal justice system by documenting the reality that plea bargaining was not always the best way to handle a case. To ensure that Bayview residents were not disproportionately pushed into the criminal justice system, the program advocated that everyone should go to trial.

Throughout the 1970s, BHPFCI solicited community feedback to meet changing community needs. With community support, the agency decided that the Community Defender Program would not handle cases on drug dealing and second arrest prostitution cases. Relationships were built with probation and parole programs in order to encourage officers to travel to the Bayview to help clients at BHPFCI who would not go downtown.

With a holistic approach to service delivery, the agency realized that many of its legal cases were drug related. In response, BHPFCI started a drug rehabilitation program providing counseling and re-entry programs for men returning from jail. In September 1972, the Model Cities Program funded the Drug Therapy Program to combat crime-related drug abuse. The agency

instituted an intensive outreach program to identify and refer substance abusers to treatment agencies. When heroin became a major problem in the Bayview community, BHPFCI approached the Department of Public Health with a plan to provide supportive counseling for residents receiving services from the San Francisco's Methadone Maintenance Program. Out of these efforts grew the Methadone Maintenance Program that was established with the help of recovered addicts. With additional funds from the San Francisco Foundation, the Anti-Drug Advocate program was launched in June 1973 to provide prevention to young people at schools, churches, and other community organizations.

The foundation's substance abuse services continued to mature. In July 1974, the Mayor's Criminal Justice Council funded the foundation's Methadone to Abstinence Program, to help clients reduce their dependence on methadone treatment. In July 1976, the City and County of San Francisco authorized BHPFCI to manage the city's Methadone Program.

The Community Defender Program was also further developed. The attorneys discovered that many of their clients did not know their rights upon being arrested, including how to behave and what not to say (e.g., many made self-incriminating statements to the police). The staff developed programs to inform community members of their legal rights by posting informational flyers in pool halls, barbershops, beauty shops and other places where the community congregated. The legal program's reputation also grew as it expanded to provide services outside of the Bayview, including inmates in San Quentin. By 1975, over 1,000 criminal cases were handled by the Community Defender Program. The program's chief counsel, Richard A. Bancroft, was appointed to serve as a judge on the Alameda County Superior Court in April, 1975 and Judge Hart of the San Francisco Municipal Court referred to the Community Defender Program as the best criminal law office in the city.

Alcohol abuse was identified as a persistent problem in the community and in 1975 the Department of Public Health funded BHPFCI's Center for Problem Drinkers. The center provided a friendly atmosphere for clients and their families who responded to outreach flyers located in liquor stores, street corners, churches, schools, courts, and mental health agencies. The program offered individual and group counseling for alcohol abusers and their spouses in addition to alternative activities that provided for multiple coping mechanisms. In 1978, the National Institute of Alcoholism Abuse (NIAA) awarded a five-year \$412,062 grant to support alcoholism services that was later replaced with city funding.

The foundation expanded public awareness of its services through distributing pamphlets describing its programs throughout the community. Frustrated that clients often missed appointments or court appearances, Mitchell reminded staff to be flexible and build a sense of trust and confidence with clients. In the latter half of the 1970s, the agency made efforts to build

the community's resources. In February 1976, BHPFCI contracted with a local Shell gasoline dealer to provide jobs for Hunter's Point residents as unemployment rates soared from the decreasing activity at the Hunters Point Naval Shipyard. Receiving a \$6,000 grant from the Mayor's Manpower office, the agency established a Youth Program that aimed to introduce and steer youth toward the legal profession. The summer program offered workshops on legal procedures, case preparation and investigation, and opportunities to assist in the Community Defender Program office and take field trips to court.

As BHPFCI continued to provide substance abuse services for adults, it also sought to address the lack of substance abuse services for youth. In 1976, the State of California provided funding for outpatient services for 51 youth and their families. In 1977, the Youth Program was established as a six-month pilot project designed to assist youth up to age 18 who had drug problems. Of the first 10 youth who received services from one employee, 6 returned to school, three became employed and 1 returned to the criminal justice system. In 1978, the city asked BHPFCI to provide day treatment for those youth who abused drugs and were not in school.

With encouragement from the city and county of San Francisco, in 1979 BHPFCI asked to take over management of the John Hale Mental Health program, while Pacific Psychotherapy Associates was contracted to manage the clinical aspect of the program. This mental health program became the largest component of the agency's budget and had its own administrative and accounting staff.

Given its growth, in 1979 the Board initiated a self-study process that involved the Board, staff, and clients. An outside auditor was hired to review the agency's finances and as an independent contractor was hired to conduct an organizational assessment. While the Board concentrated primarily on internal financial matters, it was recommended that they take a more active role in program decisions through the use of an advisory committee. As BHPFCI approached the 1980s, it had grown substantially with the mental health contract while continuing to operate other programs to meet the needs of an underserved community. In 1980 the agency's annual budget was approximately \$1.8 million.

REACHING BEYOND THE NEIGHBORHOOD (1980s)

By the 1980s BHPFCI had extensive experience delivering culturally competent mental health and substance abuse services to African-American and other ethnic populations. Their early success resulted in program expansions to other parts of the city as they began to deliver mental health outpatient and day treatment services in the Tenderloin neighborhood and methadone services in the San Francisco County jails. This was a logical move as their

client population often moved between the Bayview and the Tenderloin. A significant portion of the agency's funding for this expansion came from the Department of Public Health and mental health services, which constituted 60% of BHPFCI's annual budget.

By the 1980s, the Community Defender Program was recognized as one of the finest public criminal defense projects in the nation. While the defender services were in high demand, the program was only able to serve about half of those who requested services (handling about 104 cases per month, exceeding their contract for 70 cases per month). Engendering both a belief in the fairness of the legal process and a renewed trust in the public criminal defense system, it became a model for other projects and received media attention. The services were drawing clients from areas beyond the Bayview and also began to take on non-criminal work. The Bar Association started a Homeless Program and approached the agency to train homeless service providers and lawyers who lacked criminal law experience but wanted to do pro bono work.

As its programs developed, BHPFCI experienced some growing pains. After its first decade of operation, it became apparent BHPFCI needed to address some significant financial challenges related to contract reimbursements. Since it was not possible to bill for services until after they were delivered, it took time to get reimbursed and therefore additional funds were needed to deal with cash flow. In the fiscal year ending in June 1982, the Mental Health program had a \$40,000 deficit due to an insufficient number of federal MediCal patients required to bill the maximum amount of the contract. This required that the mental health program borrow funds from other programs. The substance abuse program hired a management consultant to evaluate the agency's systems and develop internal controls to prevent similar deficits in the future. Some "glaring weaknesses" in the organization's financial management system led to a great deal of confusion in reporting, procedures, responsibilities and duties, supervision and planning, compliance with fiscal deadlines, and internal accounting controls.

With little systematic internal reporting between the controller and program directors, there was no forum for addressing and resolving fiscal problems, leading to multiple misunderstandings. There were no satisfactory procedures to: (a) ensure the maintenance of adequate records, (b) avoid the co-mingling of grant funds, (c) ensure accuracy in billing and budget documents submitted to funding agencies, or (d) maintain accurate records of fee collections. There was also ineffective supervision of accounting staff that contributed to the agency's inability to meet the requirements of funding agencies. This caused program directors to become frustrated, since they dealt with their funders but had no authority to correct the problems. Improving its accounting procedures was part of the agency's growing pains.

BHPFCI also learned in the 1980s that its services needed to adapt as its external environment faced new challenges. Both the introduction of

AIDS and the subsequent crack epidemic hit the community deeply and the Foundation's services needed to meet that need. When the AIDS epidemic hit the Bay Area in the 1980s, BHPFCI was the first agency in San Francisco to recognize that it affected African-Americans too and started the Black Coalition on AIDS. While AIDS was a major concern throughout San Francisco, BHPFCI led the Southeast sector of the city in providing outreach, treatment, and research on AIDS. The agency aligned themselves with the Multicultural Inquiry and Research on AIDS (MIRA) Department which conducted large scale AIDS surveys that were used to mobilize San Francisco leaders to respond to AIDS, along with pilot studies of the crack epidemic and heroin detoxification.

The agency's AIDS Outreach Project provided bleach, condoms, and literature to out-of-treatment substance abusers. Through this project the agency discovered that there were many ill people who lacked access to health care. With increasing demands for AIDS legal work, the Community Defender Program began to take on a few cases for AIDS patients (e.g., employer issues, wills, etc). The agency's AIDS Educational Unit provided AIDS education and information to the community churches, housing complexes, senior citizen programs, schools, and local agencies. They also provided educational workshops for IV drug users and those in substance abuse treatment. The agency's AIDS Emotional Support Unit offered counseling, support groups, hospital visits, and a food and clothing bank. The AIDS department focused on media relations with newspapers and magazines as well as local radio and television stations.

The crack epidemic in the mid/late 1980s also influenced the direction of services that the Foundation would provide. In 1983, BHPFCI received state licensing for their Methadone Program, their jail delivery services, and youth treatment projects. A cocaine treatment program began in the Substance Abuse Services unit, initially providing treatment to parolees abusing crack cocaine. One of its biggest referral sources was the Department of Social Services. The agency worked to raise awareness about the crack epidemic and the need for an immediate response. In 1988, with state funding, BHPFCI launched the Bayview Hunters Point TRAIID Acupuncture Clinic to study acupuncture as a detoxification method for heroin and crack cocaine. They were called upon by the City Health Commission to share findings on the crack epidemic and submitted their findings to major medical journals.

The Center for Problem Drinkers continued to offer prevention education, consultation and outpatient rehabilitative services, including individual, group, and family counseling along with vocational rehabilitation and other supportive and recreational services. They interacted with the local police, the City planning department, and community citizens groups. They also took clients on outings outside of the city, sporting events, the African-American Historical Society, and Christmas food basket giveaways at Glide Memorial Church.

The foundation also administered a Rehabilitation Community Center on 16th Street that included day treatment and psychosocial rehabilitation. The center targeted adults in the Mission neighborhood and Southeast Districts of San Francisco with documented histories of severe or persistent mental or emotional disorders that limited their daily functioning. They received referrals from other day treatment programs and local outreach workers or therapists. The Mental Health Services program had grown substantially and was the largest contracted outpatient mental health program in San Francisco and the only African-American operated mental health program offering culturally sensitive services. The agency's Youth Services Program served at-risk youth in schools and participated in juvenile court hearings, probation visits, and family activities. They had a prevention program with "latch-key" children (ages 4–11 years), a peer counseling program, tutoring, and other educational programs.

BHPFCI was continuing to evolve when Ernie Mitchell unexpectedly passed away on October 24, 1984. Suddenly, the agency was left without its founder and executive director. Starting with an initial staff of nine, Mitchell had built the organization to a staff of 85, a budget of \$2,312,000 (see Appendix A), and 6 different locations. Flynn Bradley, the head of the legal program, was appointed by the Board to be the interim executive director and served until January 1985, when the Board appointed Shirley Anne Gross as executive director. She was a natural choice because she had worked very closely with Mitchell and handled many of the agency's contract negotiations. All who worked with her saw her clear commitment to the agency and the community as well as her qualifications as the agency's spokesperson.

Shirley Gross was described as a "no-nonsense manager" who always had the interests of the foundation at heart. She was an excellent negotiator and advocate for the community and its needs. She was admired for her creativity and effectiveness. In the midst of agency and community changes, Gross continued the agency's efforts to identify and address community needs. In January 1985, BHPFCI acquired two large mental health contracts from the city of San Francisco to expand their day treatment programs, school counseling, and rehabilitation services to other parts of the city. This boosted contract funding to \$3,490,000. By April 1989, the foundation had 180 employees. The variety of comprehensive services had caught the eye of the City. As San Francisco was facing major budget cuts, the city sought to consolidate free standing clinics into multi-service agencies and looked to BHPFCI as an example of how such a consolidation could work.

However, city budget cuts affected BHPFCI as well. In June 1989, the agency experienced substantial budget cuts in the Community Defender program and increasing pressure to demonstrate that it could produce income. The program charged client fees on a sliding scale, unless clients were in custody or on welfare. In December, 1989 the agency had a budget of \$7 million but still had to borrow money due to contract reimbursement delays.

True to Mr. Mitchell's philosophy of using most of the agency's resources on program operations, the general fund balance was only \$120,000.

GROWING AND UNIONIZING (1990s)

During the 1990s, BHPFCI reorganized and consolidated its services and responded to growing community violence. They implemented several culturally relevant violence prevention and intervention programs. The agency listened to community residents and responded to their concerns, including criticism of the organization itself. The foundation was criticized for the lack of services to gay and bi-sexual African-American men in San Francisco and responded by convening a Gay and Bi-Sexual Task Force to review and expand their services.

In the early 1990s, the staff in BHPFCI's Youth Services division grew from three to seventeen, as it was awarded a contract for a home detention program. BHPFCI was also the fiscal agent of Balboa Teen Clinic, a Youth Enrichment Support Services (YESS) project that sought to reduce high-risk behavior in an urban high school population by linking students to services. As community violence grew, the Youth Services division created a Gang Prevention Project that sought to deter youth from gang activity by establishing basketball teams for low-income youth who resided in the housing projects. Over 300 young males were involved in this program citywide.

When Shirley Gross resigned in 1991 after six years as executive director, the Board searched in-house for her successor. Shirley Gross advised the Board to find somebody who had managed a sizeable staff and budget, who knew the community, was sensitive to the needs of the different populations, and who was not a "nine-to-five" type of person. Based on a 1991 organizational analysis, the Board was aware that the agency was structured to address the needs of its funders by delivering services required by the contracts or grants. With this understanding, the Board selected Austin Thompson as executive director in 1992 but his tenure was relatively short-lived. While he attempted to make some inroads into the acquisition of property for the agency and tried to begin building a different infrastructure within the agency, conflict with the Board, funders, and community led to his departure from the organization in 1994.

BHPFCI had become the largest African-American operated nonprofit in San Francisco. A needs assessment revealed that BHPFCI was at the forefront of the battle to fill identified gaps in the public health system. The agency was the sole provider of many of its services in underserved areas where over 50% of the residents lived below the poverty line. While the agency's primary service area was still the Bayview, by the early 1990s the following services were also delivered to other San Francisco neighborhoods (in 13 sep-

arate facilities): (a) Community Defender (est. 1971), (b) Drug Rehabilitation (est. 1973), (c) Alcohol Treatment (est. 1975), (d) Mental Health (est. 1978), (e) AIDS Services (est. 1986), (f) MIRA (est. 1986), (g) Alcohol Prevention (est. 1986), (h) Balboa Teen Health Center (est. 1986), (i) AIDS Outreach (est. 1987), (j) AIDS Risk of Black Bisexual Men Grant (est. 1989), (k) Planned Parenthood Program (est. 1989), (l) Home Detention (est. 1989), (m) Central City Hospitality House (est. 1989), (n) San Francisco Treatment Research Unit (est. 1989), and (o) the Critical Incidence Response Team (CIRT) Program (est. 1991).

Through their many programs BHPFCI focused on delivering community-level services that assisted young residents in three main areas: unemployment, drugs, and crime. The underlying assumption was that people with drug problems are inevitably in trouble with the law and are unemployed. The agency focused on assisting community members with drug addictions, while providing facilities for a criminal legal assistance program and job placement services, providing these services *free of charge*.

When Austin Thompson left BHPFCI in 1994, the Board finally found the person they were looking for. Karen Patterson Matthew, the agency's Mental Health Services Director, was appointed as Thompson's successor and served until 2005. She had been an employee of BHPFCI since 1979. Thompson was a hard working and active executive director, known for her tireless commitment to community relations. She understood the importance of keeping a finger on the pulse of San Francisco's politics and funding trends, as well as giving BHPFCI a "face" in both the local and national community. Many remember her long nights in the office, excellent leadership, and agency expansion during her tenure.

In the mid-1990s, BHPFCI developed some services and cut back on others. In 1994, they decided not to continue the \$2 million Tenderloin Health contract, which reduced the budget to about \$7.9 million in 1995. The foundation's Youth Services division remained active and the Alice Griffith Crack/Cocaine Program provided substance abuse treatment and support in collaboration with the acupuncture clinic to individuals addicted to crack/cocaine.

While primarily a community service organization, the agency had developed its advocacy role and joined a non-partisan coalition to increase the political power of the southeast community, called Building Visions for Healthy Partnerships (BVHP) that included other African-American organizations. They also began a women's outreach plan called Save Our Sisters, which provided services to pregnant and postpartum women and their infants and children. Other programs included the Phreda project (funded by the Federal Centers for Disease Control) that focused on women's health promotion activities related to the prevention of HIV infection and the "Violence Against Women Everywhere" program to inform and educate students about domestic violence prevention.

While BHPFCI's AIDS services continued to provide HIV testing and counseling, two new programs were launched in April 1996 to reduce the risk of HIV infection and transmission: Prevention Case Management (PCM) and Health Education and Risk Reduction (HERR). As BHPFCI saw funding to support AIDS services began to decline, the agency developed services to address community violence. The CIRT offered counseling and social service referrals to families and individuals who experienced personal losses directly related to acts of violence.

BHPFCI also oversaw other local services. The Third Street Youth Clinic focused on the prevention and early detection of mental illness with a focus on diagnosis, treatment, and rehabilitation of children, adolescents, and adults with mental and emotional disorders. The Bayview Club-House offered comprehensive day treatment and vocational services for mentally disturbed adults and vocational rehabilitation. The Healthcare for the Homeless Project provided medical and psychological services to people who were homeless. The Balboa Teen Health Center continued to offer medical, mental health, and health education services to students at Balboa High School.

By 1998, BHPFCI had many accomplishments to celebrate at its 25th anniversary event where the community's support was evident by the donations despite the fact that it was not designed as a fundraising event. To expand its community support, the agency produced its first quarterly newsletter (called the "Bayview Notes") to share information about their community programs, new developments, announcements, and community news.

One of the agency's biggest challenges was during the 1990s when service employee unions throughout the country focused on recruiting workers in nonprofit organizations. When the Service Employees International Union (SEIU-Local 790 AFL-CIO) launched its San Francisco unionization efforts in 1996, it focused on organizations with budgets of \$5 million or more and BHPFCI was one of the first organizations targeted. The union aggressively recruited employees and provoked major dissension within the agency. Union organizers produced flyers attacking BHPFCI, its officers and board members, distributing them around the programs. Slanderous, personal attacks were launched against board members at their places of business and both staff and union organizers picketed and demonstrated in front of the agency's administrative offices and bombarded their telephone lines for hours, hampering the ability of clients to get through to inquire about needed services.

The Board took the position that staff should be free to choose unionization if they wished; however, BHPFCI management refused to meet with the union until the union had evidence that the majority of the employees wanted union representation. On numerous occasions, BHPFCI requested that the union file a petition for election before the National Labor Relations Board (NLRB) in order to enable employees to decide on union representation by secret ballot without the fear of peer pressure, union intimidation,

or coercion. Initially, the union rejected this proposal and claimed that if they used the NLRB, they would be bound to act as adversaries and didn't wish to do so. However, in September 1996, the union did file its petition with the NLRB that led to a union election in which the majority of the staff expressed their desire to join the union. In 1998 BHPFCI staff voted to have the SEIU-Local 790 represent them in collective bargaining.

Throughout the difficult period of unionization, BHPFCI provided comprehensive services as efficiently as possible and management tried to keep open lines of communication with staff by providing question and answer documents regarding their concerns. It took years for the agency to establish a healthy working relationship with the union and, by that time, many staff had moved on to other agencies. The true camaraderie among staff, programs, and management was difficult to restore.

Despite tension between union representatives and the administration, there are visible results of collaboration, including salary increases. Unionizing led to increased communication between the management and staff and provided staff with an increased understanding of nonprofit funding. Management gained a greater understanding of employee concerns related to salaries, union security, retirement, seniority, sick leave, educational leave, vacation policies, and grievance procedures. Although the outcomes of the unionizing process fell significantly short of staff expectations, many of the employees remained loyal to the agency.

Throughout this difficult time, BHPFCI continued to deliver high quality services and began to offer foster care support services. There were a disproportionate number of African-American children in the foster care system and one of the main causes was substance abuse. In response to the growing needs of foster youth and families, the agency launched a foster parent mentor training project. New or existing foster parents who expressed a need for education, support or advocacy, were mentored by parent mentors who were screened, hired, and trained. The agency also contracted with the Department of Human Services to develop an accessible Foster Parent Resource Room.

PLANNING FOR THE FUTURE (2000–2008)

By the turn of the century, BHPFCI had considerable expertise serving individuals and families with complex needs. The agency was involved in many community and citywide collaborations and continuously evaluated its efforts to provide culturally competent and comprehensive services. In September 2001, they contracted with outside consultants to develop a strategic plan that clarified its mission and plan for the future of the agency.

The strategic planning process included extensive stakeholder involvement to ensure that the needs and expectations of the community con-

stituents were considered. Over 120 community representatives were invited to participate in forums to elicit as much community input as possible. Fifty-eight individuals attended the community stakeholder meetings, representing residents of the Bayview Hunters Point and Tenderloin communities, local businesses, San Francisco Community College, the Department of Human Services, Community Mental Health Services, Community Substance Abuse Services, San Francisco Unified School District, churches, nonprofit organizations and the clients, staff and board members of BHPFCI. During this process, the agency revised its mission statement and streamlined its strategic plan (2003–2006) to four primary areas of service: (1) mental health, (2) substance abuse, (3) youth, and (4) legal services.

In 2005, Karen Patterson Matthew resigned as Executive Director after serving in the position for 11 years. During the transition period, Kim Shine, the agency's deputy director, served as interim executive director until the position was filled six months later by the current executive director, Jacob Moody. Moody's leadership style reflects the importance of internal and external relationships and improving communications. Believing that the agency's values should drive the organization and not the contracts, Moody sees service contracts as tools to accomplish agency goals and encourages the Board to find funding sources that are in line with agency values, vision, mission, and core competencies.

In 2005 the agency began the process of implementing a county health department initiative called the Comprehensive Continuous Integrated System of Care (CCIS). The goal is to treat individuals with co-occurring disorders by using a new service philosophy in which "every door is the right door" in order to ensure that people can get the services that they need. For example, a patient with a substance abuse problem can also receive mental health treatment and vice versa through this integrated treatment model.

BHPFCI has learned that serving the community effectively over time means knowing how to cope with social, economic, and political changes in the external environment. When the AIDS and crack epidemics affected the community in a way that demanded more services and funding opportunities shifted to address that need, BHPFCI was able to respond. The agency has also learned the great value of working in coalitions and in partnership with others doing similar work to be able to support one another's efforts. BHPFCI's history largely reflects what was happening in the greater community at the time.

Lessons Learned

Since 1971, BHPFCI has accumulated a wealth of experience on how to manage fluctuating social, economic, and political pressures. Based on the views of current and past staff and board members the following are some of the most important lessons learned:

1. Not all money is good money. Just because an organization can qualify for funding does not mean that they should apply for it. Funding should be sought that helps the agency accomplish its organizational goals.
2. It is important to keep close tabs on expenditures so that programs can operate within their budgets.
3. Focus on service areas in which the organization is competent and avoid offering too broad an array of services.
4. Take time to select a strong executive director who can relate to the community, major funders, and the staff in order to motivate them and sustain effective services.
5. Build a board that includes different areas of expertise and access to professional networks.

Future Challenges

As with most nonprofits, maintaining continuous funding is a major challenge. With the majority of BHPFCI funding coming from local and state government, locating other funding sources to sustain and develop services is an ongoing concern. As a nonprofit, the agency also competes for professional staff with city and county agencies that can offer more attractive salaries and benefits. In addition, contracts with the city require highly educated and credentialed staff that makes it even more difficult to offer employment to less educated community residents.

Given the changing demographics of the Bayview area, the mission of BHPFCI will be tested as the population shifts from predominantly African-American to Latino and Asian. Longtime residents are moving to more affordable areas and creating an African-American exodus. Similarly, given the availability of subsidies and low-income housing, many single mothers are moving out of the Bayview to the Tenderloin neighborhood where it is easier to get subsidies. As with any agency that has longstanding ties to the community and staff who are from the community itself, it will be a challenge to adjust to the changing needs.

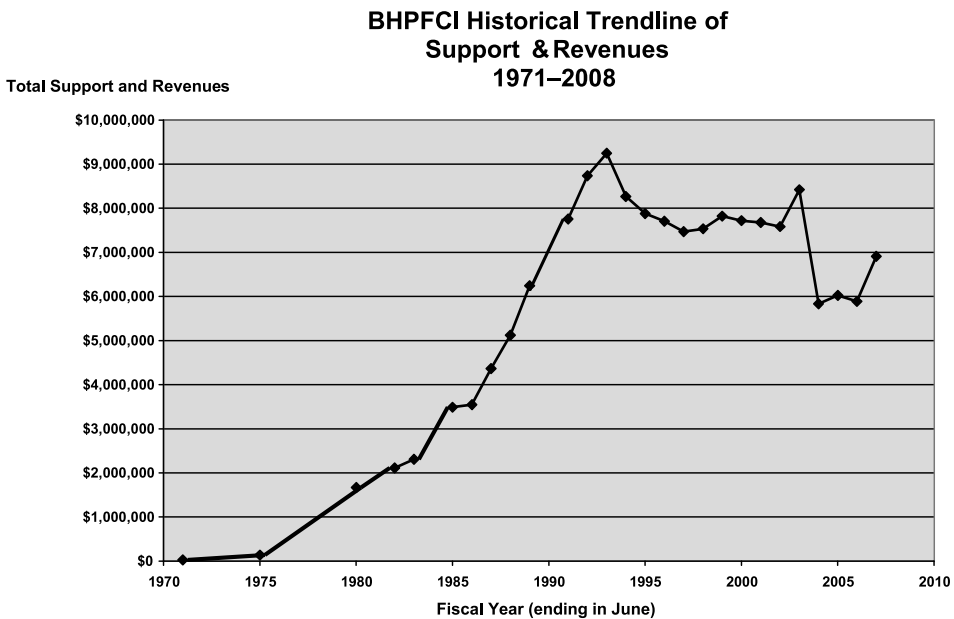
There is also cause for optimism about the future as BHPFCI adapts to the changing demographics and revitalization of the Bayview community. The Bayview Hunters Point area is on the brink of building a whole new community and the current executive director notes that "The foundation is headed in the same direction as the community. Some are ready for change and some are not. We want to be leading the group that is ready to change."

CONCLUSION

It would be difficult to find another organization in the San Francisco Bay Area that has pioneered such a comprehensive array of human services to a

predominantly African-American community for over 37 years. The BHPFCI has stood with and for the Bayview Hunters Point community through changing social, political, and economic times. While pioneering a new way to serve a severely underserved community, the agency has developed multiple partnerships with other community organizations. Recognizing that lasting change occurs when people work together, the history of BHPFCI provides current and future staff and board members with many important lessons learned. Its collaborative approach to community problem-solving provides a catalyst for even greater community change in the future.

APPENDIX A: BHPFCI TOTAL REVENUE TREND LINE



APPENDIX B: SOURCES OF INFORMATION

Interviews

- | | | |
|------------------------|-----------------|-----------------------|
| Alfredta Nesbitt | Jacob Moody | Marsha Pendergrass |
| Denise Jones | James Kendrix | Nathaniel Jordan |
| Dodie Chaney–Fernandes | James McElroy | Robert Surber |
| Eloise Westbrook | Karen Patterson | Matthew Shirley Jones |
| Espanola Jackson | Kim Shine | Wazel Fuller |

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