



**History of
Bayview Hunters Point Foundation
for Community Improvement, Inc.**

**Established on July 16, 1971
A California Nonprofit Corporation
San Francisco, California**

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INTRODUCTION/HISTORY

The Bayview Hunters Point Foundation

For Community Improvement was conceived by citizens of the Bayview Hunters Point community who wanted to improve the status of the residents in their neighborhood. The late Ernest Mitchell, Jr., who, at that time was administrator for Youth For Service, an agency serving youth, led these residents in establishing a foundation capable of providing legal services for individuals who lived in the Bayview Hunters Point neighborhood.

Ernest Mitchell was a natural leader who grew up in the Bayview and throughout his lifetime, had been active and committed to seeing progress occur in his

neighborhood.

During the planning stages of the Foundation, Mitchell, in accord with the founders, established the principles that to this day set the standard for all services that the Foundation provides. These principles are:

- direct, individualized, one-to-one treatment,
- advocacy and counseling,
- community outreach and referral.

Mitchell and his associates were acutely aware of the problems in Bayview and the extent of the community's drug abuse. They knew that Bayview residents arrested on criminal charges frequently received



*Foundation's headquarters
Administration, Legal
Component, AIDS Units and
Drug Program.*

inferior legal representation. Overworked, overstrained Public Defenders, on a regular basis, plea-bargained clients' rights away. This happened even when a jury most likely would have acquitted a client.

Ernest Mitchell's solution to this problem was to supply independent, free legal representation to indigent Bayview residents. Mitchell accomplished this objective by persuading numerous attorneys to donate their services. Next, he obtained funding from the HUD Model Cities Program. This funding was used to create a unique, community-based team of full time attorneys, investigators and support staff.

The Community Defenders Program was a landmark. It was the first criminal defense law office in the Bayview in twenty years. The Community Defenders Program, under the supervision of Richard H. Bancroft, now a Superior Court Judge in the Alameda Courts, quickly grew to seven attorneys. These attorneys were advocates for their clients. They could now refer addicted clients to treatment and, at the same time, assure the courts that drug abusers would receive therapy. These attorneys encouraged their clients to maintain their rights to trial. By doing so, they provided remarkable legal counsel and insured that each defendant was given a fair day in court.

Bancroft and his staff of Community Defenders, because they insisted on their clients right-to-trial, decreased plea bargaining in the San Francisco courts. The

Community Defenders Program won praise and respect. In fact, Municipal Court Judge Frank Hart called it the "finest private or public law firm in the city." Community organizations in other states began to inquire about starting similar programs in their states. The Community Defender Program is a model program.

In 1972, the Foundation obtained additional funding from Model Cities. Recognizing that the increase in criminal activities in the Bayview was directly related to heroin addiction, Mitchell and the co-founders implemented a Drug Therapy Program. It was the only drug outreach and counseling program in Bayview.

The Foundation has a strong commitment to young people. Substantial numbers of young people were among the Foundation's first legal clients. Many of these youth had drug abuse problems.

In 1973, the Foundation applied for and was awarded funds from the San Francisco Foundation to start a drug prevention unit for young people. The Drug Prevention Unit is a team of drug counseling professionals who go to schools, churches and neighborhood activities to inform young people about preventative drug measures.

Today the Foundation's Youth Services staff provide daily support and specialized counseling for young people overcoming drug abuse problems. This project, initially funded in 1978 by the State of California to provide outpatient treatment for young drug abusers, is now funded by the City of



San Francisco.

Heroin addicts and other drug abusers are often also alcoholics. With funds provided by the Department of Public Health and the National Institute of Alcohol Addiction and Abuse, in 1975 the Foundation began treating alcohol abusers. The Foundation's Center for Problem Drinkers provides comprehensive outpatient treatment for Bayview residents.

The San Francisco Department of Public Health appropriated money to the Foundation which enabled it to offer Bayview residents who were enrolled in the city's Methadone Maintenance Program, supportive counseling. In 1976, San Francisco entrusted the Foundation with the responsibility of providing the complete spectrum of Methadone Maintenance services to people throughout the city. These services include providing short-term methadone treatment for hundreds of

COMMUNITY GROWTH AND TRUST

inmates in the San Francisco City and County Jails.

In 1979, the Foundation was chosen to oversee and continue a mental health clinic founded eight years earlier by the John Hale Medical Society. Initially, for a brief period, the Foundation subcontracted the clinical program to Pacific Psychotherapy Associates. Thereafter, the Foundation took complete charge, offering a wide range of mental health services to Bayview residents. Funding for this project is now provided by the City and County of San Francisco.

In 1984, after six years of outstanding clinical and fiscal stewardship of the Bayview Clinic, the Foundation was chosen to administer mental health clinics in the Mission and Tenderloin neighborhoods. The Bayview Hunters Point Foundation for Community Improvement, in partnership with Community Mental Health Services has extended their mental health services to people living in the Mission and Tenderloin neighborhoods.

The Foundation was an early voice in calling for action against AIDS. The Foundation leads the fight against AIDS among Third World communities, particularly with intravenous drug abusers. It has developed a close relationship with the University of California, San Francisco Campus. Together, they launched the first concerted AIDS research and prevention efforts among high-risk ethnic minorities.

For fifteen years the Bayview Hunters Point Foundation For Community Improvement has embodied progress and, thereby, lived up to its name.

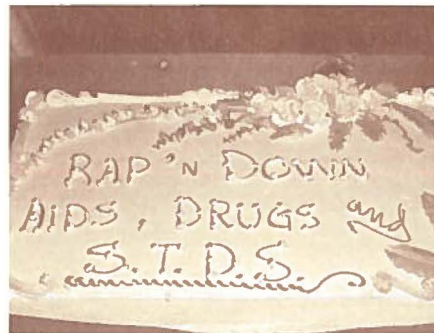
Governmental, community and philanthropic agencies respect the Bayview Hunters Point Foundation For Community Improvement. They have demonstrated this trust by

- continuously supporting the Foundation's widening range of health and legal programs;
- asking the Foundation to serve the legal and health-related needs, not only of Bayview Hunter's Point, but of all San Francisco and Third World People nation wide;
- assisting the Foundation's steady expansion from a nine person staff and a

budget of \$137,00 in 1971 to 150 employees and a budget of \$5,595,000 in 1987.

While this brief history traces the origins of the Foundation's principal programs, it does not mention a children's playground, a vocational training project, a methadone abstinence program, a community-based probation and parole officers unit and numerous other innovative projects conducted on a short-term basis.

The Foundation remains strong. Its administrative reputation is outstanding and its accomplishments varied. Its staff remains dedicated to direct and effective community service. The Bayview Hunters Point Foundation For Community Improvement will continue to provide assistance for individuals in need and the community at large.



Shirley Gross, Executive Director (Opposite page).

AIDS education Rap'n contest cake.

Rap'n contest coordinators Kim Shine and Cordell Hawkins.

A TRIBUTE TO ERNEST MITCHELL

Ernest Mitchell was the Executive Director of the Bayview Hunters Point Foundation for Community Improvement from 1972 until his death in 1984. He was a dynamic force in the creation of the Foundation. Throughout his directorship, he implemented the policies of the Foundation with one principle in mind. That

principle was to insure that all the programs and projects that the Foundation operated were of direct benefit to the people in the community.

Ernest grew up in Bayview Hunters Point, attended its schools, played in its playgrounds, socialized with and worked with its people. He knew the problems that plagued his neighborhood.

Residents of Bayview Hunters Point knew Ernest Mitchell to be a quiet, compassionate man, who always made himself available to anyone needing help. He was known to be a caring man, giving to individuals and the community.

Our accountants and program directors remember Ernest to be a practical man with more "common sense

around the dollar" than anyone they had encountered. He was meticulous about money, insistent that every dollar be wisely

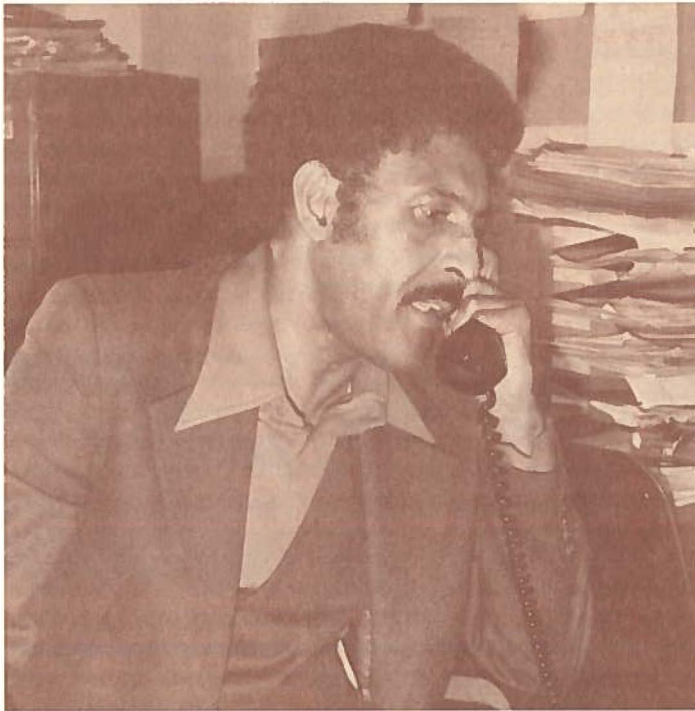
spent and properly accounted for.

"Why," he would ask, "does a program with a staff of six want to order one hundred pencils? Buy six."

Ernest Mitchell utilized his talent and that of his directors constructively. His unbridled loyalty, his communication skills, his attention to the fiscal matters of the agency enabled the Foundation to deliver a high quality of human services throughout San Francisco.

He accomplished his objective...a community based agency administered by Black professionals in Bayview Hunters Point, working in unison, fulfilling the community's needs.

Ernest Mitchell has left a legacy to the community he loved so much. This legacy is a Black founded, minority administered agency with an outstanding reputation of foresight, dependability, efficiency and service.



Ernest Mitchell
1939-1984.



Earl P. Mills, Past President, Board of Directors 1980-1987

Life's Clock

The clock of life is wound but once, And
no man has the power,
To tell just where the hands will stop, at
late or early hour.
To lose one's wealth is sad indeed: To lose
one's soul is such a loss:
As no man can restore.
The present, only, is our own,
Live, love, toil with a will,
Place no faith in tomorrow, for
The clock may be still.

Author Unknown

OVERVIEW OF THE BAYVIEW HUNTERS POINT



The Bayview Hunters Point community is located in the south eastern section of San Francisco. It was an area considered too distant from the center of the city to be used for anything other than drydocks and livestock slaughtering. During World War II, the creation of the United States Naval Shipyard brought more than eighteen thousand semi-skilled and unskilled Black Americans to work in this area. After the war, however, thousands of these workers were laid off. The hastily built, temporary, wartime housing became public housing which deteriorated as the years passed.

During the 1950s the Bayview Hunters Point area became a mixture of public housing and modest income residences. The area attracted families of various cultural and racial backgrounds: Blacks, whites, Filipinos, Samoans and other ethnic minorities. They came because of the good, affordable homes located away from the more congested and more expensive neighborhoods of the city. At the same time, however, the community became economically, socially and politically isolated from the rest of the city.

Rioting in 1966 spurred redevelopment. The Redevelopment Agency converted many public housing units into cooperative and privately owned units. Attracted by local improvement and highly competitive housing prices, numerous new families moved into the Bayview Hunters Point. The area was potentially a more progressive community.

In spite of this, problems continue to

exist. The community still maintains three of San Francisco's largest public housing complexes. Many of the families are supported by Aid To Families With Dependent Children or other public funds. In 1980, the median income in this vicinity was one-half the city-wide median income.

Although the total population of the area has dropped from 16,428 in 1970 to 11,074 in 1980, the proportion of minority residents has increased from 94% to 97%. Thirty two per cent of the families are headed by women. This is 2.5 times the city-wide average. The census documented extensive poverty, with 20% of the households earning less than \$5000 annually. Often, elderly residents are unable to afford or obtain services available outside the neighborhood.

Fifty eight percent of the population have less than a high school education, compared with 30% of the city as a whole; 20% of the children, ages 14-17, do not attend school. Bayview Hunters Point has the city's highest percentage of teen pregnancies. Unemployment is high, peaking in December 1982 at an estimated 18%, almost twice the rate of the rest of the city. Overcrowding is also a problem. Twenty three percent of the population in this community live in overcrowded conditions, most of them renters. Nearly one-third of the units in multi-family buildings need rehabilitation.

The Bayview Hunters Point Neighborhood strategy is to implement a Neighborhood Development Program which will

eliminate blight, renovate public recreation areas, and provide public services responsive to the needs of low and moderate income residents. This includes revitalizing Third Street as a viable, commercial district, building and rehabilitating single family housing.

The Foundation will continue to identify the needs of the people in its community. It will work to find solutions which will have a positive impact on the lifestyles of the residents and enhance the community. The Foundation lives up to its pledge to seek solutions to the problems of the residents of Bayview Hunters Point, in particular, and the community as a whole.

The Substance Abuse Problem

Within the past decade, increasing numbers of children and adolescents have been involved in using and selling narcotics. City-wide surveys classify 25% of the Bayview Hunters Point youth as "at risk" for drug abuse.

The use and sale of illegal drugs is a major problem. While job training programs in the Bayview do exist, legitimate jobs are scarce. Due to lack of education and vocational training, numerous people, particularly youth and young adults, find few legitimate ways to earn money.



Above: Fun at the ball game sponsored by the Summer Youth Program.



An education program for latchkey kids.

THE COMMUNITY DEFENDER PROGRAM

The Community Defender Program has a long history of delivering high quality legal representation to low income residents in the Bayview Hunters Point community. Since its inception in 1972, it has lived up to its objective to insure Bayview Hunters Point residents fair representation in court.

Client Representation

The Community Defender attorneys, their support staff of legal secretaries, investigators and law students, serve four hundred fifty new clients each year. Additionally, they handle a thousand or more on-going court cases each year.

The Community Defender represents adults facing a wide variety of misdemeanor and felony charges in Municipal and Superior Courts, and youth in Juvenile Courts. The Defenders handle cases where clients are faced with probation and parole revocations.

These attorneys aid their clients by helping them to receive substance abuse treatment, counseling on domestic violence, and enrollment in vocational training programs which can lead to employment. Often, these are problems which may have led to their arrest. The lawyers feel that helping clients overcome these

problems will enable them to live a crime-free life. Many of these helping services are offered by the Foundation.

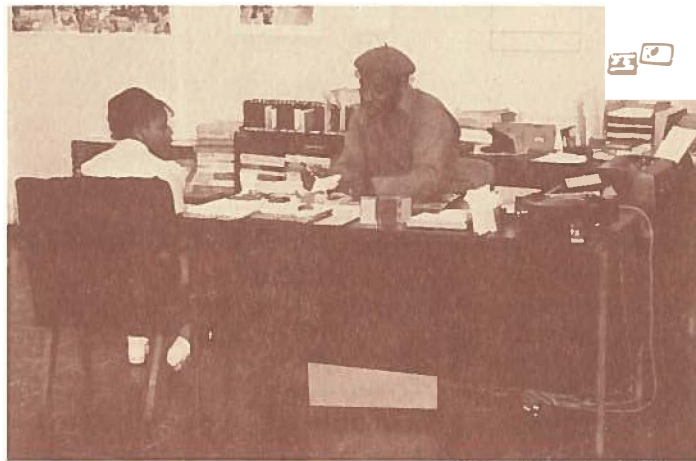
The Community Defenders maintain a good working relationship with the private defense bar, as well as the Public Defenders Office and also receive numerous referrals from the legal community.

Legal Intern Training

The Community Defender Program has an excellent reputation for training law students in legal research, case analysis, investigation, writing skills and practical courtroom experience. The legal interns learn how to handle cases by starting with client intake and working closely with an attorney to the conclusion of the cases.

With client approval, in misdemeanor cases - staff attorneys supervise certified law students who appear in court on their behalf. This gives law students the opportunity to obtain practical legal skills.

The Community Defenders seek to increase legal representation for teenagers, particularly those who, because of despair or lack of money in their households, have begun to use and/or sell drugs. The Defenders want to provide youth with sensible, compassionate, criminal defense while concurrently re-directing them to educational, vocational and therapeutic resources.



CATHERINE'S STORY

Catherine, a twenty-three year old, Black woman raised in the Bayview area by a stable, low income, church going family, was arrested and charged with possession of cocaine for sale violation of Health and Safety Code, Sections 11351 and 11350.

The circumstances leading to Catherine's arrest reflect the following scenario. Catherine sat waiting in a car while the driver, her friend, entered a store. Suddenly another vehicle approached, occupied by officers from the Narcotics Squad. A male passerby quickly approached the car in which Catherine was sitting and dropped a packet of drugs onto the car seat. Panic-stricken, she hid the packet in her pocket. The police officers had observed the man walking rapidly away from Catherine's vehicle and ordered her from the car. Catherine was searched and the packet of cocaine was found.

Catherine had never been involved with the criminal justice system and had never been arrested. The police on the other hand, thought Catherine was a dealer because she was sitting in a car in a drug trafficking neighborhood.

Fortunately, the Community Defender attorney, herself a native of the Bayview, believed that there was nothing in Catherine's character or background that suggested her guilt. Catherine, in tears everytime she spoke of this ordeal, easily convinced her lawyer of her innocence. Throughout the eight-month ordeal of the court appearances, the attorney gave Catherine and her family the legal and

emotional support they needed. As they prepared for trial, she encouraged Catherine to resist repeated offers of probation in exchange for a guilty plea.

Residents in the Bayview know that the courts can never guarantee justice. They are skeptical about the concept that the truth will prevail in court. The Community Defender insisted on Catherine's right to trial. She assured Catherine that she would make a credible witness, despite the fact that all of the witnesses against her were police officers.

The Community Defender's persistence paid off. The jury found Catherine not guilty of possession for sale and the possession charge was subsequently dismissed. The slate was clean.

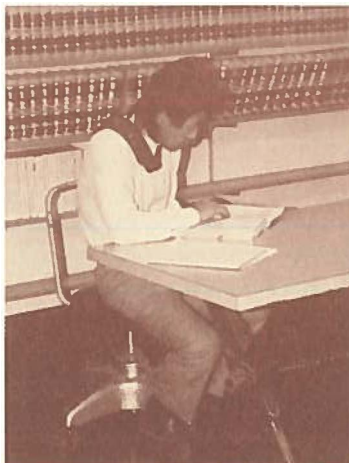
This is only one example of the skills utilized by dedicated attorneys to insure that their clients receive quality representation and a fair day in court.



The first step for legal representation begins with our intake procedure. (Opposite page).

Above: A staff attorney entering the Hall of Justice.

Staff attorney researches a case.



COMPREHENSIVE DRUG SERVICES



Involved youth at the "Rap'n Down AIDS, Drugs and STD's" contest.

The Foundation believes that drug addiction is a serious problem because it not only disrupts family life, it erodes the positive character of the community. To combat drug addiction, the Foundation employs more than 20 people as counselors and support staff to provide drug treatment and drug prevention programs. Its first program, established in 1972, continues to help San Francisco heroin abusers. The Foundation's most recent drug program is fighting the spread of AIDS among intravenous drug abusers and Third World people throughout the country.

In 1972, the Foundation began the only outreach and counseling service for heroin addicts in the Bayview. Currently, it administers comprehensive services for individuals attempting to overcome heroin addiction. Funding, is provided by the San Francisco Department of Public Health, Community Substance Abuse Services.

Methadone Maintenance

The Methadone Maintenance Program provides methadone to addicts who are attempting to break their heroin addiction. Methadone, is a synthetic chemical that satisfies the addict's physiological addiction to heroin.

Admission into the Program requires at least a two year history of addiction and participation in two previous, formal detoxification programs.

Once admitted, the client visits the clinic daily to receive methadone dosages. After careful assessment, clients who are deemed

reliable visit the clinic every several days. Clinicians perform urinalysis testing to ensure that the clients avoid other drug usage.

Professional counselors provide individual counseling sessions with each client twice a month and conduct weekly group support meetings. All clients receive an annual physical examination from a staff physician to determine if there are changes in health status and to receive referrals for care, as needed.

The Methadone Maintenance Program serves 200 people each year: 60% are Black, 30% white and 10% Hispanic. Many live in the Bayview, while others live in other neighborhoods in San Francisco. The entire Drug Staff provides exemplary service. They give personal guidance and are available to give support when families encounter personal or family crisis.

Clients are carefully supervised and are encouraged to develop a lifestyle without drugs.

Bayview Detoxification Services

The Comprehensive Drug Services brought the first outpatient Methadone Detoxification service to the Bayview Hunters Point in 1985. This service helps individuals to withdraw from heroin addiction.

This is a twenty one day program where clients receive continually decreasing dosages of methadone at the clinic, combined with daily, individual counseling.

San Francisco Jail Medical Service

The Foundation operates a methadone maintenance program for the City and County jail inmates. The Program's registered nurses and licensed vocational nurses dispense tapering doses of methadone for a period of not more than thirty days. Pregnant addicts are maintained until delivery.

Youth Drug Prevention

The Foundation believes that preventing drug abuse among children and youth is one of the most essential services it can provide. The Youth Drug Prevention staff's responsibility is to supply youth with drug intervention information that they can relate to, to teach them that they have a choice and that the best choice is not to use drugs.

The Youth Drug Prevention personnel make presentations throughout the city to schools, playground staff, parent groups, churches, social groups, children housed in Youth Guidance Center and other human service agencies requesting information on youth and substance abuse intervention.

It is evident that children can be exposed to illegal drugs at a very early age, so particular care is given to insure that elementary and middle school children are made aware of the harmful impact abuse of drugs will have on their lives. Presentations include lectures, role playing, films, training and consultations which enable groups to develop their own multi-cultural presentation programs.



Top: Community march against drugs.

Left: A community person speaks out against drugs at a Town Hall meeting.

Drug counselor updates a client's file.

YOUTH SERVICES UNIT



The Youth Services Unit of the Foundation was designed to handle twelve to twenty-two-year-old Bayview Hunters Point youth who were experiencing difficulties in school or with the juvenile justice system as a direct result of involvement with drugs. Principal funding for this program is provided by the city's Community Substance Abuse Service.

The majority of the fifty plus young people being served in this program have been referred by a probation officer following a sustained petition in juvenile court. Youth can also enter the eighteen-month program without previous arrests upon recommendation of family, school, or by self-referral. Frequent personal counseling is the heart of the program. One of the unit's three professionally certified counselors meets with the youth on a daily basis to develop individual treatment plans.

The immediate priority of the program is to see that the young client, who is often truant from school, returns to school either in a traditional classroom environment or in an alternative education program. Continuing education is a requirement for participation in the Youth Services Program.

Young people with inter-related drug abuse, criminal and school problems often have little or no effective communication with parents or guardians. The next step, therefore, is to schedule sessions aimed at open and positive communication with the family.

The Youth Services Unit also provides a center located in the Bayview for daily after-school recreation and mutual support groups, court required community service, and restitution work. Counselors help clients find employment to replace involvement in illegal activity. The counselor's primary objective is to communicate with young clients to help them gain insight into their present circumstances and to help them clearly understand their own capability to shape a meaningful future for themselves.

The need for the Youth Services Program was apparent when it was founded in 1978. Demand for these services has grown immensely. The 1980s have witnessed the steady, tragic trend of progressively younger children selling and using the deadliest drugs available.



LARRY'S STORY

Larry, at age seventeen, was using large quantities of drugs. He became addicted to snorting cocaine, and progressed to smoking "crack." Larry's profits from drug sales could reach as high as two thousand dollars on an active day.

After being expelled from high school, arrested and convicted of selling cocaine, Larry was visited at the Youth Guidance Center by a Youth Services Counselor who believed he wanted and needed help.

Larry's exploits in dealing with drugs, led to his own addiction. He had been robbed, stabbed and was tired of the constant violence.

Because of Larry's counselor's faith in him, probation was accomplished after a great deal of difficulty. After Larry's release from custody his counselor met with him several times each week. He discovered that he could talk to her in a way that was impossible with his parents. For nine months, the counselor tried, but failed to convince Larry that he should complete his education. Enrolled in two successive high schools and then in an independent studies program, Larry repeatedly failed to attend school.

He would say, "I'm dumb. I can't do it."

For the first six months of counseling Larry continued using cocaine. Finally his attitude began to change and his drug use lessened as his self-esteem grew. He cared. His counselor's fourth effort at school placement was in a Youth For Service daily classroom program. Larry was ready.



Three months later, one year after his release from custody, Larry passed his high school equivalency examination. This is an accomplishment that he will never forget.

Eventually Larry earned a community college diploma, began working as a community worker and embarked upon obtaining a Bachelor of Arts degree.

Larry's transformation was his own accomplishment. His counselor recommended an educational program that worked for him, found him a job to help meet his most basic needs, and encouraged his attendance in career workshops. She helped him discover alternatives that he had not known existed, and provided a setting in which he could influence his own destiny by making the appropriate choices.



Top: Community youth building awareness and self confidence.

Recreational activities at the Youth Services Program.

CENTER FOR PROBLEM DRINKERS

The Foundation opened the Center For Problem Drinkers in 1975 in order to minimize the adverse effect alcohol abuse was having on large numbers of Bayview residents. The Center now addresses alcohol and cocaine abuse. Services are available on a sliding scale fee basis. Individuals, unable to pay, are never denied assistance.

Alcohol

Alcohol abuse is a serious problem. Fifteen percent of American Blacks are addicted to alcohol, four percent higher than the national average for all groups. Moreover, Black American alcoholics are twelve times more likely to develop cirrhotic complications than whites.

The Center provides a service that is especially sensitive to the needs of the Black alcoholic. Two hundred new clients are treated each year: 25% of these individuals are co-alcoholics, people whose spouse or significant other is an alcoholic. The Center allies itself with the Bayview Alcoholics Anonymous support group.

Cocaine

Cocaine comes in a variety of forms and, consequently, is more accessible to old and young people, alike. Cocaine dependency, especially newer, potent forms such as "crack," will destroy a person's life quicker than alcohol addiction. Substantial numbers of low income people are arrested for using cocaine and committing crimes to pay for this drug.

By late 1986, thirty five percent of the Center's clients were being seen for cocaine dependency. Most of these clients were women in their twenties; many were parents of small children.

Services

Child Protective Services refers parents who are seeking alcohol and cocaine recovery. An integral part of this treatment entails parenting education and related



services which can make it possible for parents to keep or regain custody of their children. Counselors make specialized referrals to the appropriate agencies when they encounter women with fetal alcohol syndrome situations or domestic violence problems. The Center's staff is comprised of eight individuals chosen because they have experience in and knowledge about helping people overcome their addictions. The counselors facilitate group support meetings, and provide family and individual counseling on a daily basis if necessary.

The counselors offer guidance that helps the client incorporate self sufficiency without the use of addictive drugs.

The staff has a deep commitment to community service. Each year they reach seven hundred individuals by going door-to-door and walking through the community, distributing leaflets about alcohol abuse, alcohol prevention and treatment. The staff also makes presentations and gives consultations to fifty organizations, such as Headstart teachers, the Black Firefighters, Boys Clubs, the YWCA, Youth Guidance Center and community college classes.

The San Francisco Community Substance Abuse provides the primary funds for these services.

Youth At Risk

In 1976, alcoholics being treated at the Center typically were thirty five to forty five years of age. In 1987, the average age was twenty five to thirty five, with most clients in their twenties admitting that they had been drinking heavily for five to ten years.

As Bayview children and young adults become more involved in drug use, they are drinking more. A 1983 survey reported that among the children at risk in San Francisco, the Bayview Hunters Point youth were most likely to use alcohol in conjunction with other drugs.

The Center treats alcoholic teenagers and children of alcoholic parents, but limited resources prevent it from establish-



ing an all-inclusive program that young alcoholics actually need.

The Community Coalition Endeavor

The State of California selected the Foundation's Center For Problem Drinkers as the appropriate agency to conduct a pilot project for intervention of endemic alcoholism. This mobilization effort is based on the hypothesis that unified citizen action can significantly reduce the pervasive, destructive effect of alcoholism.

Individuals, selected for their interpersonal skills, willingness and interest in improving community conditions, work with churches, civic and social groups to develop strategies that will reduce alcoholism in the neighborhood. Together, they examine local availability, questionable advertising practices, public inebriety and family violence related to alcohol consumption.

JANET'S STORY

Janet was dismissed from her job as a bank teller because she was an alcoholic. She was in her forties and the mother of two young children. For several years she had been drinking heavily at home with her husband and, more recently, at work with her supervisor.

Janet's therapist at the Center could see that although Janet had chosen to come to the center, she had not acknowledged her problem. The first step to therapy, of course, was for Janet to face her own denials.

After attending multiple, individual therapy sessions, the counselor was able to help Janet see what had actually happened...how her own actions had created her situation.

Other recovering alcoholics in group counseling, "people who had been there", saw and challenged Janet's self deceptions. Janet joined a women's group at the Center where she could speak more freely than often is possible in a mixed group.

After several months of program participation, Janet's drinking decreased substantially. She needed her husband to become involved with her in this process of change. He stayed in the program only a few months and subsequently dropped out.

This was a critical stage for Janet because she was being forced to choose between reversing her own progress in order to preserve an unwholesome marriage or to continue with her own recovery.

To choose recovery, Janet needed

renewed confidence and appreciation of her own self worth. She also needed new, non-drinking friends with whom she could enjoy life.

Janet's therapist helped her develop the positive self-concept she needed. She found recreation at the church she had drifted away from. She developed numerous friends in the Alcohol Anonymous support group. With these resources, Janet had the strength needed to separate from her husband.

Fifteen months after Janet began treatment, she and her counselor signed an agreement by which Janet would maintain lasting sobriety.

Five years later Janet continues sobriety. The personnel officer, who originally directed her to the Center, helped her get rehired. Janet, working at a different bank branch, has risen from the position of bank teller to the responsibility of training new bank employees.

Janet found that as she recovered from alcoholism, her children's general well-being improved also. Her son won a scholarship at a leading San Francisco art school.

*Center for Problem Drinkers
(Opposite page).*

*Above: Center staff display their
pride in the program.*

MENTAL HEALTH SERVICES

The Foundation administers outpatient and day treatment mental health services in three different neighborhoods: Bayview Hunter's Point, the Mission, and the Tenderloin. The Foundation's mental health services also include participation in a special Health Care to the Homeless Project. All of these services employ a range of clinical and support staff. Current budget allocations by the San Francisco Department of Public Health, Community Mental Health Services, exceed \$3.0 million for service provision.

These comprehensive community-based mental health services are designed to meet the specific needs of distinct low-income, high risk populations.

The predominantly Black neighborhood of the Bayview Hunters Point and Hispanic neighborhood in the Mission District, are relatively stable communities. It is possible, therefore, to offer a wide range of regular, continuing service to families and individual clients.

In contrast, the Tenderloin area, located in central San Francisco, has a less stable environment. This area serves a large number of transients, who require frequent crisis intervention services. There is also a great number of refugee families in need of assistance to alleviate the stress imposed in adjusting to a new cultural environment.



Mental Health Services located in the Tenderloin district.

THE BAYVIEW HUNTERS POINT THIRD STREET CLINIC

Adult Services:

Clients come to the Clinic with a broad range of mental health problems. Many of them have had previous psychological disorders. Each year, more than five hundred adults and children receive individual, group, and family therapy; crisis intervention; and consultation, education and information services.

The outpatient service provides psychotherapy and community services for adults, children, and adolescents. Psychotherapy services are usually provided on a regularly scheduled basis, with arrangements made for non-scheduled visits during the times of increased stress or crisis. Community services are focused toward the prevention of more severe psychological stress, and are provided to agencies and programs which offer direct services in the community. The outpatient services are provided for individuals, couples and families, with a broad range of diagnostic categories. Patients in need of hospitalization are handled via referral to the appropriate inpatient facilities.

Clinical services are offered within the limits of staff availability. If the facility cannot promptly provide clinical services, every effort is made to help the person(s) find and utilize other resources. Psychotherapeutic treatment is available on a short-term or long-term basis as needs indicate.

During the initial intake a therapist and/or the therapeutic team may meet with the client(s) and/or his/her family for one or more interviews to evaluate the concerns and to help explore what the next step might be. Such intakes lead to a period of brief psychotherapy, screening, evaluation and/or study which may last from one to six weeks. The treatment process may last from three visits to three years or more, with an average being 12 months.

The Children's Service

The Children's Outpatient Service is a psychiatric outpatient clinic for children. The primary treatment modality used is individual therapy for children and parents. An initial evaluation of child and family, which consists of a psychiatric examination, begins the treatment process. The second modality is the assessment of the family and its problems, and third, the appropriate treatment method required by the child and parent(s). These modalities include play therapy and conjoint family therapy, plus individual therapy with the parent(s).

Children, exhibiting abnormal stress or extreme anti-social behavior, can obtain psychological evaluations which are followed by an assessment of their family situation. Treatment involves individual and conjoint therapy, group therapy and family counselling for children up to age thirteen and their parents.

Bayview Day Treatment Services

Most of the clients in the day treatment program are Bayview Hunters Point residents who have been discharged from in-patient or residential programs, or referred by other service providers. The program utilizes a therapeutic milieu model which encompasses group and individual interventions in the care and treatment of clients. This approach utilizes the curative elements of the therapeutic community and peer group relationships. The day treatment service is a rehabilitative day care program designed to treat mildly acute and sub-acute individuals over the age of 18. Services are designed to fit the specific needs of each individual and are offered on a time-limited basis. The goals of the day treatment service are to improve the clients capacity to cope with life's daily situations, to help restore personal esteem, and to enable clients to live independent lives.

The program is designed to serve approximately 85 adults annually. The primary treatment modality is the "group", although individual attention is given to clients.

The Rehabilitation Community Center

This Day Treatment Program in the Mission neighborhood offers services to approximately one hundred twenty five adults annually. The clients have psychological problems which cannot be solved by remediable, short term therapy.

The goal of this component is to provide

a day treatment program that is designed to break the cycle of social isolation that is common in psychologically distressed individuals. The target population is adults 18-65 years old, living in the Southern area of San Francisco, who have severe or persistent mental or emotional disorders that seriously limit their functional capacities.

There is strong emphasis on changing the client's behavior through participation in many positive experiences. The client-staff relationship is characterized by informality. Each client is assigned to a primary therapist who is responsible for facilitating the client's positive use of the program.

Clients at the Rehabilitation Community Center take part in a "client government system." The staff encourages the clients to assist in planning group events that occur at the Center and to be involved in developing the clinic's policies and procedures. This unique process of involving clients greatly enhances the clients' feelings of self worth. It also instills a sense of community pride in the Center and the services the Center provides.

The Tenderloin Outpatient Clinic

The Tenderloin is a racially heterogeneous neighborhood populated by large numbers of low income whites, Blacks, Hispanics and Southeast Asian refugees, many of whom are transient or homeless. Mental health problems, often severe, are complicated by the difficulties residents

encounter meeting daily survival needs and the prevalence of illegal drug activities and street violence.

The Foundation administers the multifaceted clinical treatment program that this community requires. Each year, the clinic serves approximately 500 clients. Therapists provide individual, group and family therapy, and crisis intervention services to help clients cope with their ongoing personal and family problems.

The treatment philosophy of the Tenderloin Outpatient Clinic is to provide comprehensive outpatient services to the diverse client population of the "central city" area of San Francisco. The outpatient services include a wide range of treatment modalities provided by a well trained group of staff representing a wide range of mental health disciplines. The primary focus of the Clinic is to assist and serve clients with crisis, chronic and situational problems. The clinic's approach to serving the clients of the central city combines both traditional and non-traditional therapeutic methods to secure short-term and long-term treatment. To accomplish this goal, a main component of the program is community outreach which involves home visiting, out of the clinic crisis intervention, continuing care follow up, and consultation and education to other agencies. A strong commitment to being flexible, available, consistent and well prepared is a stance that this program takes, enabling it to accept and provide services in the non-traditional manner to a population that is

transient, chronic, acute, homeless, racially mixed, of low socioeconomic standing and prone to severe stress, who would seek outpatient services.

Therapists and case managers advocate for clients by helping them to secure shelter, food, education, occupational training and medical care. Delivery of services take into account the ever growing special needs of the Vietnamese and other Southeast Asian refugees.

The Central City Day Treatment Center

The goal of the Central City Day Treatment is to provide high quality rehabilitative day care and socialization services to chronic, acute, and sub-acute adults over the age of 18. The services are designed to fit the specific needs of each individual and are offered on a time-limited basis. In addition, an overall goal of the program is to ensure that other supplementary mental health services and community supports are arranged.

The principal modality of treatment encompasses verbal and activities groups. Initial assessments of client needs and ongoing evaluations of goals and treatment objectives are used to determine how intensively a client is to be involved in the program. More intensive needs suggest involvement in day treatment five days a week, while less intensive needs suggest less frequent involvement. Clients vary in terms of clinical needs throughout treatment. These needs determine the actual length of treatment which can range from

three to twenty months. In most cases, clients are in treatment between six and twelve months.

Central City Day Treatment serves over 225 clients annually. In addition to the rehabilitative day care program, a socialization program is offered. Socialization is a useful treatment aid wherein clients can benefit from less intensive, but consistent structure and support.

Health Care For The Homeless Project

Funding provided by the Robert Wood Johnson/Pew Memorial Trust in 1985, enabled the Foundation to become a member of this eight city Health Care For The Homeless Project.

In San Francisco, an estimated four thousand people are without shelter of their own. They are forced to sleep in the city's streets. The lucky ones find sleeping arrangements in one of the city's shelters.

The Foundation dispatches a mental health team to visit and treat the homeless in shelters throughout the city. The mental health team works in conjunction with a medical team employed by the San Francisco Civil Service Commission. A part-time psychiatrist and four case manager/therapists provide services to the homeless population. Most of these individuals experience psychological difficulties and the team is able to provide them immediate treatment. The team also provides client advocacy and referral services where appropriate.

AIDS EDUCATION AND RESEARCH

National statistics show that AIDS is disproportionately affecting non whites. In 1986, in the United States, 40% of all people with AIDS, 73% of all women with AIDS and 80% of all children with AIDS were Black or Hispanic. In San Francisco, during this same year, AIDS was progressively spreading among Blacks and Hispanics, yet almost no research was being done on AIDS among these groups.

The Foundation responded to this neglect by urging local, state and national agencies to begin funding relevant AIDS research, prevention and education. The Foundation took the lead directing concept statements to these agencies causing them to acknowledge that AIDS is a major threat to the heterosexual, minority community and, consequently, a threat to the nation at large.

The general AIDS statistics on the non-white, heterosexual community contain the following critical questions that need to be answered:

- How can extensive denial of AIDS in the Black, Asian and Hispanic communities be overcome?
- How can increased AIDS education and awareness be accomplished?
- How can non-white individuals at high risk be helped to change the behavior which places them at high risk?
- How prevalent are AIDS risk practices among minorities?
- How prevalent is AIDS among female prostitutes?
- What impact does AIDS have on

minority families and social support systems?

- What are the implications on family planning?

The Foundation decided to assume a major role in actively educating the minority community about AIDS related issues and currently operates a Research Program and three AIDS Prevention and Service Projects.

Research MIRA

AIDS Prevention & Service Projects MANU MAPA Legal

I. Multicultural AIDS Needle Users Project (MANU)

The purpose of MANU is to identify ways to reduce AIDS risk among intravenous drug users. MANU is a pilot program funded by the Community Substance Abuse Services.

The Foundation administers services to a small number of AIDS exposed, intravenous drug users, not previously enrolled in methadone treatment. Upon enrollment, they receive six months of methadone maintenance, group therapy and monitoring for continued intravenous drug abuse.

II. Multicultural Alliance For The Prevention Of AIDS (MAPA)

The purpose of MAPA is to educate the

community about AIDS issues relevant to people of color, particularly high risk intravenous drug abusers, and gay and bisexual men. Educational materials are also disseminated to community leaders, mental health professionals, heterosexual women and children.

Currently, MAPA is developing media and television publicity, distributing literature, condoms, and bleach for cleaning needles. MAPA is also developing flyers and brochures targeted specially for minorities.

III. Multicultural Inquiry and Research on AIDS (MIRA)

MIRA is the first ethnic minority research team in the nation leading the way in research on AIDS in the minority communities. In conjunction with the University of California-S.F.'s Center for AIDS Prevention Studies (CAPS), MIRA conducts a variety of research projects focused on epidemiology, prevention, and psychosocial aspects of AIDS. MIRA is funded through CAPS by the National Institute on Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA).

MIRA distributes a national quarterly newsletter on AIDS and ethnic minorities to researchers, minority professionals, and policy makers. The distribution has increased to an international mailing list to persons throughout the world interested in AIDS.

A pilot study program for researchers is available through MIRA in order to

MAYOR DIANNE FEINSTEIN

encourage minority researchers to develop projects and seek larger grants. A post doctorate program and an advanced graduate summer internship program is also available for minority scientists interested in developing their skills in the field of AIDS research. An international scientist exchange program is offered to scientist from other countries to come to CAPS and MIRA to learn about AIDS research activities.

IV. The AIDS Legal Project

This project was developed in 1987 to help recruit ethnic minority lawyers to counsel AIDS victims who are having legal problems. The program, in conjunction with MAPA and the San Francisco Bar Association AIDS Panel, will provide awareness training for attorneys willing to contribute "pro bono" legal services to people with AIDS, AIDS related conditions and HIV positive status. This will include a variety of services ranging from probate matters to discrimination issues.

The project will also provide judicial updates for attorneys, highlighting legal developments as they relate to AIDS matters.

Office of the Mayor
SAN FRANCISCO



DIANNE FEINSTEIN

March 4, 1987

I am pleased to write this letter on behalf of the Bayview Hunter's Point Foundation for Community Improvement. This community based agency has provided quality human services to the many residents of the City and County of San Francisco for the past sixteen years.

The Foundation initially began providing services in 1971 to the Bayview, Hunter's Point and Sunnysdale communities. At the time these communities, located in the southeast corner of the City, felt isolated from the rest of San Francisco and had minimal access to health and human services. From its first program of providing the indigent residents of Bayview, Hunter's Point and Sunnysdale with free legal services (criminal defense), to its most recent endeavor of educating the minority communities in San Francisco regarding the AIDS epidemic, the Foundation continues to address the many needs of the communities which it serves.

During a time when there are budget deficits and cuts, the Foundation continues to grow and develop, exploring other funding sources and fee generating activities.

I praise this agency for the quality services which they have provided the residents of the City and County of San Francisco over the years.

Best regards,

Warmly

Sincerely,

A handwritten signature in dark ink, appearing to read "Dianne Feinstein". Below the signature, the text "Dianne Feinstein" and "Mayor" are printed. At the bottom left of the signature block, the text "DF:ma" is printed.



Mayor Feinstein speaking at a Community Town Hall meeting against drugs.

BOARD OF DIRECTORS

THE BAYVIEW HUNTERS POINT FOUNDATION FOR COMMUNITY IMPROVEMENT

A Community-Based Foundation

6025 Third Street
San Francisco, CA 94124
(415) 822-1124

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CREDITS

Special thanks to the following for their time and
support in developing this booklet:

S. F. Art Department
Alan Venable
The Right Words
Karen Patterson
Cheyenne Bell

LOCATIONS

- | | |
|---|--|
| <p>① Community Defender
6025 Third Street
San Francisco, CA 94124
(415) 822-6180
(Bayview Hunters Point)</p> <p>① Comprehensive Drug Services
6025 Third Street
San Francisco, CA 94124
(415) 822-6180
Methadone Maintenance
Methadone Detoxification
(Primarily Bayview, Also City-Wide)</p> <p>① AIDS Education And Research
6025 Third Street
San Francisco, CA 94124
(415) 822-7500 or 822-4030
Multicultural Aids Needle Users (MANU) (City-Wide)
Multicultural Alliance For Prevention Of Aids (MAPA)
(City-Wide)
Multicultural Inquiry And Research On Aids (MIRA)
(City-Wide)</p> <p>② Center For Problem Drinkers
5033 Third Street
San Francisco, CA 94124
(415) 822-6727
(City-Wide)</p> <p>③ Youth Services Program
2143 Keith Street
San Francisco, CA 94124
(415) 822-1585
(Bayview Hunters Point)</p> <p>④ Mental Health Services - Adult, Children & Day Treatment
4301 Third Street
San Francisco, CA 94124
(415) 648-5785
(Bayview Hunters Point)</p> | <p>① Health Care for Homeless Project
4301 Third Street
San Francisco, CA 94124
(415) 648-5785
(City-Wide)</p> <p>⑤ Rehabilitation Community Center
2940 Sixteenth Street
San Francisco, CA 94103
(415) 558-5171
(Mission)</p> <p>⑥ Tenderloin Outpatient Clinic
251 Hyde Street
San Francisco, CA 94102
(415) 673-5700
(Tenderloin)</p> <p>⑦ Central City Day Treatment
259 Hyde Street
San Francisco, CA 94102
(415) 928-6500
(Tenderloin)</p> |
|---|--|

