Presentation from the Department Head Team:

Strategic Vision
and Priorities for Action in 1993

By

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and
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January, 1993
Overview

This document is intended to summarize the recent history of Shanti Project, scrutinize the achievements of 1992 and the current position of the agency, and present a strategic vision for the future.

The content of this presentation has been prepared by the Executive Director and Deputy Executive Director in consultation with the other 11 department heads at Shanti Project. It was developed in preparation for the 1993 Board of Directors Retreat in response to a request from the Board for a formal presentation outlining priority areas of activity for the organization in 1993 from the perspective of the department head team. This document intends to identify key issues which are expected to come before the Board this year and suggest processes for resolution.

Historical Context

January, 1989

The issues confronting both Shanti Project and the San Francisco system of AIDS care were dramatically different just four years ago in January, 1989.

Shanti Project had just finished a difficult year of public scrutiny and internal conflict. Jim Geary, the organization's executive director since the early 1980s had resigned following six months of controversy. The Board of Directors, led by newly-installed Chair Doug Holloway, was managing the day-to-day operations of the agency and leading a nation-wide search for a new executive. While services continued to be rendered by the staff and a large, active volunteer corps, the agency's fundraising efforts were stalled and the Department of Public Health--which invested over $1 million annually in Shanti--was closely scrutinizing the agency and insisting on internal changes.

In December, 1989 the new executive director arrived, and he and the Board sat down to tackle several major challenges:

- A fiscal year deficit approaching $300,000 which had consumed Shanti's entire operating reserve
- A haphazard organizational structure and key personnel who were not well-suited to their positions
Concerns, both internal and external, regarding the design of the agency's service system functioning as a significant barrier to access for key AIDS-affected populations.

At the same time, the broader AIDS service system in San Francisco, had hit a critical juncture. Public dollars for AIDS service groups came almost entirely from the City of San Francisco, with little contribution from federal and state sources. The number of individuals needing services had begun to overtake the system's capability. The City's original AIDS groups--especially Shanti Project, San Francisco AIDS Foundation, the AIDS Health Project, and Visiting Nurses & Hospice--which had struggled to develop additional resources and programs to meet client need, had recently been joined by dozens of new providing organizations.

Some of these new providers were formed by populations who had felt poorly served by the original groups, especially in the area of education and prevention; new groups were initiated targeting people of color, women, indigent people, and deaf people. Other efforts were initiated to provide services either not provided by the original groups (these efforts included Continuum, Pets Are Wonderful Support, or Rest Stop) or in reaction to conflicts within an existing organization (AIDS Benefits Counselors, The Living Room). Yet other services were launched by already existing organizations which initiated AIDS-specific programming (Jewish Children and Family Services, Operation Concern, Instituto Familiar de la Raza, Bayview Hunter's Point Foundation).

As the number of service providers expanded wildly, systemic coordination and planning declined commensurately. While the earliest years of the epidemic were characterized by a significant attempt at inter-agency coordination--a key part of the highly touted "San Francisco model"--the late 1980s saw informal and formal attempts at centralized communication and planning break down. City task forces experienced a decline in participation. The newly formed group AIDS Service Providers Association struggled to find its mission and win buy-in from individual agencies.

While earlier it had been common for agency staff to work closely with counterparts in colleague organizations, this period of time was characterized by the gradual estrangement of agency from agency. Dramatic growth in all aspects of the service system, along with the tidal waves of death washing over this small City, presented a tremendous challenge to the healthy functioning of individual organizations and the system as a whole.
1989-1991

Over the following few years, San Francisco's AIDS system saw many of these trends continue and intensify. The decimation brought with it a huge loss of leadership as key individuals who had initiated the local AIDS system in the early 1980s died. Activists created federal legislation which became the Ryan White CARE Act and brought significant federal dollars into a City whose ability to increase human services through its own funding had hit the wall. People of color based organizations continued their development and expanded focus from prevention into service delivery.

Several other important shifts occurred during this time period:

- Thanks to efforts of grassroots activist groups, treatments for HIV-related illnesses were extending the lives of many people with AIDS (PWA); instead of dying 6 months or a year after diagnosis, individuals were frequently living 2 or 3 years or longer.
- Community based organizations initiated as self-empowerment, PWA-spearheaded efforts had transitioned into traditional models of social service provision.
- AIDS demographics in San Francisco began to shift and diversify but more importantly, the impact of national media pronouncements focused on East Coast statistics ("the changing face of AIDS") became strongly felt in San Francisco.

It was within this context that the staff and Board of Shanti Project labored to get the agency back on track. These years were a time when the primary work was focused on establishing a stable foundation and restoring public confidence in the organization. This involved step-by-step rebuilding of organizational systems (creation of formal personnel policies, for example), establishment of an annual plan for fundraising, and the elimination of an entire level of management within the agency. The entire team of 12 department heads reported to the executive director for much of this period, which led to an intense focus on internal management systems. As a large portion of the agency's department heads began turning over, the agency aimed to sharply upgrade the experience and training of its managers.

This work was occurring among a staff and volunteer body which had been severely impacted during the year of organizational crisis. Restoration of any significant level of trust within the organization was an uphill battle; communication patterns were mired by rage, paranoia, distrust of
authority, deception and turf conflict. Hence the executive director and Board had to bring off major systemic changes within the organization while simultaneously facing a profound level of internal dysfunction and entrenched resistance to change.

Once a plan had been put in place for the restoration of internal agency systems and the reestablishment of public confidence, Shanti tackled the other major challenge which had been looming on the horizon: significant expansion of services outside the traditional base of Shanti clients. While this was conceptualized as a way to better serve diverse AIDS-affected populations through the creation and implementation of the organization's two-year "Multicultural Plan" (1990-1991), in fact the agency had taken on a major task of organizational transformation in the process.

Shanti's concentrated work in this area, while difficult and controversial, resulted in a deep transformation of the organization at every level which moved the agency firmly out of the period of crisis and into a new era. By the completion of the plan at the end of 1991, the organization had successfully stabilized operationally and had entered a period of significant fiscal and programmatic growth. Several striking developments had occurred:

- While still serving its traditional base of middle-class gay men, Shanti had moved full force into providing a wide range of services to indigent and homeless people who brought with them a wide range of mental health, substance use and social service needs.
- All Shanti programs had improved ability to serve women, people of color and injection drug users, and new programs had been established specifically targeting key populations.
- The design of the service delivery system had changed dramatically. A centralized agency had moved to a decentralized model and had outposts in the Tenderloin, Mission, Civic Center and at San Francisco General Hospital. The traditional split between emotional support and practical assistance was reexamined and redesigned, resulting in a combined program.

These developments set the stage for a significant shift in Shanti Project's mission statement in January, 1992 which recognized the shift from having volunteer-based emotional support work as the core identity of the organization to claiming a simple identity of a non-profit AIDS service group and recognizing the legitimacy of all programs as equal partners.
The Achievements of 1992

1992 began a drive towards a new shift in the local AIDS service system. Ryan White CARE Act dollars continued to flow and significantly increased in 1992, and the funding served as gasoline poured onto the fire of a system of ever-increasing service groups reeling out of control. At the same time, backlash developed against an expanding, uncoordinated system and a drive towards mergers, acquisitions and consolidations began to find its voice. The continued lack of strategic long-range vision and accompanying systemic planning began to take its toll as the system chaotically evolved and some small organizations began to falter and go under and new groups continued to come into life.

Several critical achievements took place at Shanti Project during 1992 which continued our work establishing a strong operational foundation for the agency while managing a shifting focus of our programs:

- We created new, strong systems of accounting and fiscal management, including a move into fund accounting and the purchase of new accounting software. At the same time we began to seriously upgrade and professionalize our development systems. By the end of the year, these two achievements took the agency out of the ongoing cash flow crisis it had been in since 1989.

- Board and staff successfully managed fall-out resulting from the programmatic shifts which had occurred (the emotional support and practical support merger, increasing services to indigent people, the creation of clear role and responsibility boundaries between volunteers and paid staff).

- Housing was prioritized alongside client services as the two centers of programming in the organization. Shanti prepared itself internally to expand from the simple provision of housing services into the area of affordable housing development and, with the opening of Shanti House, significantly expanded its housing capacity.

The agency continued to experience intense change and rapid growth. A transition occurred in Board leadership and Gayling Gee became Board Chair. External demands on agency management focused on large-scale resource development and community relations, as well as participation in discussions concerning systemic consolidation, increasingly drew the executive director out of the day-to-day operations of the organization. In just four years, the operating budget of the organization had grown from $2.7 million to $5.6 million with significant expansion in
both public and private funding. The number of paid staff had grown from 57 to 82, and the number of active agency volunteers had increased from 650 to over 1,000. The work of managing the internal operations of an increasingly complex and expanding organization intensified, and the need for new management configurations became apparent. The Deputy Executive Director position was established managing all day-to-day programmatic and administrative functions, and the Executive Director focused increasingly on areas of development, fundraising, communications, long-range planning and systemic consolidation.

Strategic Vision: Where Do We Go From Here?

Over the last several years a vision of improved service delivery to AIDS-affected communities has emerged within Shanti Project.

Our development as a multicultural agency has led us to the steady and planned improvement of our delivery of services to people with AIDS. By examining both the obvious and subtle barriers to service provision to a wide variety of different communities, Shanti staff and volunteers have made real innovations in our program models which allow for higher quality services to be provided to an even wider range of AIDS-affected people. These innovations have placed the needs of our clients first and foremost in our approach to outreach, intakes, staffing, eligibility and even to the examination of our office locations and phone systems.

Four conclusions have become evident to us in our effort to improve these services to people with AIDS and their loved ones:

1) Effective utilization of the limited resources of our agency warrants the continued utilization of a major site for service delivery.

A majority of AIDS-affected people in San Francisco benefit from the knowledge that a Shanti Project office exists which can offer support services to them. For this majority, who have steady housing and telephone service and the information and resources to contact an agency, this form is still effective. The centralization of resources into one major office is cost effective in its effort to provide a broad range of services in one location. The concentration of these resources allows clients to access a number of services at one location and allows the agency a means toward more effective cooperation in the development of services.

However, the access of even this majority of our clients could be substantially improved if the Shanti Project main office
were located in a geographic area which has greater proximity to the major AIDS-affected communities of the City: the Castro, the Mission District, the Western Addition, the Tenderloin, the Haight, and the South of Market neighborhoods. In addition, easier access to public transportation would also greatly improve this access.

2) **We believe that the continuation and further development of our satellite offices will ensure the full availability of our services to all of the AIDS-affected communities in San Francisco.**

One of the central mechanisms for the improvement in access to our programs by indigent communities and others affected by barriers to service provision has been the expansion of satellite offices of service delivery. For years, the Shanti office at San Francisco General Hospital has taken the lead at Shanti in providing service to the poorest and most disenfranchised AIDS-affected persons in the City.

In reaching these communities it has become evident that the on-site accessibility of peer counselors is the key link in Shanti Project's ability to reach AIDS-affected people who have no other substantial contact with support services. In the attempt to improve the delivery of other support services to people of color, poor people, women and children, and people with a history of chemical dependency, the need for an expansion of neighborhood-based service delivery became evident. The creation of additional satellite offices in the Civic Center area, Tenderloin, and Mission District neighborhoods have added services to probably more than 1000 AIDS-affected persons who would not otherwise have accessed Shanti's services, unless they had been hospitalized at SFGH. These clients are overwhelmingly poor and have extensive and immediate needs for a broad range of social services.

In addition, the creation of limited support services out of a Castro based office space has shown enormous interest from our more traditionally served gay male clients who are also affected by significant barriers of disability in accessing our services at the Howard Street main office.

3) **The provision of Shanti Project's support services must be extended in a simpler, more coherent, and more client-friendly fashion than we currently offer.**

At this time a large portion of Shanti clients calling or visiting the main Shanti offices are directed to each service through their specific request. Calls and walk-in visits are directed to a specific program which offers a specific service—
volunteers, activities, van service, housing, etc. No systematic discussion with each client is conducted regarding the full range of Shanti services. Even if references are made to other available services, the intake procedure must be repeated in each program the client makes use of.

4) The provision of effective support services to AIDS-affected communities can best be accomplished in a more effective partnership of service providers.

The lack of an existing brokerage case management system among AIDS services ensures that clients must repeat the tedious intake and documentation of eligibility procedures over and over at agencies scattered across the City. The most effective means to the provision of AIDS services would be the establishment of one major service provision site with multicultural sensitivity, based in an accessible geographic location. This central service provision site would offer a centralized reception, information and referral, intake, and case management system—with immediate and easy access to a wide-range of other available support services. In addition, neighborhood-based offices in areas of major concentrations of AIDS-affected communities would offer these same services in a culturally appropriate manner to targeted communities.

What we look forward to in the next three years is the creation and stabilization of these service delivery sites, where Shanti services and other critical support services can be offered to AIDS-affected communities throughout the City in a sensitive and culturally appropriate manner.

We also believe that these steps will support the development of coherent service delivery which spans all of the key spectrums of AIDS service delivery and connects clients from one service to another where appropriate.

These real connections of service delivery are not simple referrals but day-to-day working relationships among partner programs of housing and support services which can account for the full complexities of AIDS service provision in the 1990s. This spectrum includes a full accounting for the disease's progression from HIV infected, symptomatic, AIDS diagnosis, hospitalization, and death, to bereavement. Our partnerships must span the volunteer/peer counselor/mental health profession spectrum of emotional support services. They must span the volunteer/attendant care/hospitalization and hospice care spectrum and ensure a full range of home care, meal delivery, and van transportation services to the sick. They must span the service delivery of persons with a history of chemical dependency between street-based outreach work, detox services, and supported recovery programs. We must ensure supportive services to secure
appropriate financial benefits, housing, food and access to medical care for our most indigent of our clients.

Another agency may lead in the creation of this vision. This vision could be the result of a truly effective joint action plan among agencies or it could come about as a result of the loss of funding of programs or their collapse. This vision could be brought into reality led by Shanti Project in an effort to correct its own deficiencies. Whatever is involved, the next three years will show the highest number of people with AIDS living in San Francisco which we expect to witness in this epidemic--probably more than 10,000 people with the new AIDS definition. Our clients (and those who should be our clients) really need for us and for other AIDS service providers to create such a system. It is the only way we can image sustaining the model of AIDS service delivery which San Francisco has pioneered over the last 10 years.

Overcoming the Obstacles: Our Road to Realize This Vision

While the vision we offer of AIDS services is a widely supported one among service providers, there are many obstacles before us in transforming this vision into reality.

The chief obstacle to accomplishing this vision is that every key service provider is overwhelmed in its efforts to continue and develop their own service delivery and administrative systems to support that service delivery. Substantive discussions with other agencies always takes a back seat to the attention to the ever present urgent crises within one's own agency.

Obstacles of racism, homophobia, sexism, classism, and addictophobia have created a history of culturally inappropriate service provision or neglect. The trust of community-based service providers in each other to create sensitive and culturally appropriate collaborations has very weak history and foundation to provide confidence.

All agencies have been placed in a competitive context for funding opportunities, from governmental funding to private foundations to fundraising events and major donors. This competitive atmosphere does not encourage effective collaboration on this level. The continuation of agency name recognition, history and loyalty are key in continued effective fund-raising for each agency. This can discourage collaboration, partnership, and appropriate mergers.

In order to move toward this vision, it is critical that a realistic and flexible plan be advanced toward these goals. There
is no way to articulate an exact blueprint of this system-wide effort because of the complex set of variables of many different agencies and their internal dynamics, the dynamics of funding and national, state and city politics. However, if we keep this vision clearly in mind, there are several immediate steps which can be taken toward that vision which could set other possibilities in motion.

Shanti Project will take important immediate steps towards this vision because of the coincidence of our agency needs for improved service provision. These steps include:

1. We will move the central site of agency service provision to the Van Ness Corridor in proximity to the San Francisco AIDS Housing and the Shanti Housing Program. We can create a flexible presence of service provision in this area which will allow for the utilization of these facilities by other service providers.

2. Depending on a careful examination of our budget, we must seek to stabilize our Tenderloin and Mission offices through expanded staff presence and improve the linkages between our SFGH services and our other services. We need to expand our Castro based services to include a fully staffed office.

3. We must identify key partners in our service delivery, both in housing and in client services, to evaluate the interest in more effective real collaborations. This includes the creation of formal collaborative agreements in housing provision to ensure more effective transitions of clients among housing programs. In client services this includes an investigation of the interest by other agencies in the utilization of the network of offices being established by Shanti Project for intake and service delivery.

4. We must reorganize the management of Shanti Project's Client Services to create more effective information and referral, intake, and if possible case management services for our clients. Our reorganization should provide for more effective service delivery to our clients and if possible the extension of services offered by other agencies.

These steps have the advantage of prioritization because they are needed for the immediate improvement of Shanti's services and do not require any other agency or funders approval. These plans stand on the foundation of extensive multicultural
organizational development which has identified a fundamentally sound plan for this service provision to several significant AIDS-affected communities. Offering utilization of office space provides for a method of joint activity among AIDS service providers without giving up organizational identity and control. A joint effort toward improved service provision is a critical foundation to any future discussion of merger or consolidation of agencies, which could be examined as these first steps are accomplished.

Agency Priorities for 1993

In developing Shanti Project's priorities for 1993, certain environmental trends must be acknowledged. The local AIDS service system will continue to expand and contract without analysis or planning. Interest will continue to increase in improving systemic coordination and leadership can be expected to emerge which will tackle the big-picture systemic challenges.

The new CDC definition will significantly increase client need for mental health, substance abuse and emotional support services just as public funding (barring an immediate major infusion of funds from the new administration) has levelled off and may enter a pattern of decline. The mainstreaming of services for people with HIV into already existing organizations and health care delivery systems will continue to escalate as a result of funding limitations.

With this context in mind, the Department Head Team sees the following areas of activity as critical priorities for Shanti Project as we move towards fulfillment of our strategic vision:

1. We aim to coherently integrate all client services at Shanti Project and redesign key systems to improve client access and improve the efficiency of service delivery.

2. Working partnerships with key providers will be developed and discussions will begin surrounding potential mergers, acquisitions and consolidations.

3. The move of the main office of the Project to the Civic Center area must be accomplished along with the upgrading of agency phone and computer systems. This will be linked with the stabilization of neighborhood offices and our visible, active service provision at outposts located in the Tenderloin, Mission, Castro and San Francisco General Hospital.
4. Our housing development work will successfully result in the acquisition of real estate with a dementia care facility and Shanti House being our chief priorities.

5. A capital campaign to build an agency endowment and secure permanent housing for PWA will be investigated and researched and considered for launching in 1994.

6. We will complete the transition in management configuration to a Chief Executive Officer/Chief Operating Officer (CEO/COO) model and see the development of three distinct levels of agency management (senior, middle and junior).

Additional priorities are expected to occur during 1993, but the items above would guide our activity and be the focus of the most substantial portion of Board/management interaction.

Recommendation for Board Activity in 1993

We have been asked to sketch out our recommendations for areas for Board action during 1993. We believe that the priorities stated above fall clearly into the existing Board structure with the following modifications suggested:

1. The Direct Services Committee of the Board should focus on client services and the Board should initiate the formation of a distinct Housing Committee. Two new members with experience in housing development should be added to the Board in the spring.

2. A Board task force on mergers should be constituted to participate with agency management in discussions concerning systemic consolidation. This function could be performed by a reactivated Board Executive Committee or could be a new committee with leadership appointed by the Board Chair.

We suggest the following Board Committee structures and processes be utilized to successfully achieve our priority goals for 1993:

a) Direct Services Committee: The integration and redesign of client services will occur through the
development of proposals by the Deputy Executive Director which will be reviewed, modified and approved by the Direct Services Committee.

Items in these proposals are expected to include the creation of a Client Services Director for the agency, the creation of systematized intake points which connect clients to a full range of Shanti services as well as services provided by colleague agencies.

b) Finance Committee and Direct Services Committee: The move of the main office and stabilization and opening of specific neighborhood offices will result in proposals developed by the Executive Director and Deputy Executive Director, brought to the Direct Services Committee regarding service ramifications and to the Finance Committee regarding fiscal ramifications, and moved, when appropriate, to the full Board.

The main items we anticipate will be needed from the Board in this area are support of management's efforts to achieve a successful transition to the Civic Center site, and the selection of a lease site for a visible presence in the Castro.

c) Housing Committee and Finance Committee: Likewise, efforts to acquire property will see the development of proposals by the Director of Housing Development and Services which will be brought to the Housing Committee and reviewed by the Finance Committee, and which, if approved, will move to the Board of Directors.

Anticipated activity in this area during 1993 might include purchases of Shanti House and a dementia care site, although additional clear priorities may emerge as new managers in this area have been on board longer.

d) Resource Development Committee: Discussions concerning a potential capital campaign will take place through the development of proposals by the Director of Development and Communications which will be brought to the Resource Development Committee.

Other items expected to come to this committee during 1993 include upgrading the design of our major donor campaign, the establishment of a
Corporation/Foundation cabinet to work with staff on maximizing our revenue in this area, and research into the development of a planned giving program as part of the capital campaign. Continued work on the Annual Dinner, Dance-a-thon and Bike-a-thon will take place, as well as work on new events such as the Art Auction (Fall, 1993), LA Fashion Show (February, 1994) and a gala celebration of the 20th anniversary of Shanti Project (Spring, 1994). Decisions concerning the continued inclusion of the agency's communications function in the Development Department will take place early in 1993.

e) **Personnel Committee:** Proposals concerning the agency's transition in organizational structure will be brought to the Personnel Committee by the Director of Personnel. The Committee will review and make recommendations to the Board regarding the job responsibilities of senior management, the addition of new management positions and the establishment of senior, middle and junior management positions.

In 1993, the work is expected to include discussion of positions such as Client Services Director and a Director of Finance and Administration or Director of Administration and a Controller. Discussion of the proper location of the agency's communications function will take place early in 1993. The Committee should also review the Board's handling of recent staff grievances and create standard and fair policies and procedures.

f) **Task Force on Mergers:** Discussions surrounding mergers will take place only after the Board of Directors determines if the agency is ready to seriously consider playing a role in systemic consolidation in San Francisco and beyond. It is suggested that this determination be made during the Board Retreat.

If the determination is made that the agency is ready to consider a role in this area, the Executive Committee or Task Force on Mergers will serve to review individual staff proposals regarding specific consolidations, mergers or acquisitions and recommend approval or disapproval to the Board of Directors.

Items which are expected to emerge if this area is pursued in 1993 include discussions with large groups (San Francisco AIDS Foundation and Open Hand), the
consideration of proposals which include increased Shanti presence outside of the City of San Francisco (Hale Laulima or a greater expansion of our existing services into other counties), and the potential integration of free-standing programs currently existing as autonomous community based organizations into Shanti Project.

g) Board Development Committee: This committee's work will continue to focus on recruiting, screening and orienting new Board members with the appropriate skills and experiences which complement our current members. We recommend bringing on new members twice a year (in June and January), which allows time for integration and bonding before changing the Board further. We need new Board members with a range of skills and need to specifically prioritize Latino/as, housing experts and Shanti clients at this point in our Board development.

Beyond 1993

There are other concerns and questions which are on the horizon which we anticipate prioritizing in 1994 or 1995. Among these questions are:

- Will Shanti Project's mission again focus on support services for people with any life-threatening illness, or will we remain focused for the foreseeable future on HIV disease?

- Shanti's 20th Anniversary is June, 1994. Discussion of ways to acknowledge this event will begin in 1993, but the bulk of the work on the anniversary will take place during 1994.

- Should a research component be established at Shanti Project which will use our cutting-edge work as a laboratory for increased understanding of service work and housing for people with HIV and which will allow us to share our expertise and findings more broadly?

- Can we find funding to expand our training and consultancy work in the U.S. and internationally and truly bring Shanti's message to people who seek it? Can our work in Mexico City and Paris in 1993 be expanded in future years?

We suggest that these questions remain in people's minds during 1993 and that they be considered for prioritization over
the following two years.

Summary

In this presentation, we have provided an overview of the recent history of Shanti Project, a summary of our achievements for 1992 and our strategic vision for the future. We have also outlined a proposal for agency priorities for 1993 and suggested processes to be utilized in fulfilling these goals.

We recommend that the Board of Directors discuss, amend and then adopt these recommendations as priority areas for Board and management activity in 1993.

Eric E. Rofes
Executive Director

Melinda Paras
Deputy Executive Director
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<td><strong>January</strong></td>
<td>* Hale Liluma proposal evaluation &amp; system upgrade</td>
<td>* Redesign Operations and Policies (through March)</td>
<td>* Redesign Dementia Care; New CDC Definition</td>
<td>* Systematize major donor campaign</td>
<td>* Main Office Lease</td>
<td>* GAPA Dinner</td>
<td>* DC Lobby Visit &amp; Inauguration</td>
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<td><strong>February</strong></td>
<td>* Midyear budget revision</td>
<td>Complete Annual Review</td>
<td>Hire communications manager</td>
<td>Update Executive Director Proposal</td>
<td>* Board Retreat</td>
<td>* DC Dinners: HRCF, NGLTF</td>
<td>* AIDS Emergency Fund Dinner</td>
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<td><strong>March</strong></td>
<td>* Annual Meeting Board - Staff Party</td>
<td>* New Volunteer Newsletter Design</td>
<td>establish corp/found cabinet</td>
<td>* Redesign Proposal</td>
<td>* Castro Office Lease</td>
<td>* BACW Dinner Cable Car Awards</td>
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| **April** | * Main Office Move | * New Volunteer Newsletter Design | * Frazer House renovation | * Client Services Recruitment Campaign | * Dance-A-Thon | * Mexico City Training | * Black Lesbian & Gay Conf. & AIDS Institute *
| **May** | * Budget Proposal 93-94 | * New Volunteer Newsletter Design | * Investigate Capital Campaign | * Client Services Recruitment Proposal | * Castro Office Rental | * Mexico City Travel | * MCC Conference in San Jose |

**Key**

- * Shanti House purchase negotiations
- * Open Castro Office
- * Update Personnel Policies
- * New Client Newsletter Design
- * New Brochure Series
- * New Brochure Design
- * Explore database w/SFAF, Open Hand
- * Begin implementing (client services)
- * Shanti House renovation
- * Castro Office Lease
- * Spring Staff Training
- * Open Castro Office Approval
- * Evolve Exec. Dir.
- * Third Quarter Budget Report
- * Castro Office Lease
- * Spring Staff Training
- * Castro Office Rental
- * Castro Office Lease
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<td>* Begin Planning 20th Anniversary Events</td>
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<td>* Summer Dept. Head Retreat</td>
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<td>* Fall Dept. Head Retreat</td>
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<td>External Events</td>
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<td>* NLGHC in Houston</td>
<td>* AIDS Housing Conf.</td>
<td>* BCA Dinner</td>
<td>* NMAC Conf. in New Orleans</td>
<td>* Open Hand Luncheon</td>
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<td>* Alliance Dinner</td>
<td>* Creating Change Conf. in DC</td>
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<td>* AIDS Update Conf.</td>
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<td>Executive Director Events</td>
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<td>* DC Lobbying Visit</td>
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