

The Ricanne Hadrian Initiative
for Community Organizing:
a Project Report

Lee Winkelman
Boston, Massachusetts
November 1997
New Hampshire College
Community Economic Development
Advisor: Woullard Lett

The Ricanne Hadrian Initiative for Community Organizing:
a Project Report
by Lee Winkelman

Table Of Contents

A. SUMMARY.....	1
B. PROBLEM DEFINITION.....	1
1. Background.....	1
2. The Target Group	3
3. Problem Statement.....	3
C. PROJECT GOALS:.....	3
D. METHODS.....	4
1. Background.....	4
2. Long term methods.....	5
E. GOALS AND RESULTS FOR 1997	7
F. LESSONS LEARNED.....	9
G. NEXT STEPS.....	11
H. APPENDICES	
1. Memorandum of Understanding between MACDC and NDSC	
2. Steering Committee materials	
3. Training Materials	
4. Request for Proposals	

A. SUMMARY

After an extensive, inclusive planning process, the Massachusetts Association of Community Development Corporations (MACDC) in partnership with the Neighborhood Development Support Collaborative (NDSC) have formed the Ricanne Hadrian Initiative for Community Organizing (RHICO) to help community development corporations (CDCs) to more effectively combine community organizing with community development. RHICO will provide funding, training and technical assistance to CDCs to develop community leaders; increase resident participation in CDC decisions, programs, and activities; and build power for low income residents and people of color. In the last year, RHICO has successfully raised funds, formalized its partnership, hired staff, developed a cohesive steering committee, issued an RFP, formed a committee to evaluate proposals and select the participating CDCs, and held a series of organizing training workshops. In the next year, fifteen participating CDCs will be chosen, and the three-year program will enter its implementation stage.

B. PROBLEM DEFINITION

1. Background

Community Development Corporations originated in urban areas in the 1970s as a response to the poverty, disinvestment, and physical disintegration of low income communities (Fisher, 1994). They spread quickly, so that by 1997 there were 64 CDCs in 60 different communities in 30 different cities and towns in Massachusetts, spanning urban, rural,

and suburban communities. These Massachusetts CDCs have had many successes: producing 10,322 units of housing, helping 5294 families buy their first home, and provided loans and/or technical assistance to more than 5000 small businesses. In the almost thirty years since the first Massachusetts CDC was founded, they have directly served more than 150,000 people (MACDC production report). Massachusetts CDCs have become able developers.

Yet despite these many accomplishments, low income neighborhoods are as bad or worse today than ever. Environmental trends and changes in government policy have had a negative effect on our neighborhoods that has been stronger than the positive effect of CDCs' development activities. With less government money available for community development, and increased competition for foundation dollars, the resources that have fueled CDCs' development activities are drying up. Massachusetts CDCs have realized that they need to change the way they operate in order to meet these new challenges. CDCs must increase their political base to get control of more resources and to pursue development that will have a stronger positive effect on the neighborhood. To accomplish this goal, CDCs must do more than start a council for residents in CDC buildings or add a few residents to the CDCs development committee. Rather, CDCs must build resident leadership, give residents more control over CDC activities, and help build power for low income residents and people of color. This means a fundamental shift for CDCs. It is paramount that all staff—not just the organizer, but also the executive director and the development staff—as well as the board of directors have a common understanding of the CDC's organizing work and how it fits with the CDC's projects and programs.

It is in this context that MACDC has begun a new initiative: the Ricanne Hadrian Initiative for Community Organizing (RHICO).

2. The Target Group

The primary target of this project are the 67 CDCs in Massachusetts. By helping this target group, the RHICO will help CDCs better serve the project's secondary target: low income residents and people of color who live in the neighborhoods served by CDCs.

3. Problem Statement

If no solution is found to the lack of leadership, participation, ownership, and power among community residents of color and other low and moderate income residents, then CDCs will not be able meet the development challenges in low income and minority neighborhoods and these neighborhoods will continue to disintegrate.

C. PROJECT GOALS:

The project has the following goals:

1. To support and encourage Massachusetts CDCs to build power for community residents and more broadly and deeply involve all sectors of residents in CDC activities, projects and decisions.
2. To help Massachusetts CDCs combine organizing and development more effectively so that the CDCs development activities have a more positive impact on the neighborhood and CDCs are building community leadership and power.
3. To help CDCs make the organizational shift necessary to accomplish the above goals.

D. METHODS

1. Background

RHICO was the brainchild of Ricanne Hadrian, a talented community organizer and project manager, who was MACDC's Deputy Director for Housing and Community Reinvestment until her untimely death from breast cancer in 1996. Ricanne's 1982 masters thesis from MIT's Department of Urban Studies and Planning was entitled "Combining Organizing and Housing Development: Conflictive, Yet Synergistic." RHICO is named in memory of Ricanne and the principles her work embodied.

Ricanne initiated an eighteen-month planning process that involved over 100 Board members, executive directors, organizers, and development staff members from CDCs throughout the state. CDC staff and Board members discussed their own organizations strengths and weaknesses and what their CDCs would need to become effective community organizers. Presentations were made on programs in other regions that support CDCs community organizing.

Through this planning process, an important conclusion was reached. A CDC that wants to increase resident involvement and build a stronger power base must do more than simply hire a community organizer. A CDC cannot add a community organizing program as it might an economic development program, as a separate, independent unit. Instead, organizing must be woven throughout the organization at every level. To do effective community organizing requires an organizational

transformation. To be successful, a program to support organizing at CDCs must not aim to train an organizer. It must aim to train the organization.

2. Long term methods

Over the course of the planning process, the outlines of a program was developed. RHICO would provide funding, training and technical assistance to CDCs to improve their leadership development, to increase resident participation in the CDC, and to build power for low income residents and people of color. The initiative would be designed as a demonstration project—it would NOT try to directly help every CDC do better organizing, but instead would use a competitive process to select a limited number of CDCs which had the best chance of success. The program would NOT proscribe a certain organizing model, but instead would serve as a laboratory to test the effectiveness of different models under different conditions. RHICO would aim to select a diverse group of CDCs in terms of size, location, organizing experience, age, and characteristics of the community served (i.e. urban vs. rural; differing ethnicities and races).

MACDC decided to select a partner to jointly run RHICO, who would have access to funding and experience in administering grants. The Neighborhood Development Support Collaborative (NDSC), a local funders consortium established by Boston Local Initiatives Support Collaborative (LISC), was chosen as the partner. Negotiations began on a memorandum of understanding which would govern the relationship between the two organizations in running the program.

As it was finally designed, the RHICO will provide the following assistance to CDCs over a three year period.

1. Direct Organizing Grants. Ten CDCs will be selected to receive a total of \$75,000 over three years to fund most of an organizing position. The CDCs will be required to match that money to the degree necessary to fully fund an organizing position.
2. Centralized Training. The ten CDCs awarded the direct organizing grants plus five additional CDCs will be eligible to participate in a centralized training program. During the first year, this training will focus on community organizing skills and strategy. During the second and third years, the training will use case presentations developed by the selected CDCs. Portions of the training will be specifically oriented towards executive directors, board members, and development staff. Over the three years, the training will focus on these topics, among others: outreach techniques, leadership develop methods, formation of alliances and coalitions, community planning processes, strategic thinking and campaign development, diversity, and integrating organizing and development.
3. On-site Training. The same fifteen CDCs will also receive on-site training and consulting that will be oriented toward helping CDCs address questions that arise through this program. It will help CDCs examine their organizational structure and how it encourages or discourages the resident involvement and a sense of community ownership.
4. Sharing the lessons learned. We expect RHICO to have an impact beyond the ten selected CDCs. An outside consultant will work with RHICO staff and the Program Steering Committee to do an evaluation of the program and the lessons learned. This report

will be widely circulated. The ten selected CDCs will present their experience to other Massachusetts CDCs throughout the MACDC Organizing Committee.

E. GOALS AND RESULTS FOR 1997

During the past year, RHICO made significant progress on its many goals:

1. Solidify relationship with program partner. We finished negotiating the memorandum of understanding with NDSC. In it, we agreed on the composition of the Steering Committee and identified which organization would have the primary responsibility for each program area. Both organizations feel comfortable with the agreement outlined in the MOU, and RHICO's character as a practitioner-driven program is maintained.
2. Develop an effective and cohesive Steering Committee. RHICO Steering Committee has eleven members: six members from CDCs appointed by MACDC, three members from the NDSC Steering Committee appointed by NDSC, and two outside members chosen for their experience with community organizing or similar initiatives, appointed by the Steering Committee as a whole. The Steering Committee meets monthly. It functions effectively as a cohesive whole, without apparent divisions between MACDC and NDSC appointees.
3. Raise money. The four year budget for RHICO is close to \$1.5 million. By the end of 1997, close to \$1.1 million was committed for the program. There are several additional funders who have

expressed initial interest, and two funders who have committed funds for 1998 to whom we can apply for additional funds in later years. We anticipate that we will be able to raise the entire \$1.5 million.

4. Hire staff. I was hired as full-time staff for the program beginning last June. I held twenty-five one-to-one meetings with CDC staff and board members to learn about what their CDC is doing and would like to do about community organizing.
5. General Training. A series of training workshops were held on community organizing in the context of community development. These workshops were open to executive directors, organizers, and board members from all Massachusetts CDCs. The goal of the workshop was to prepare CDCs to make the shift to community organizing and resident involvement. The workshop also prepared CDCs to apply for funding and additional training. Participation in the workshops was a requirement to be eligible for RHICO funding.
6. Issue a Request for Proposals. After extensive discussions and three drafts, an Issue a Request for Proposals (RFP) was issued, inviting all Massachusetts CDCs to apply to RHICO. The deadline for applications was December 30, 1997. Twenty-five CDCs applied for funding, training and technical assistance, and three CDCs applied for training and technical assistance only.
7. Convened the Selection Committee. The Steering Committee appointed a seven member Selection Committee to review proposals from CDC applicants and select the participating CDCs. The Selection Committee members are a mix of individuals with

experience in community organizing and proposal evaluation and grant-making . In order to avoid a conflict of interest, none of the Selection Committee members are a current employee or board member of a Massachusetts CDC. The Selection Committee held an orientation meeting in December. It will announce the awardees by April 1, 1998.

F. LESSONS LEARNED

It is still early, of course, but so far RHICO is on course and more or less on schedule. We have, by and large, achieved the goals we have set for ourselves.

Our biggest accomplishment is to have achieved buy-in to RHICO from CDCs and developed consensus about the need for transforming CDCs in order to do more effective community organizing. This buy-in was achieved in two ways: through the lengthy, extensive, inclusive planning process and through the pre-application training series. The planning process and training workshops involved a substantial up-front investment of resources, but it clearly was worth the investment. The workshops have caused CDCs to think and talk about organizing differently than before. There is a greater awareness of the issues that must be faced by CDCs that wish to do effective organizing, including changing organizational structures to encourage participation; sharing internal power and control with residents; and dealing with confrontation and cooperation in combining organizing and development. We expect the proposals submitted to be more thoughtful because of the training series.

The creation of RHICO's organizational structure went smoothly. The partnership with NDSC, the new steering committee, the selection committee, and the staff person are all in place and functioning.

We learned that funders are interested in this program, and that we should be able to raise our entire budget. Funder are not the only one excited by the program. Journals, CDCs in other regions, other CDC associations, and other individuals and groups doing community organizing—all are interested in and excited by RHICO.

The only failure has been an inability to correctly estimate how long it will take to accomplish items on the work plan. The staff person was hired later than anticipated. Fewer proposals were submitted than hoped. The training series began later than was scheduled. The groups were not selected by the end of 1997 as originally projected. While this failure to meet timelines is somewhat disappointing, it has not done any serious damage to the program. Wisely, the Steering Committee has consistently extended time tables rather than rushing stages of the project without adequate preparation. Most of the delays were due to two factors: the failure to hire a staff person until June and the natural tendency to underestimate the time necessary to complete each phase of the project.

A tremendous amount was learned through the process of writing the Request for Proposals and the Selection Criteria that the committee will use to choose the participating CDCs. The process of writing these two documents forced the Steering Committee and staff person to clarify their thinking about CDCs and organizing.

G. NEXT STEPS

The next six months promises to be another busy period. First, the Selection Committee will meet, review the proposals, undertake site visits, and choose the CDCs that will participate in the program. We expect the Selection Committee to make its decision by April 1.

While the Selection Committee is making its decisions, the staff person will coordinate two other important tasks. The first task is raising the additional funds necessary to complete the program budget. The second task is working out a specific plan for the program once the CDCs are chosen. There is a very general plan, but no specific details on how training and technical assistance will be provided, what are the roles of consultants and staff, how will monitoring and evaluation of participating groups happen, and related questions.

It is expected that by June 1, participating CDCs will receive their funding and RHICO will begin its implementation phase.

H. APPENDICES

1. Memorandum of Understanding between MACDC and NDSC
2. Steering Committee Materials
3. Training Materials
4. Request for Proposals