



# The Giving Common

An Initiative of the Boston Foundation

[www.thegivingcommon.org](http://www.thegivingcommon.org)

Dare Family Services, Inc.



## General Information

265 Medford Street  
Suite 500  
Somerville, MA 02143  
(617) 629-2710

**Website**

[www.darefamily.org](http://www.darefamily.org)

**Organization Contact**

Shaheer Mustafa [smustafa@darefamily.org](mailto:smustafa@darefamily.org)

**Year of Incorporation**

1968

# Statements & Search Criteria

## **Mission Statement**

Dare Family Services is a private, nonprofit social services agency operating throughout Massachusetts to provide: intensive, treatment foster care to severely abused and neglected children; housing and support services to developmentally disabled adults and to pregnant and parenting teens; and support and stabilization services to at-risk families. Dare Family Services is dedicated to the belief that every child is entitled to the security and stability of a loving family; we are committed to guiding and nourishing each person in our care to independence.

## **Background Statement**

Dare was founded in Roxbury, MA in 1964 with the creation of the first community-based residential program for boys in Massachusetts. In the 1970s, the agency became involved in foster care by setting up a series of specialized foster homes to provide long-term placement and treatment for children committed to the Department of Youth Services. At the request of the Department of Public Welfare, (now called the Department of Children and Families) the agency began to recruit and train families who could take into their homes children who would otherwise spend their young lives in traditional group care facilities or orphanages.

Dare's intensive foster care program began in 1975. This program is designed to serve the most difficult-to-place youngsters in a family-based setting. Unlike traditional foster care, it is the full-time "job" of the foster parent to be responsible for the child 24 hours a day. Dare's intensive foster care program serves approximately 500 children and adolescents daily through its six regional program sites throughout MA. Our programs are located in Roxbury, Somerville, Taunton, Worcester, Springfield and Methuen. We also have a program in East Hartford, CT.

When the Department of Mental Health began moving away from institutional settings, it sought the help of Dare. In 1977, Dare began to provide staffed apartments for developmentally disabled adolescents and adults who had spent years in state hospitals with little hope for any other future. Dare now manages nine staffed apartments throughout Greater Boston, serving approximately 30 adults with developmental disabilities. The goal of each program is to teach the life skills that every individual needs to live in his or her own home in the community. Dare also runs a program for mothers with developmental disabilities. The program provides a home, support and training for the mothers and a safe and enriching environment for the children.

Since the early 1980s, Dare has provided support and stabilization services to families involved with the Department of Children and Families. These services aim to prevent an initial or subsequent removal of a child from the home and to promote permanency. We provide these services out of our Somerville, MA office.

In 1991, Dare Family Services began operating a residential program in Newburyport, MA for pregnant and parenting teen girls. The program serves up to 11 pregnant and/or parenting adolescents. We provide the necessary supportive environment for the pregnant and/or parenting adolescent to complete her education and to develop independence as a parent and wage earner.

**Impact Statement**

The unprecedented, ongoing budget cuts to the Massachusetts Department of Children and Families have had significant impacts on our agency. The state has drastically reduced its referrals to residential programs, which are more costly than foster care programs. As a result, our intensive foster care programs now serve children and adolescents who previously would have been placed in residential programs due to the extent of their psychological and psychiatric diagnoses. Historically we served a large population of youth with oppositional defiant disorder (acting-out teens). Now, the majority of our population is extremely traumatized youth. The young people in our care today come to us with a wide range of serious diagnoses including schizophrenia and other psychotic disorders, Aspergers syndrome, obsessive compulsive disorder and neurobiological disorders caused by abuse and neglect. They exhibit behaviors such as fire setting, self-injurious behaviors and physical aggression.

Dare has risen to the challenge of the increasingly severe behaviors and diagnoses of the youth in our intensive foster care programs. Our staff—including our clinical director, Dr. Steven Willis—and foster parents are doing remarkable work with these young people. Specifically, our top three recent accomplishments have been: recruiting foster parents who are able to manage the behaviors of these children and adolescents; training our foster parents and staff to specifically address the changing behaviors and diagnoses of the youth in care; and providing direct care to our young clients to help heal past trauma and prepare for healthy futures.

Our agency's primary goal always is to protect our children from further abuse and neglect. We also aim to manage our programs with strict financial oversight to ensure their success. We strive to maintain an unwavering focus on quality control to retain the highest quality staff members and foster parents.

**Needs Statement**

Raising funds for our agency's general operations will help Dare continue to provide the highest quality care to the youth and families we serve. Private funds will enable us to maintain our residential program for pregnant and parenting teens; to preserve our rigorous recruitment of superior foster parents; to provide increased trainings to our staff and foster parents to address the varied and intensive needs of the young people in our care; and to retain the remarkably talented staff members who work with tireless dedication to serve our youth and families.

**CEO/Executive Director Statement**

Our main goal as an agency is to provide a normal, healthy and caring home for all of the children in our care. Many of our children have no contact with biological families. We are making sure that every child in our foster homes has a normal life. Our only goal in fundraising is to raise private funds to make sure that all of the children who are over the age of twenty- two.have a normal adult life.That is the age when all state funding from the Department of Child and Family Services is terminated. Our primary goal is to provide services to all children who age out of care in all of our programs. We started this work in our Springfield office and expanded it two years ago to our Worcester office. We have a highly trained and experienced social worker in our Worcester office who searches for all of our foster care alumni.and makes sure that they have a normal adult life. This position is totally privately funded. We really want to expand this work in all of our programs by hiring a special social worker in all of our offices. We have tried to get the Commonwealth to expand this critical work. Sadly,all public services at DCF cease at twenty-two.This is our only goal in fundraising. Please help our young adults have a normal life. We want them to have a home, job, education and family.

## **Board Chair Statement**

From a governance perspective, Dare's greatest success has been the development of an extremely strong leadership team which has a profound level of understanding and experience in our core programs. This leadership team has imbued the agency with a culture of excellence that has relentlessly focused on the well-being of the children, families and adults in our care. Dare's culture of excellence is also reflected in its extremely capable and dedicated Program Directors who operate Dare's various regional offices. Through their efforts, Dare has been able to assemble teams of excellent social workers and staff and to recruit and support the amazingly-dedicated foster parents who provide the front-line services to the children entrusted to our care.

Dare's greatest challenges, from a governance perspective, are similar to those of other social service agencies that work in close partnership with state agencies. Dare's management must be constantly attuned to the changing funding and policy environment affecting the state agencies with which it works, which can often make long-term planning a challenge. Also, as state agencies refer more and more children to foster care with histories of extreme trauma and psychiatric disorders – children who were formerly referred to residential programs – the need for exceptionally capable social workers and foster parents has increased, thus putting greatly increased pressure on recruiting and retention at this level as well as on providing sufficient training and support on an ongoing basis. How to allocate limited dollars among these various compelling needs is an ongoing challenge.

Another governance challenge for Dare is how broad a range of services it should provide. The relentless focus on the well-being of Dare's clients, the extreme need of those entrusted to our care, and the limited dollars provided through state sources have required Dare to be intently focused on its core programs. However, over-reliance on particular funding sources also carries risk, and Dare has been exploring the development of new funding sources that are still within Dare's areas of core competence. Dare is also aware of areas of acute need for which no state funding is currently available, most notably in providing support to foster children beyond the time that they "age out" of state supervision at age 22. To address this critical need, Dare has established its Pathways to Progress pilot program, which is entirely privately funded. Through this program, Dare has hired an experienced social worker to reach out to former foster children to provide them with support in job finding and life skills so that they can live independently. The goal is to expand this program as funding permits.

A final governance challenge for Dare is the impending retirement of Dare's long-time CEO. The Dare Board is currently engaged in an active search for a new CEO. Transition to new leadership is always a governance challenge, but Dare's deeply-committed Board is confident that Dare will be able to attract an exceptional leader who will be able to build upon Dare's many strengths and guide it successfully into the future.

James A. McDaniel, Chairman of the Board

## Service Categories

Foster Care

## Geographic Areas Served

Please review online profile for full list of selected areas served.

# Programs

## **Intensive Foster Care Program**

### **Description**

Dare's intensive foster care program is designed to serve the most difficult-to-place youngsters in a family-based setting. It is the full-time "job" of the foster parent to be responsible for the child 24 hours a day.

All of these children were removed from their biological homes due to serious abuse and/or neglect. These children and adolescents require intensive supervision and structure to live in the community. Foster parents are part of a treatment team designed to help children and families meet their goals.

Intensive foster care serves a wide range of children with acute needs and often is a transition from or alternative to more restrictive programs, such as residential treatment centers, juvenile detention centers or hospitals. Children served in intensive foster care settings include children with serious emotional problems, children with at-risk behaviors, children with mental illness or physical limitations and children with serious medical challenges.

The program serves approximately 500 children and adolescents daily through our six regional offices throughout Massachusetts and one in Connecticut.

### **Budget**

\$19,813,763.00

### **Category**

Human Services, General/Other Children & Youth Services

### **Population Served**

Children and Youth (0 - 19 years), At-Risk Populations,

### **Program Short Term Success**

The program's immediate goal is to stabilize each youth, enabling them to avoid a more restrictive level of care. Foster parents are part of a treatment team of social workers, therapists and other professionals designed to help children and families meet their goals. We believe that all of the children in our care should be returned home to their biological families as soon as it is appropriate to do so. The treatment team therefore works with the entire family to address the issues that led to the child's removal. In the instances when family reunification is not possible, our treatment team develops realistic plans for permanency. Permanency goals include adoption, long-term foster care, placement with a relative or independent living. Each youth's unique history and needs define the most appropriate path. Whichever outcome may be most suitable to a particular youth, Dare is dedicated to having every young person we serve leave our care with a healthy future.

<b>Program Long term Success</b>	The ultimate change that the intensive foster care program seeks is for traumatized youth to overcome the abuse and neglect they have suffered, enabling them to complete their education, develop a career and have healthy relationships that stop the cycle of abuse.
<b>Program Success Monitored By</b>	The transition destination of the youth is determined by the treatment team. We complete a discharge summary for each youth. Dare maintains a comprehensive, secure database on the clients we serve. We track a wealth of information including: demographic data; historical information; diagnoses and conditions; dominant behaviors; biological family background; educational status; medical and psychological caregiver details; and the outcome options for each young person in our care. Outcome options include: reunification with biological family; adoption; independent living; or long-term foster care.
<b>Examples of Program Success</b>	<p>The following data from our Springfield program office, for FY 2011, provides a representative example of our success in improving the lives of the youth in our care. In FY11, 68% of youth who were discharged moved on to a less restrictive level of care, as follows: 40% were reunified with their biological family; 12% were “stepped down” to regular foster care; 10% moved to a group home; 5% moved on to independent living; and 1% was adopted. Thirty-two percent of youth were discharged to a more intense level of care.</p> <p>One client, a young woman, was removed from her home at age 12 after suffering years of abuse. At age 12 she was already struggling with substance abuse and sexual behavior. She was placed in a Dare foster home and received support and treatment to deal with her past abuse. She is now 17 years old. As a senior in high school, she is the president of her class. She is the highest-ranking Junior ROTC officer and has been offered a college scholarship by the U.S. military.</p>

## **Residential Services for Adults with Developmental Disabilities**

<b>Description</b>	Dare provides staffed apartments in Boston, Brookline, Dorchester and West Newton for adults with developmental disabilities. The intensity of support ranges from 24-hour, 7-day-per-week services for some people to more limited care for others. Our staff works to determine the unique potential of each adult in our care. The goal of these programs is to teach the life skills that each person needs to live in his or her own home in the community. Our transitional program in Dorchester provides housing and services to mothers with developmental disabilities and their young children. The program teaches mothers life skills such as cooking, cleaning and budgeting. The ultimate goal of the program is to guide these women toward independent living settings where they can successfully parent and provide for their children and themselves within their communities.
<b>Budget</b>	\$2,712,475.00
<b>Category</b>	Human Services, General/Other Residential Care for Individuals with Disabilities
<b>Population Served</b>	People/Families with People of Developmental Disabilities, ,
<b>Program Short Term Success</b>	Each client has the opportunity to choose one to four short term or long term goals to receive assistance with achieving on a yearly or bi-yearly basis. Some of these goals may take longer than two years to accomplish. Clients select from (but are not limited to) 15 different life areas for these goals, as follows: medical; safety; self determination; personal rights; legal; financial; domestic living/independent living; basic living skills; personal relationships/social skills; leisure/recreation; community exposure; educational/cognitive development; vocational/career development; language/communication skills; and motor development.
<b>Program Long term Success</b>	We assist clients in developing the skills to live as independently as possible, including: preparing simple meals; having banking accounts and developing money management skills; learning how to take care of their own personal hygiene; doing their laundry; and maintaining ongoing regular health care. We foster an atmosphere for clients to express their wishes and exercise their human rights, with a focus on: human dignity; adequate care and treatment; privacy and freedom from distress, discomfort and deprivation; self determination and freedom of choice; experiencing services in the least restrictive and most typical setting possible; ongoing opportunities to undergo typical developmental experiences; integration into the community; and doing activities consistent with their interests and capabilities.

**Program Success Monitored By**

We monitor short-term goals through the client's ISP (Individual Service Plan) and review them with the Department of Developmental Services. Our agency writes a support plan that spells out goals and what steps need to be taken to help achieve them. Our staff documents what supports are provided along the way to achieving the goals. A case manager then writes quarterly progress notes based on that documented data.

We monitor long-term success through bi-weekly supervision sessions; the director of residential services meets with each home's program manager to collect notes and data to track success and assure all protocols and procedures are being followed as developed. Documentation is reviewed from daily log notes from the staff, clients' confidential medical care binders, a medication administration chart, safety and fire drill reports, human rights officer's notes, ISP goal notes and supervision notes from the program managers.

There is a mandated bi-yearly survey for recertification performed by the state to ensure that all services are being followed through as agreed upon.

**Examples of Program Success**

We have travel and safety trained some clients, enabling them to go to their places of employment independently. They now use the MBTA system instead of having a transportation company transport them. This practice promotes independence and a sense of normalcy and accomplishment.

One client came to us when she was unable to pay her monthly expenses, such as her electrical bill and medication co-payments, and unable to do her weekly food shopping. After paying her rent, she was spending all of her money on Dunkin Donuts coffee and her three-pack-a-day cigarette habit. Dare assisted and monitored her with a money management program and a long-term goal to give up smoking. As of today, all of her bills are paid on time, she assists her support staff in completing her weekly food shopping and she has been smoke free for almost a year. She also has opened a savings account and is planning her first vacation since childhood.



## Family Support and Stabilization

<b>Description</b>	Dare provides family support and stabilization services to families involved with the Department of Children and Families. The services aim to prevent an initial or subsequent removal of a child from the home and to promote permanency. We provide these services out of our Somerville, MA office.
<b>Budget</b>	\$537,410.00
<b>Category</b>	Human Services, General/Other Family-Based Services
<b>Population Served</b>	Families, At-Risk Populations,
<b>Program Short Term Success</b>	The short-term goal of the program is to alleviate the immediate crisis that brought the family to the Department of Children and Families. Examples include helping a parent who had been using corporal punishment to find better ways to handle stress, or working with a family and school to help return to the classroom a child who had not been attending school.
<b>Program Long term Success</b>	The ultimate change this program seeks is to keep families intact, so a child will not have to be removed from his or her parents.
<b>Program Success Monitored By</b>	We develop a treatment plan for all families and track progress on Virtual Gateway, the database maintained by the Department of Children and Families and its contracted agencies. The plan lists goals for each family and the progress toward achieving these goals. During each visit, we collect notes and data on the youth's and family's progress. All information is updated in real time on Virtual Gateway. Dare and DCF conduct progress reviews toward treatment plan goals every three months.
<b>Examples of Program Success</b>	We have maintained a success rate of approximately 85% for keeping families intact. Examples of challenges we have helped families overcome include: helping to keep children out of psychiatric hospitals by helping their parents learn effective ways to deal with diagnoses of emotional disturbance and other psychiatric conditions; helping children and families to develop a network of community supports, enabling them to become self sufficient after our work is complete; decreasing instances of abuse and neglect; working with mothers who suffer from domestic violence to develop safety plans for themselves and their children; and helping divorced parents successfully co-parent their children.

## **Pregnant and Parenting Teens Program**

<b>Description</b>	<p>Our residential program in Newburyport, MA serves teenage mothers and their children. All of these young mothers are in the custody of the Department of Children and Families (DCF), and they come to us pregnant or with babies. Our program staff is thoroughly trained and experienced in managing teen behaviors as well as infant care. The staff provides 24-hour care in a comfortable house. We provide the necessary supportive environment for the pregnant and/or parenting adolescent to complete her education and to develop independence as a parent and wage earner.</p>
<b>Budget</b>	\$898,791.00
<b>Category</b>	Human Services, General/Other Residential Care
<b>Population Served</b>	Females, Adolescents Only (13-19 years), At-Risk Populations
<b>Program Short Term Success</b>	<p>We believe education is critical to the teens' long-term success in supporting their children and experiencing personal fulfillment. Our staff coordinates each teen's educational plan, enrolling them in an appropriate school or vocational program and acting as their guardian in dealing with all school issues. We provide career counseling to the young mothers and help them search for jobs and prepare for job interviews.</p> <p>Our staff teaches the young mothers critical life management skills, enabling the teens to complete their educations while effectively parenting their children. Attendance is mandatory for all young mothers at the program's nightly parenting and independent life skills classes. When appropriate, our staff invites the children's fathers to visit and learn about parenting. Our social workers engage the biological families of the young mothers and often begin the very important task of preparing them for reunification with their daughter and grandchild. Some teens have no family and need our help to reach realistic independence.</p>
<b>Program Long term Success</b>	<p>The teen mothers in our care have a strong desire to raise their children themselves and to live independently. However, their young age and family history place their children at risk. Since the young mothers have been victims of abuse and neglect (and are therefore in the custody of the Department of Children and Families) they are at risk of continuing the cycle of abuse if they do not receive appropriate care. All of the mothers receive excellent pre- and postnatal care while they work toward their goals of learning how to raise their children, completing their educations and preparing for young adulthood.</p>

**Program Success Monitored By** Teens are required to provide written documentation demonstrating their completion of the program's nightly parenting and independent life skills classes and their attainment of the skills taught. The anticipated outcomes are for the mothers to attend school and/or work; to learn effective parenting skills, allowing them to keep their babies in their custody; and to prepare for and have a healthy transition out of the program, involving either a reunification with the mother's biological family or a transition to realistic independent living. We track all outcomes through written case files and compile outcome data annually on the program as a whole.

**Examples of Program Success** Between July 2010 and June 2011, we served 24 teen families. Of the 24, 7 were still in care at the close of the year, and 17 moved on to other levels of care as follows: 7 were reunified with biological family members; 7 moved to independence in their own homes; and 3 moved to an independent living program. The most successful clients enter the program while pregnant, rather than parenting. They receive prenatal nutrition counseling and medical care and attends childbirth education classes. One of the program's doula-certified staff members is present at the birth. The mother and baby return to the program, where the mother learns basic infant care skills. The mother completes high school or earns her GED. She then completes a career training program; many clients become medical assistants or certified nursing assistants. With our help, the mother secures appropriate housing and then moves to a safe home with her baby.

# Management

## CEO/Executive Director

**Executive Director**

Mr. Shaheer M Mustafa

**Term Start**

Sept 2016

**Email**

smustafa@darefamily.org

**Experience**

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## Senior Staff

### **Dr. Steve Willis PhD**

**Title**

Director of Clinical Services

**Experience/Biography**

Dr. Steve Willis, PhD. is a MA licensed (#6224) psychologist trained to work with both children/adolescents and adults. He has published articles and book chapters on home-based treatment of obsessive-compulsive disorders and errors in clinical decision making in the treatment of persons with mental illness and substance abuse. Dr. Willis helped the Passamaquoddy Indian Nation of northern Maine develop a mental health center and an outreach program for at-risk youth. His previous affiliations are with Project 12 Ways in Illinois, Florida State University Independent Living Program, and Massachusetts General Hospital Community Based Services Program, all of which provided home-based family stabilization services, and McLean Hospital Cognitive and Behavioral Therapy Program.

### **Mr. Nelson Woodfork M.S.W. L.I.C.S.W.**

**Title**

Director of Child and Family Services

**Experience/Biography**

Mr. Woodfork, a former contract manager, area director, and assistant commissioner at the Department of Social Services has more than 40 years experience in child welfare, foster care and adoption. He is a former day care director. Mr. Woodfork has developed and promulgated Dare's Sensitivity to Cultural Issues Training program.

### **Ms Ruth Mittell M.S.W. L.I.C.S.W.**

**Title**

Director of Child and Family Services

**Experience/Biography**

Ms. Mittell has worked at Dare for more than 40 years. She has been a program director and developed Dare's Family Stabilization and Support Program. She has extensive experience working with the Department of Children and Families, the Department of Youth Services and lead agencies. She also has extensive experience providing direct services to intact families.

## Staff Information

<b>Full Time Staff</b>	138
<b>Part Time Staff</b>	53
<b>Volunteers</b>	5
<b>Contractors</b>	34

## Staff Demographics - Ethnicity

<b>African American/Black</b>	61
<b>Asian American/Pacific Islander</b>	3
<b>Caucasian</b>	119
<b>Hispanic/Latino</b>	7
<b>Native American/American Indian</b>	0
<b>Other</b>	4

## Staff Demographics - Gender

<b>Male</b>	42
<b>Female</b>	152
<b>Unspecified</b>	0

## Formal Evaluations

<b>CEO Formal Evaluation</b>	Yes
<b>CEO/Executive Formal Evaluation Frequency</b>	Annually
<b>Senior Management Formal Evaluation</b>	Yes
<b>Senior Management Formal Evaluation Frequency</b>	Annually
<b>NonManagement Formal Evaluation</b>	Yes
<b>Non Management Formal Evaluation Frequency</b>	Annually

## Plans & Policies

<b>Organization has a Fundraising Plan?</b>	Yes
<b>Organization has a Strategic Plan?</b>	Yes
<b>Years Strategic Plan Considers</b>	10
<b>Date Strategic Plan Adopted</b>	2009
<b>Does your organization have a Business Continuity of Operations Plan?</b>	Yes
<b>Management Succession Plan?</b>	Under Development
<b>Organization Policy and Procedures</b>	Yes

<b>Nondiscrimination Policy</b>	Yes
<b>Whistleblower Policy</b>	Yes
<b>Document Destruction Policy</b>	Yes
<b>Directors and Officers Insurance Policy</b>	Yes
<b>Is your organization licensed by the Government?</b>	Yes
<b>Permit?</b>	Yes

### Affiliations

<b><u>Affiliation</u></b>	<b><u>Year</u></b>
Children's League of Massachusetts	2012

### Comments

**CEO Comments**

# Board & Governance

## Board Chair

<b>Board Chair</b>	Mr. James A McDaniel Esq.
<b>Company Affiliation</b>	Choate, Hall & Stewart
<b>Term</b>	June 2015 to June 2016
<b>Email</b>	jmcdaniel@choate.com

## Board Members

<b>Name</b>	<b>Affiliation</b>	<b>Status</b>
Mr. Charles Cabot III	Community Volunteer	Voting
Ms. Natalie Colmore	Retired	Voting
Mr. James L Eliason	Datawatch Corporation	Voting
Mr. Patrick Grant	Retired	NonVoting
Mr. James A. McDaniel Esq.	Choate, Hall & Stewart	Voting
Mr. Barry F. Monahan	Retired	NonVoting
Mr. Eliot T. Putman Jr.	Community Volunteer	Voting
Mrs. Alison R. Quinan	Community Volunteer	Voting
Mr. Richard W. Richardson	Retired	NonVoting
Ms. Elisa E. Rodriguez	The Home for Little Wanderers	Voting
Mrs. Carol Sandler	Community Volunteer	Voting
Ms. Casey T Stratford	Journey Financial Planner	Voting
Mrs. Neil Wallace	Retired	NonVoting
Mr. William K Woodard	Community Volunteer	Voting

## Board Demographics - Ethnicity

<b>African American/Black</b>	0
<b>Asian American/Pacific Islander</b>	0
<b>Caucasian</b>	10
<b>Hispanic/Latino</b>	1
<b>Native American/American Indian</b>	0
<b>Other</b>	0 0

## Board Demographics - Gender

<b>Male</b>	6
<b>Female</b>	5
<b>Unspecified</b>	0

## Board Information

<b>Board Term Lengths</b>	1
<b>Number of Full Board Meetings Annually</b>	6
<b>Board Meeting Attendance %</b>	80%
<b>Written Board Selection Criteria?</b>	No
<b>Written Conflict of Interest Policy?</b>	No
<b>Percentage Making Monetary Contributions</b>	65%
<b>Constituency Includes Client Representation</b>	Yes

## Standing Committees

Compensation

Nominating

Finance

Development / Fund Development / Fund Raising / Grant Writing / Major Gifts

Governance and Policy

## Comments

### **CEO Comments**

The challenge facing our agency is that children suffering from very serious abuse are not referred to residential programs because of the cost. Our agency cares for 400-500 children every day in our intensive foster programs. 95% of the children in our foster homes have very serious post traumatic stress. Fortunately, we have our own full time psychologist who sees all of our children and teaches our foster parents how to take care of them and help them deal with their trauma. We provide clinical services that are not funded by the state so that our children can get their life back. We must raise private funds to treat trauma and heal the severe wounds of our children.



# Financials

## Fiscal Year

<b>Fiscal Year Start</b>	July 01, 2016
<b>Fiscal Year End</b>	June 30, 2017
<b>Projected Revenue</b>	\$23,530,498.00
<b>Projected Expenses</b>	\$23,815,823.00
<b>Endowment?</b>	No
<b>Spending Policy</b>	N/A
<b>Credit Line?</b>	Yes
<b>Reserve Fund?</b>	Yes
<b>Months Reserve Fund Covers</b>	0

## Detailed Financials

### Revenue and Expenses

<b>Fiscal Year</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
<b>Total Revenue</b>	\$23,627,295	\$24,646,907	\$23,915,028
<b>Total Expenses</b>	\$23,550,580	\$24,209,297	\$23,201,002

### Revenue Sources

<b>Fiscal Year</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
<b>Foundation and Corporation Contributions</b>	--	--	--
<b>Government Contributions</b>	\$23,229,334	\$24,139,369	\$23,242,523
<b>Federal</b>	--	--	--
<b>State</b>	\$23,229,334	\$24,139,369	\$23,242,523
<b>Local</b>	--	--	--
<b>Unspecified</b>	--	--	--
<b>Individual Contributions</b>	\$56,347	\$45,613	\$92,229
<b>Indirect Public Support</b>	\$320,929	\$316,707	\$318,142
<b>Earned Revenue</b>	\$9,281	\$9,760	\$10,216
<b>Investment Income, Net of Losses</b>	\$11,404	\$134,442	\$256,193
<b>Membership Dues</b>	--	--	--
<b>Special Events</b>	--	--	--
<b>Revenue In-Kind</b>	--	--	--
<b>Other</b>	--	\$1,016	(\$4,275)

## Expense Allocation

Fiscal Year	2016	2015	2014
Program Expense	\$21,013,497	\$21,700,653	\$20,609,539
Administration Expense	\$2,515,795	\$2,495,125	\$2,545,524
Fundraising Expense	\$21,288	\$13,519	\$45,939
Payments to Affiliates	--	--	--
Total Revenue/Total Expenses	1.00	1.02	1.03
Program Expense/Total Expenses	89%	90%	89%
Fundraising Expense/Contributed Revenue	0%	0%	0%

## Assets and Liabilities

Fiscal Year	2016	2015	2014
Total Assets	\$11,128,773	\$11,260,053	\$10,412,564
Current Assets	\$7,940,457	\$8,122,580	\$7,464,143
Long-Term Liabilities	\$81,790	\$108,895	\$108,617
Current Liabilities	\$1,508,562	\$1,689,452	\$1,279,851
Total Net Assets	\$9,538,421	\$9,461,706	\$9,024,096

## Short Term Solvency

Fiscal Year	2016	2015	2014
Current Ratio: Current Assets/Current Liabilities	5.26	4.81	5.83

## Long Term Solvency

Fiscal Year	2016	2015	2014
Long-Term Liabilities/Total Assets	1%	1%	1%

## Top Funding Sources

Fiscal Year	2016	2015	2014
Top Funding Source & Dollar Amount	--	--	--
Second Highest Funding Source & Dollar Amount	--	--	--
Third Highest Funding Source & Dollar Amount	--	--	--

## Capital Campaign

Currently in a Capital Campaign?	No
Capital Campaign Anticipated in Next 5 Years?	No

## Comments

### Foundation Staff Comments

Financial summary data in the charts and graphs are per the organization's audited financials. Contributions from foundations and corporations are listed under individuals as the breakout was not available.

Additional information was provided by the nonprofit, indicating that the indirect public support figures reflect: the payments received from clients; clients receive social security funds, and they are required to pay 75% of these funds to the organization for the services.