



# The Giving Common

An Initiative of the Boston Foundation

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

## Casa Esperanza Inc.



### General Information

PO Box 191540  
Roxbury, MA 02119 2826  
(617) 445-1123 300

**Website**

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

**Organization Contact**

Emily Stewart [news@casaesperanza.org](mailto:news@casaesperanza.org)

**Year of Incorporation**

1984

# Statements & Search Criteria

## **Mission Statement**

Casa Esperanza, Inc. is a bilingual/bicultural behavioral health center that specializes in serving the Latino community in Massachusetts. Our mission is to empower individuals and families to recover from addiction, trauma, mental illness and other chronic medical conditions; overcome homelessness; and achieve health and wellness through comprehensive, integrated care.

## **Background Statement**

Founded in 1984 as grassroots response to the crisis of addiction in the Latino community, Casa Esperanza is a nationally recognized bilingual/bicultural addiction and mental health services agency.

Ninety-three percent of the individuals we serve identify as Latino- a population that repeatedly fares worse on health/social indicators. The cycle of poverty, homelessness, and addiction are intricately connected and are disproportionately higher among Latinos. At intake, patients almost universally lack a job or source of income, and present with extensive histories of trauma and abuse.

In 1987, Casa opened the first bilingual/bicultural residential substance abuse treatment program for Latinos in Massachusetts. In 1991, we responded to our graduates need for affordable housing by opening Nueva Vida, which today consists of 37 units of supportive housing. In 1994, Casa was selected by the Substance Abuse and Mental Health Services Administration (SAMHSA) as one of 13 "Best Practice Facilities" in the nation. In 1995, Casa addressed a key barrier to Latinas seeking treatment by opening the first facility in the state to support women in maintaining custody and care of their children.

In 2004, Casa established a partnership with Boston University's Center for Addictions Research and Services to provide ongoing evaluation and training for our Relapse Prevention Initiative, which became the launching point for our Outpatient Services program. Casa has received four federal grants to pilot innovative approaches that address addiction and mental health as chronic, but manageable conditions. These include: the Relapse Prevention Initiative in 2004, bringing trauma-informed and evidence-based chronic care approaches (including Motivational Interviewing and Cognitive Behavioral Therapy) to Casa; Tu Bienestar in 2008, adding on-site medical screening and triage, HIV, HCV, STI and TB counseling, testing and case management; Pathways to Recovery in 2009, improving detection and treatment of mental illness for homeless Latinos; and Transcend in 2010, integrating treatment and reentry services for recently incarcerated Latinos.

In 2012, Casa's outpatient Familias Unidas Center became a licensed mental health clinic, received a national three-year CARF accreditation, and added psychiatric and psycho-pharmacology services. The agency launched a Structured Outpatient Addictions Program (SOAP), Boston's only bilingual Day Treatment program in early 2013.

## **Impact Statement**

### Accomplishments:

- Completed, after a year-long strategic planning process with client, staff, and stakeholder input, a three-year strategic plan, guiding Casa's evolution into a Person Centered Health Home for Latino individuals and families affected by homelessness, addiction, mental illness, trauma and chronic disease.
- Introduced a Multi-Disciplinary Team-based approach, including Psychiatric/Psychopharmacology care, comprehensive assessment of all clients, and team-based care coordination.
- After extensive review, received full 3-Year Accreditation from CARF International for integrated addiction and mental health services.
- Completed Nueva Esperanza, adding 14 new studio units of sober housing to its campus. Completed on-time and under budget, the project nearly doubles the number of units of housing from 23 to 37, met LEED standards for use of green technology, and achieved lease up less than five months after completion.
- Completed reorganization of Residential Policies and Procedures, including improved alignment to trauma-informed best practices, medication monitoring policies, and revision of admissions criteria, referral packages, and reentry client recruitment materials.

### Goals:

- Acquire Electronic Health Record (EHR) and Work Practice Management System to improve coordination of services, provide population-based care, and support continuous quality improvement efforts.
- Acquire new financial accounting software, designed to interface with EHR and support integrated third party billing.
- Increase agency capacity to provide one-to-one adolescent and family-based addiction and mental health services.
- Expand staff capacity of the RPOPS team to provide home-based and community-based behavioral health services.
- Based on achievement of operational and clinical goals as outlined in the Strategic Plan, launch primary care services to support development of Person Centered Health Home, integrating services for addiction, mental health, and chronic disease.

## **Needs Statement**

1. Dually-diagnosed individuals face more severe substance abuse, and Latinos in Boston live with greater burdens of chronic disease. Casa needs to advocate for development of holistic, integrated models of care that address compounding Latinos health inequities faced in Boston.
2. 5% of the population receives uncoordinated care that accounts for 50% of all health costs, due to funds being restricted and split across multiple agencies. Casa needs to advocate for more "unsiloed" funds and payment models to provide truly integrated care.
3. Latinos are reluctant to access mental health services due to a lack of culturally/ linguistically competent providers. With 1 Latino mental health professional in practice for every 3,448 Latinos, versus 1 for every 578 Whites, Casa needs to recruit and retain more credentialed bilingual/multi-cultural behavioral health clinicians
4. To address the persistent need for affordable housing for its service population, Casa needs to continue development of new housing—affordable units that include essential on-site supports and services.
5. To share its unique expertise and strategies for serving a highly vulnerable population, Casa needs to grow its capacity to disseminate research and offer technical assistance to other essential providers.

## Service Categories

Substance Abuse Treatment

Mental Health Treatment

Low-Income & Subsidized Rental Housing

### Geographic Areas Served

Two thirds of Casa Esperanza's clients are adult men and women from its Roxbury and across Boston. The agency's unique cultural and linguistic capacity and expertise serving clients that have addiction and co-occurring mental health disorders from other priority populations from across the Commonwealth of Massachusetts, most often from urban areas with large Latino populations, including Springfield, Holyoke, New Bedford/Fall River, Lawrence/Lowell, Brockton, and Worcester. Please review online profile for full list of selected areas served.

# Programs

## **Residential Services**

### **Description**

Casa Esperanza's Men's Program and Latinas y Niños Center offer phased 4-12 month residential addictions treatment for homeless bilingual/bicultural individuals with co-occurring addiction and mental health disorders, those living with HIV/AIDS, and court-involved individuals. The Men's Program offers 29 men an evidence-based approach that builds independence, strengthens resilience and prevents relapse. Latinas y Niños addresses the needs of bilingual/bicultural women, including pregnant and post-partum women, and can serve 20 women and 12 children, enabling clients to retain custody and/or reunify while building self-efficacy and self-sufficiency in recovery. Services include: trauma-informed individual/group counseling; case management; 12 step AA/NA groups; life skills groups; parenting education; interview preparation; tobacco education; HIV counseling/case management; recreational and wellness programming; and supported referrals for essential medical, legal, and educational needs.

### **Budget**

1,277,607

### **Category**

Mental Health, Substance Abuse Programs, General/other Residential Substance Abuse Treatment

### **Population Served**

Alcohol, Drug, Substance Abusers, Hispanic, Latino Heritage, Homeless

### **Program Short Term Success**

- 100% of all clients receive a Comprehensive Assessment for co-occurring addictions, mental illness and trauma related conditions and are engaged in integrated bilingual/bicultural care for a unified diagnosis comprised of intertwined conditions—with the goal of treating the whole person.
- While participating in treatment, 100% of clients receive medical care and health screenings.
- All clients receive support in securing safe, stable housing, including in Casa Esperanza's own Supportive Housing units. 100% of Casa's clients who complete the program have secured safe, affordable, stable housing at discharge.
- At intake, 53% of participants report negative behavioral, social or health consequences from substance abuse—at 6 month follow-up, only 20% report negative consequences associated with addiction.
- Only 5% of clients are employed or in school at intake. After 6 months, more than 30% report being employed or engaged in education/vocational activities, including GED and ESL.

**Program Long term Success**

Residential treatment has provided a critical point of entry for Latino homeless individuals from the streets and institutional settings into a recovery oriented system of care. Since 1987, Casa has provided more than 2,150 men and 955 women with residential addictions treatment. Over the last ten years, with the addition of evidence-based mental health services for co-occurring disorders, completion rates for Casa's programs have nearly doubled, from below the 25% average rate for residential substance abuse treatment programs nationwide, to today nearly 50% of clients successfully completing treatment. Over the last five years, the average length of stay in treatment has increased from 77 to 103 days. Residential Services have also supported clients in rebuilding families, working to balance their recovery with the goals of reunification plans with the Department of Children and Families, facilitating successful reunification with more than 100 children during the past two decades.

**Program Success Monitored By**

In 2011, Casa Esperanza combined its existing evaluation processes into one agency-wide Continuous Quality Improvement (CQI) Program. Each program monitors compliance and program fidelity by collecting, reviewing, and analyzing data from quarterly Incident Reports, Corrective Actions, Patient and Staff Grievances; monthly Record Reviews; quarterly Peer Reviews; quarterly Patient Satisfaction Surveys reviewed by the agency's Consumer Advisory Board of current/former clients; and review of Department Performance Dashboards. With data from the MA Department of Public Health, these performance measures are tracked for each participant:

- Patient Experience of Care
- % of patients reporting no use of alcohol or drugs
- % of patients receiving peer support and counseling
- % change in patients reporting employment or school enrollment
- % of patients receiving family support services
- % of patients receiving health and wellness services
- % change in patients becoming housed

**Examples of Program Success**

“Julia” is a 52 year old Latina with a history of substance use, trauma, serious mental illness, and developmental disabilities. When she was only four years old, she began to be sexually abused by an adult perpetrator who lived in her house. The abuse continued for many years. Eventually she grew up and moved out on her own, but remained unable to manage the pain and shame she felt, and started using drugs as a coping mechanism. After 30 years of substance abuse, and several suicide attempts, she came to the Latinas y Niños Center, dealing with not only the implications of her addiction, but also her childhood trauma and unaddressed mental health issues. Through long-term intensive support provided in a residential care setting, Julia successfully completed treatment, engaged in trauma recovery services, as well as mental health services to understand, and learn ways to manage medications related to her psychiatric illness, and will soon move on her own into permanent housing.

## Supportive Housing Services

<b>Description</b>	Casa Esperanza offers 37 units of permanent affordable housing—safe, sober housing for individuals within its "community of recovery" on its Roxbury campus that promotes long-term abstinence and recovery, and the development of independent living skills. Case Management provides ongoing crisis intervention to mitigate relapse and loss of housing and offer referrals for other support services. Understanding that recovery is a lifetime process, services seek to foster independence, education and professional development, and life skills. These include referrals to Outpatient and Residential services as needed; referrals and training in life skills and independent daily living activities (such as personal finances and household management); conflict resolution skills; as well as referrals to primary health services, medical services, HIV/HCV/STI/TB screening, testing, counseling and HIV case management, links to educational and vocational services; and transition assistance.
<b>Budget</b>	327,558
<b>Category</b>	Housing, General/Other Affordable Housing
<b>Population Served</b>	Homeless, Alcohol, Drug, Substance Abusers, Families
<b>Program Short Term Success</b>	The single largest trigger for individuals in recovery is loss of housing or homelessness. By addressing a fundamental human need in a recovery-oriented environment, individuals who enter into supportive housing at Casa Esperanza gain access to a safe, supportive environment committed to supporting personal and economic independence. Supportive housing provides the individual looking to take the next steps with a focus on development of employment, educational and vocational skills, as well as a sense of community and solidarity with others facing similar challenges. Supportive housing models have been demonstrated effective in helping individuals maintain sobriety, stabilize families and revitalize and strengthen communities, while addressing the needs of an extremely vulnerable population. Providing services within the extremely constrained housing market such as Boston only enhances the immediate impact that such housing to an individual in the first stages of rebuilding their life.



**Program Long term Success**

Casa Esperanza has provided supportive housing within its continuum since 1991, and from that time, has continued to add to its mix of housing stock on its Roxbury campus, including single room, family, and studio units, where Individuals, families, have been able to successfully reunify and grow together again. Supportive housing with case management services provides a permanent and essential environment for individuals facing the challenges of multiple chronic illnesses, long term mental illness, as well as other physical and functional disabilities. More than 85% of tenants are engaged in some form of aftercare services, with most engaged in full time employment, educational/vocational work, or making positive contributions through participation in community activities. A flexible environment can tailor resources to clients over a long period of time, while helping other clients “step down” in intensity and frequency of services as they gain confidence, skills, and independence.

**Program Success Monitored By**

Supportive Case Management is actively engaged in Casa’s agency-wide Continuous Quality Improvement (CQI) Program. Housing and service data ensures program fidelity by collecting, reviewing, and analyzing Incident Reports, Grievances; and Tenant Satisfactions Surveys. Unit turnover and vacancy are monitored on a continual basis as part of an internal dashboard of metrics created in Fall 2010. Maintained by the Director of Supportive Housing, the dashboard is regularly reviewed by the Deputy Director and management team on an ongoing basis. The dashboard tracks several core functions, including the number of hours of case management provided; number of referrals made to primary care or Outpatient Services; the number of crisis related interventions provided; and the number and reason for tenants to be discharged from case management. This data is actively used to identify and address challenges or opportunities for improving or adjusting services provided to clients.

**Examples of Program Success**

Four years ago, “Anna” entered Latinas y Niños Center with her oldest son, “Angel”, while her older children remained in DCF custody. She gave birth while in treatment. She regained custody of her children, and reunited with her husband, who she encouraged to seek treatment at Casa’s Men’s Program. The family moved into a Nueva Vida family supportive housing unit, where they remained for three years, until relocating to new housing just blocks from Casa Esperanza. Not only have Anna and her husband maintained long-term recovery, their success has motivated siblings and other family members to seek treatment for substance use as well. Supportive case management protects the financial and emotional investment made in these clients, at a fraction of the cost of re-entry into intensive residential treatment, detoxification. The combined costs of housing subsidy and funding of case management services represents a hands-down, far more cost-effective use of limited community resources.

## Relapse Prevention & Outpatient Services

<b>Description</b>	<p>In 2004, Casa began an evaluation partnership with Boston University Center for Addictions Research and Services. Supported by four multi-year federal SAMHSA grants, Casa has piloted multiple innovative evidence-based approaches to address addiction and mental illness as chronic but manageable conditions, establishing the Relapse Prevention and Outpatient Services program (RPOPS). Located in the Familias Unidas Center, a licensed mental health clinic accredited by CARF International, RPOPS provides integrated evidence-based outpatient behavioral health services, including one-to-one mental health counseling; on-site psychiatric services and psycho-pharmacology; psycho-education, relapse prevention and peer support groups. The SAMHSA funded Tu Bienestar Program provides HIV/HCV/TB/STI screening, counseling, testing, education and case management services for individuals with HIV/AIDS. RPOPS provides Greater Boston's only bilingual Structured Outpatient Addictions Program (SOAP).</p>
<b>Budget</b>	916,162
<b>Category</b>	Mental Health, Substance Abuse Programs, General/other Outpatient Substance Abuse Treatment
<b>Population Served</b>	Alcohol, Drug, Substance Abusers, Hispanic, Latino Heritage, People/Families with of People with Psychological Disabilities
<b>Program Short Term Success</b>	<p>In early 2012, Casa launched a multi-disciplinary team (MDT) to guide care management and coordination for all agency services, based at RPOPS. MDT includes psychiatrists, nurse practitioners, licensed therapists, certified drug and alcohol counselors and case managers who work together with clients to establish treatment plans and clinical pathways—based on a client's individual strengths, needs, abilities and preferences. Integrated approaches address the complex and compounding nature of the compulsion, anxiety, trauma, depression and stress inherent in co-occurring addiction and mental illness, and supports stabilization, and short and long-term goal-setting.</p> <p>Established in 2013, the Structured Outpatient Addictions Program (SOAP) provides 4.5 hours of short-term, intensive day treatment, for individuals with stable housing. SOAP offers a flexible and accessible relapse prevention tool that is effective in helping participants at all stages successfully re-engage in recovery.</p>

**Program Long term Success**

After providing relapse prevention services for nearly a decade, Casa has developed a greater understanding and extensive insights into the development of treatment delivery systems and specific evidence based interventions that best prevent relapse within homeless Latino populations, including root causes and triggers that must be addressed over time.

Our partnership with Boston University Center for Addictions Research and Services has been key in evaluating interventions designed to address a growing base of evidence and understanding of the links between relapse and co-occurring mental health disorders. While this work remains anecdotal, long term quantitative measurement expects to support multiple outside clinical studies that show benefits of integrated care. After nearly a decade of providing relapse prevention services, when measured at 6 months after intake at Casa Esperanza, 81.4% of participants report that they have continued to abstain from alcohol or illegal drugs.

**Program Success Monitored By**

RPOPS participates in Casa's agency-wide Continuous Quality Improvement (CQI) Program, and in performance assessments for federally funded programs completed by Boston University. The outcome performance assessment helps staff manage the project through monitoring of outcome goals; assures quality improvement through bi-monthly reports on disparities in access/use/outcomes; assesses effectiveness of the intervention; and, helps disseminate results from the outcome assessment to a national audience. Assessment is conducted using approved GPRA data measures. Local evaluation interviews are conducted in-person at base-line, discharge, and 6 month follow-up. Cross-tabulations, correlations, t-tests and regression statistical methods are used to assess whether participation resulted in significantly improved outcomes compared to the comparison group and to assess whether individual level factors such as birthplace, gender, and sexual identity were differently associated with outcomes.

## Examples of Program Success

"I was broken when I came in. But God put me in this place for a reason" says "Maria", a client from Lawrence receiving RPOPS services while a client at the Latinas y Niños Center. Maria insists completing the Structured Outpatient Addictions Program was key to understanding her addiction and mental health issues and addressing years of trauma and anger. "I knew I didn't want to keep using, but I didn't understand my triggers, why I kept going back. SOAP was very intense, and it helped me learn about my addiction. I'm shy, so being in a mixed group, and feeling safe, helped me gain confidence sharing my experiences." Along with residential staff coordinating her care, Maria credits the outpatient team, providing one-to-one therapy sessions, to participation in Relapse Prevention, Anger Management, and Trauma Recovery groups. "I know everybody is helping me out, and it's all happening in one spot. If something rough happens in one place, everyone helps me work through it."

# Management

## CEO/Executive Director

**Executive Director**

Ms. Emily Stewart

**Term Start**

July 2011

**Email**

estewart@casaesperanza.org

### **Experience**

Emily Stewart is the Executive Director of Casa Esperanza, Inc. She joined the agency as Director of Development in 2004; and later served as Deputy Director for six years, bringing to the agency more than 15 years of experience with populations facing barriers to access services, including at-risk women and girls, disadvantaged youth, homeless individuals and families, and individuals living with mental health and substance use disorders.

During her tenure at Casa Esperanza, she has grown the annual operating budget by more than \$1.7 million, securing more than \$3.6 million in grant funding, and negotiating more than \$400,000 dollars in increases to State contracts, as well as securing more than \$4 million in government and private financing for the Nueva Esperanza project. She has led integration of Evidence Based Practices into all of Casa's program areas, increasing residential treatment completion rates by more than 30%. She established an Operations Department to manage 8 buildings and 37 housing units; led a complete rebranding of the agency, including logo and web-site redesign; conceived the annual Hope in Action benefit; and initiated a IT/Network overhaul, doubling server capacity and improving off-site backup and security protocols.

Emily holds a Bachelors Degree in Communications from the University of Massachusetts, and began her career in broadcasting as a producer for radio and television. She then transitioned into the non-profit sector, and spent 12 years consulting to start-up businesses, academic institutions, community health centers, and government agencies on strategic communications, management, program development, fundraising, special events, and property development.

## Former CEOs

**Name**

**Term**

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Ricardo Quiroga

Jan 1984 - June 2011

## Senior Staff

**Diliana De Jesus**

**Title**

Deputy Director

**Experience/Biography**

Diliana De Jesús is the Deputy Director for Casa Esperanza, and previously served as both Director of Development and Director of Planning and Compliance. She oversees all four of Casa Esperanza's clinical programs (Men's Residential, Latinas y Niños Center, Supportive Housing, and Relapse Prevention and Outpatient Services), and serves as director of the Transcend: Empowerment, Recovery and Reentry Program grant funded by SAMHSA. As the agency's Compliance Officer, she works with the Management Team to ensure adherence to all policies related to programmatic, financial, outcomes reporting, and facilities requirements.

Diliana has more than 6 years experience in social service management and more than 9 years experience working within the Latino community; serving individuals with co-occurring substance use and mental health disorders; implementing evidence-based practices; and working with issues related to incarceration and reintegration into society. She holds a Bachelors Degree in Communications from Boston University.

**Jessica Cohen MSW****Title**

Director of Strategic Planning

**Experience/Biography**

Jessica Cohen serves as Director of Strategic Planning. She joined the agency in 2006 and has served in various leadership roles in Operations, Human Resources and Special Projects during her tenure. She is responsible for day to day oversight of the Operations Department, including supervision and evaluation of Facilities staff, and the Property Management, Commercial Kitchen, and Information Technology systems. Jessica has more than 6 years of experience in supporting continuity of operations and assuring that all buildings are in compliance with licensing and permitting requirements, managing capital projects, and extensive experience related to human services program management. Jessica is also a visual artist, and holds a Bachelors Degree in Women's Studies and Psychology from the State University of New York at Albany, and a Masters Degree in Social Work from Salem State University.

**Anna Rodriguez LADC-I****Title**

Director, Men's Program

**Experience/Biography**

Ms. Rodriguez is a bilingual/bicultural Licensed Alcohol and Drug Counselor with both professional and personal experience with addiction treatment. She has 8 years of experience providing evidence-based services to Latino substance abusers with co-occurring mental health disorders, including individuals coming from incarceration and HIV+ individuals.

**Jessica Mendoza MA****Title** Program Director, Latinas y Ninos Center**Experience/Biography** Ms. Mendoza is a Masters-trained bilingual/bicultural clinician and oversees and manages all aspects of the women’s residential treatment program. She has more than 7 years of experience as a bilingual/bicultural clinician providing mental health and trauma specific services to women and children, including women with PTSD and Complex Trauma as the result of domestic violence, sexual assault and other abuse.**Lebeza Alemu****Title** Director of Fiscal Operations**Experience/Biography****Susan Dargon-Hart****Title** Director of Behavioral Health**Experience/Biography**Staff Information

<b>Full Time Staff</b>	40
<b>Part Time Staff</b>	8
<b>Volunteers</b>	2
<b>Contractors</b>	0

Staff Demographics - Ethnicity

<b>African American/Black</b>	2
<b>Asian American/Pacific Islander</b>	0
<b>Caucasian</b>	6
<b>Hispanic/Latino</b>	40
<b>Native American/American Indian</b>	0
<b>Other</b>	0 0

Staff Demographics - Gender

<b>Male</b>	13
<b>Female</b>	35
<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>	3
<b>Date Strategic Plan Adopted</b>	Oct 2012
<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>Registration</b>	Yes
<b>Permit?</b>	Yes

### External Assessments and Accreditations

<b>Assessment/Accreditation</b>	<b>Year</b>
Commission on Accreditation of Rehabilitation Facilities (CARF) - Behavioral Health - 3 Year Accreditation	2012

### Affiliations

<b>Affiliation</b>	<b>Year</b>
Massachusetts School of Professional Psychology	2011
National Council of Community Behavioral Health Organizations	2012



# Board & Governance

## Board Chair

<b>Board Chair</b>	Dr. Pedro Garrido-Castillo PhD
<b>Company Affiliation</b>	Brigham & Women's Hospital
<b>Term</b>	Nov 2015 to Nov 2017
<b>Email</b>	PGARRIDOCASTILLO@partners.org

## Board Members

<b>Name</b>	<b>Affiliation</b>	<b>Status</b>
Mr. Carlos Cappas	Massachusetts Behavioral Health Partnership	Voting
Ms. Carrie Carrizosa	Boston Private Bank & Trust Company	Voting
Ms. Rosario Dominguez	Community Volunteer	Voting
Dr. Pedro Garrido-Castillo PhD	Brigham & Women's Hospital	Voting
Ms. Jonna Hopwood LCSW, Esq.	Massachusetts Behavioral Health Partnership	Voting
Ms. Emily Stewart	Casa Esperanza, Inc.	Exofficio
Ms. Maria Torres MPA	Brandeis University	Voting

## Board Demographics - Ethnicity

<b>African American/Black</b>	0
<b>Asian American/Pacific Islander</b>	0
<b>Caucasian</b>	1
<b>Hispanic/Latino</b>	5
<b>Native American/American Indian</b>	0
<b>Other</b>	0 0

## Board Demographics - Gender

<b>Male</b>	2
<b>Female</b>	4
<b>Unspecified</b>	0

## Board Information

<b>Board Term Lengths</b>	3
<b>Board Term Limits</b>	3
<b>Number of Full Board Meetings Annually</b>	6
<b>Written Board Selection Criteria?</b>	Under Development

<b>Written Conflict of Interest Policy?</b>	Under Development
<b>Percentage Making Monetary Contributions</b>	88%
<b>Constituency Includes Client Representation</b>	Yes

### Standing Committees

Facilities

Finance

Program / Program Planning

# Financials

## Fiscal Year

<b>Fiscal Year Start</b>	July 01, 2016
<b>Fiscal Year End</b>	June 30, 2017
<b>Projected Revenue</b>	\$6,458,566.00
<b>Projected Expenses</b>	\$6,458,456.00
<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>	5

## Detailed Financials

### Revenue and Expenses

<b>Fiscal Year</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
<b>Total Revenue</b>	\$4,115,105	\$3,562,517	\$3,447,786
<b>Total Expenses</b>	\$4,058,114	\$3,823,320	\$3,647,345

### Revenue Sources

<b>Fiscal Year</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
<b>Foundation and Corporation Contributions</b>	--	--	--
<b>Government Contributions</b>	\$3,363,568	\$2,846,983	\$2,819,433
<b>Federal</b>	--	--	--
<b>State</b>	--	--	--
<b>Local</b>	--	--	--
<b>Unspecified</b>	\$3,363,568	\$2,846,983	\$2,819,433
<b>Individual Contributions</b>	\$19,754	\$48,000	\$60,303
<b>Indirect Public Support</b>	--	--	--
<b>Earned Revenue</b>	\$641,695	\$571,209	\$475,870
<b>Investment Income, Net of Losses</b>	--	--	--
<b>Membership Dues</b>	--	--	--
<b>Special Events</b>	--	--	--
<b>Revenue In-Kind</b>	\$13,696	\$33,338	\$53,278
<b>Other</b>	\$76,392	\$62,987	\$38,902

### Expense Allocation

Fiscal Year	2015	2014	2013
Program Expense	\$3,319,118	\$3,025,320	\$2,922,843
Administration Expense	\$488,253	\$679,969	\$600,083
Fundraising Expense	\$250,743	\$118,031	\$124,419
Payments to Affiliates	--	--	--
Total Revenue/Total Expenses	1.01	0.93	0.95
Program Expense/Total Expenses	82%	79%	80%
Fundraising Expense/Contributed Revenue	7%	4%	4%

### Assets and Liabilities

Fiscal Year	2015	2014	2013
Total Assets	\$9,244,182	\$9,106,114	\$9,326,327
Current Assets	\$1,247,631	\$1,149,670	\$1,213,607
Long-Term Liabilities	\$6,900,136	\$6,875,344	\$6,940,397
Current Liabilities	\$393,426	\$337,141	\$231,498
Total Net Assets	\$1,950,620	\$1,893,629	\$2,154,432

### Short Term Solvency

Fiscal Year	2015	2014	2013
Current Ratio: Current Assets/Current Liabilities	3.17	3.41	5.24

### Long Term Solvency

Fiscal Year	2015	2014	2013
Long-Term Liabilities/Total Assets	75%	76%	74%

### Top Funding Sources

Fiscal Year	2015	2014	2013
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?	Yes

## Comments

### CEO Comments

In reviewing the financial statements of Casa Esperanza and its affiliates for the two recently completed fiscal years as reported, it is important to clarify and provide additional context to the agency's financial performance with regard to the figures stating overall revenue and expenses for the FY 2011 and FY 2012 audited financial periods.

In FY 2011, Casa Esperanza completed the Nueva Esperanza supportive housing project, adding 14 new permanent sober housing units to its campus. This substantial new asset, as well as revenues associated with the completion of the project, including one-time developer fee paid to the organization, are reflected in the FY 2011 audited income results, appearing to indicate a significant surplus relative to expenses.

As a result of revenue being reflected only in FY 2011, in FY 2012, additional expenses corresponding to the completion of Nueva Esperanza, as well as pertaining to the project's permanent long-term financing, are realized. This includes depreciation costs assigned to the project relative to its first year in operation that were not included in the FY 2011 audited financials. As a result, the financial results for the FY 2012 reporting period indicate a deficit for overall financial performance that correlates to the large operational surplus noted in FY 2011.

With regard to depreciation, Casa Esperanza has in fact historically calculated depreciation on its facilities as an above the line expense, as the result of a strong financial position and prudent fiscal and cash reserve policies. This in turn has enabled the agency to support the ongoing maintenance of its facilities vital to its ongoing operations as well as other capital assets. It is important to note in assessing the financial performance of the organization in recent years, that Casa Esperanza has maintained consistent, and modest surpluses in revenue relative to its programming and operating expenses, and done so in each of its last three fiscal years.

Given the agencies growing portfolio of assets, and, at the advice of its auditors, beginning in FY 13, Casa Esperanza will report and reflect all capital expenses and depreciation of its assets as a separate below-the-line expense, included within a separate capital and facilities budget.

**Foundation Staff Comments**

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