

every minute counts









Annual Report | Research & Review

All we have to decide is what to do with the time that is given us.

J.R.R. TOLKIEN

to our stakeholders

After two years of uncertainty and disruption, the world is returning to its pre-Covid days. The world is returning to normal.

But, friends, there is nothing normal about a 10-year-old boy asking his camp counselor, "Will you be my dad?" There is nothing normal about a teen who stands in a doorway and says, "I know I have behaviors, but I hurt." And there is nothing normal about a mom who rejects her children, turning them out while she moves in with another man.

It's not normal, but it's real.

These are the children who are in our care. They are the reason we show up, the reason we are determined to redefine normal.



Welcome to our year in review

This was a year of many successes. We returned to full capacity following Covid restrictions. Our residential programs increased stabilization of youth in our care, measured through improvements in risk and protective factors and high percentages of well-being. We made great strides in education, from preschool through high school, and created opportunities for our young adults to attend trade school and college. Our in-home and family preservation teams maintained constant contact with their families. And our foster care team never wavered in their mission to provide safe homes, working tirelessly to recruit, train, and license new families.

But there's still much to do

We have not spent the past 12 months trying to get back to normal; we have spent it positioning for the future. New plans are already in motion — we have developed technology to provide individual progress reports in real time. In our residential programs, this will allow counselors to make data-driven decisions in the moment. Based on the strength of our family preservation program, we are expanding into Onslow County and next year we will report those results. Finally, we are preparing to launch an exciting new concept in transitional living. We call it "the farm" (pending its official naming ceremony) and it will provide youth a place to grow into independence — living and working and, yes, even farming. Ground has already been broken.

It's heartbreaking that we have to exist – that every day we meet children who have experienced more trauma than their lives can hold. But we are committed to serving them in the moment and giving them the chance to grow into their God-preferred future. The clock is ticking.

Every minute counts.

Buc E. Stanley

Bruce E. Stanley, President / CEO







Focused Freatment Association

Platinum Transparency 2022 Candid.

MHC is accredited or has membership with these organizations

3

THE YEAR IN REVIEW

1,215

children and families received sustaining care

28

unique MHC services delivered care

North Carolina counties have residents in our care

\$305k

amount raised during our 24-hour Pay It Forward campaign

percentage of MHC employees serving over 10 years

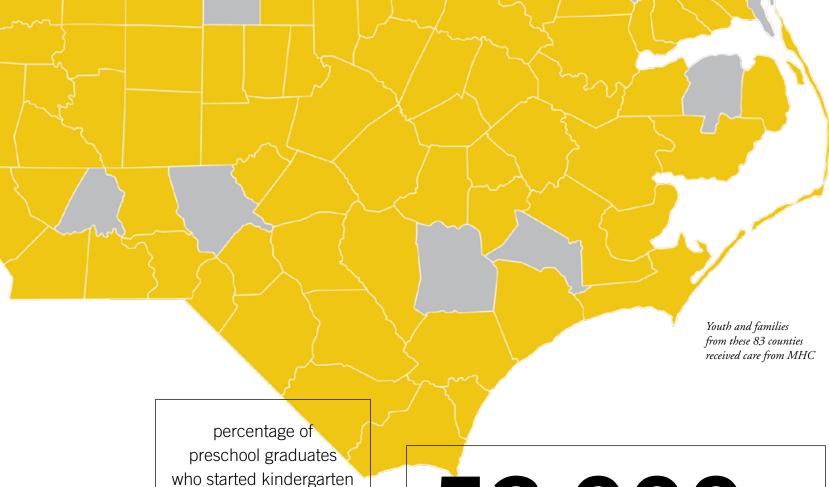
20

families opened their homes to foster children

percentage of eligible transitional living youth who were employed

the mission

In service to God, our mission is to build upon the social, physical, emotional, and spiritual strengths of children, youth, and families, and to affirm their worth.



ready for success

100

53,000+

miles driven across eight counties by five family preservation specialists to work with families

OUR PROGRAMS AND SERVICES

foster care | adoption

(Traditional) Family Foster Care

Children who come into a traditional (or family) foster home need basic care until a permanent plan is ready. Most children in this program are 5 years or older and are part of a sibling group. (6-12 months)

Therapeutic Foster Care

While every child in foster care has special needs, those in therapeutic care have a specific and chronic mental health diagnosis that requires intensive, ongoing intervention. Foster families serving these children receive extensive and specialized training. (6-9 months)

Kinship Care

Sometimes the best care for a child can be provided by a family member – for example, an aunt or grandparent – or close family friend. This is kinship care. (up to 12 months)

Rapid Response

Emergency care homes offer immediate, short-term care for children in crisis as they move into or between foster homes, group homes, or even psychiatric treatment facilities. (up to 2 weeks)

Respite Care

This is care provided by one foster family to another family's foster children. Respite care is short – typically for a weekend – and it gives everyone, the foster children as well as their host family, time to rest and regroup.

Juvenile Justice Foster Care

These homes provide a family setting and services for runaways, gang-affiliated teens, or other court-involved youth. (90 days)

Adoption

Our foster to adopt program works with families wanting to adopt foster children who are unable to reunite with their biological families. (permanence)

early childhood services

Our two childcare centers provide high-quality education and all-day care for children age 6 weeks up to 6 years old. Blended classrooms bring together children with typical development, special needs, and diverse family backgrounds. (up to 6 years)

specialized services

Our specialized services, known as FACT, help young people who are dually diagnosed with mental illness (or severe emotional disorders) and underlying developmental disabilities such as autism or intellectual disabilities.

Our services are delivered in the following three ways:

Day Treatment

Children between the ages of 8 and 18 who need help learning to manage their behaviors benefit from this weekday program. An on-site school provides skillappropriate curricula. (ongoing)

Group Homes

This home is for youth who need out-of-home care but who do not meet the criteria for inpatient psychiatric services. It is a highly structured program where youth learn to live as productively and independently as possible. (6-9 months)

Outpatient Therapy

Working with our clinical mental health counselor, children and adults identify strengths, learn to use them to overcome daily struggles, and make empowering decisions about their lives. (ongoing)

family preservation services

Family Preservation and Intensive Family Preservation

When parents are in crisis – struggling with addiction, mental illness, employment, or housing – the children often suffer the most. We work directly with parents, teaching social and parenting skills and connecting them to resources in their community. (FP: up to 6 months) (IFP: 4-6 weeks)

Family Reunification

Parents who have lost their children to foster care face insurmountable grief. We work to help them overcome problems and dependencies, ensuring their children have a safe home and successful transition. (6-20 weeks)

Comprehensive Clinical Assessments

Severe mental health issues, developmental disabilities, or substance abuse can rip families apart; often the parents don't know how or where to find help. We work face-to-face with families, assessing their needs and matching them with local community partners that can provide support. (30 days)

in-home services

Alternatives to Commitment

Kids make mistakes, but not every mistake deserves incarceration. By teaching these youth to respect authority and control impulses while encouraging them to finish school and find jobs, we can strengthen the community and save lives otherwise lost to incarceration or dependency. (6 months)

Family Preservation

Strong families can save children who are on a path leading to incarceration. Yet parents are often at a loss – not knowing what to say or do. We work with these families to end unproductive patterns of interaction and build skills that will keep the family together. (5 months)

Transition and Reentry

Going home can be difficult for teens who have been living in a Youth Development Center (or another residential court placement). Our staff helps ease the tensions of transitioning back into the home and community. (up to 6 months)

Vocational Training

Having a job can be a game-changer – providing purpose, skills, and hope for the future. This partnership program matches court-involved teens with jobs within the community. (4-6 months)

crisis & assessment centers

These residential centers serve juvenile court-involved youth between the ages of 10 and 17 and offer three levels of care: crisis, assessment, and secure. The primary goal is to complete a comprehensive juvenile assessment that will match the youth to the most appropriate diversion services in their community. The assessment process takes place under the supervision of a licensed psychologist and licensed clinical case managers. (14-30 days)

multipurpose group homes

Our co-ed group homes serve boys and girls whose repeat offenses are leading them toward more serious involvement in the juvenile justice or adult corrections system. We teach social skills to address the factors which led to their criminogenic behavior and make it possible for them to replace negative habits, catch up in school, and set positive goals for themselves. For youth completing the progam, we also offer aftercare services. (MPH: up to 8 months) (Aftercare: 6 months)

transitional living homes

Older teens (age 16-20) who are on probation but cannot safely return to their homes live here. While part of the home, the youth work to finish high school or earn their GED, identify career goals, get jobs, volunteer in the community, complete driver's education, and learn to budget, cook, and manage bills. Aftercare services are also offered. (TL: up to 12 months) (Aftercare: 6 months)

hackley education and learning program

HELP supports the higher-education goals of students who have been in our care. Many have overcome abuse, neglect, and other childhood obstacles to finish high school and now aspire to attend college or trade school. HELP provides mentoring and financial assistance to these students. (ongoing)

7

foster care I adoption

Arisa typical time frame.

112 youth served

GENDER

ongoing

every minute counts

0

caucasian

multiracial

all other races

RACE

african

16-18

19-21

AGE

6-10

through no fault of their own, these children need homes; that's where we come in

Consider these two competing realities: The CDC reports that safe, stable, and nurturing relationships and environments are childhood essentials; and North Carolina describes its need for foster homes as immediate and pressing. At the intersection, lies our why.

MHC remains focused on recruiting, training, and licensing families willing to foster children of all ages, races, abilities, and talents. To meet the growing need for qualified homes, we recruit families using social media and radio ads, mobile geo-fencing, and billboards.

Once recruited, our foster parent candidates are trained to standards that exceed state requirements. By equipping parents in this way, we can reduce the likelihood of multiple placements.

outcomes

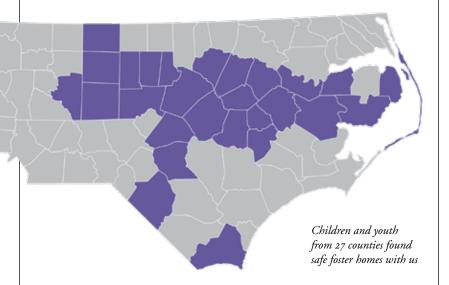
- ▶ 112 individual youth received care
 - ▶ 75 received family (traditional) foster care
 - ▶ 35 received therapeutic care
 - ▶ 17 received court-referred care (DJJ)
 - ► 5 received respite care
 - ▶ 1 received kinship care
 - ► 1 received Wake County emergency care
 - ▶ 4 adopted (after being in foster care)

Total is greater than 112 because some youth received multiple services.

program overview

- ▶ 71 foster homes
 - ▶ 26 re-licensed
 - ▶ 10 changed from other agencies
 - ▶ 16 new foster homes
- ▶ 28 families completed MHC training
 - ▶ 60 hours of classes (20 hours more than N.C. requirement)
 - ► all classes conducted face to face (not virtual)
- ▶ highest number of children served in one day: 61
- ► average number of children served per day: 56
- youngest child in care: 9 months
- ▶ oldest child in care: 19 years old
- ▶ average length of stay: 7.9 months

children gained permanence through adoption



early childhood services

the lessons we teach make a profound and measurable difference

Two of the greatest indicators of future success are self-esteem and self-control. With an emphasis on social emotional learning (SEL), our goal is to build a strong foundation – teaching children to accept who they are and giving them the confidence that they can handle (age-appropriate) situations. Teaching basic skills - and reinforcing them using positive words – provides our youngest learners the framework for managing their behavior.

This year was defined by a nationwide staffing challenge that affected us in two important ways: increased demand lured some of our seasoned staff to other schools and greater competition has slowed our ability to hire qualified replacements. In spite of being understaffed, everyone worked together and continued to provide the highest possible care for our children.

outcomes

- ▶ 197 children received care
- ▶ 40% received financial support
- ▶ 21% MHC scholarship
- ▶ 12% state subsidy
- ▶ 7% NC Pre-K
- ► 18% received therapeutic support (i.e., speech, occupational, and/or physical therapy; early childhood mental health services)
- ► 100% of kindergarteners achieved readiness goals (standardized assessment)

program overview

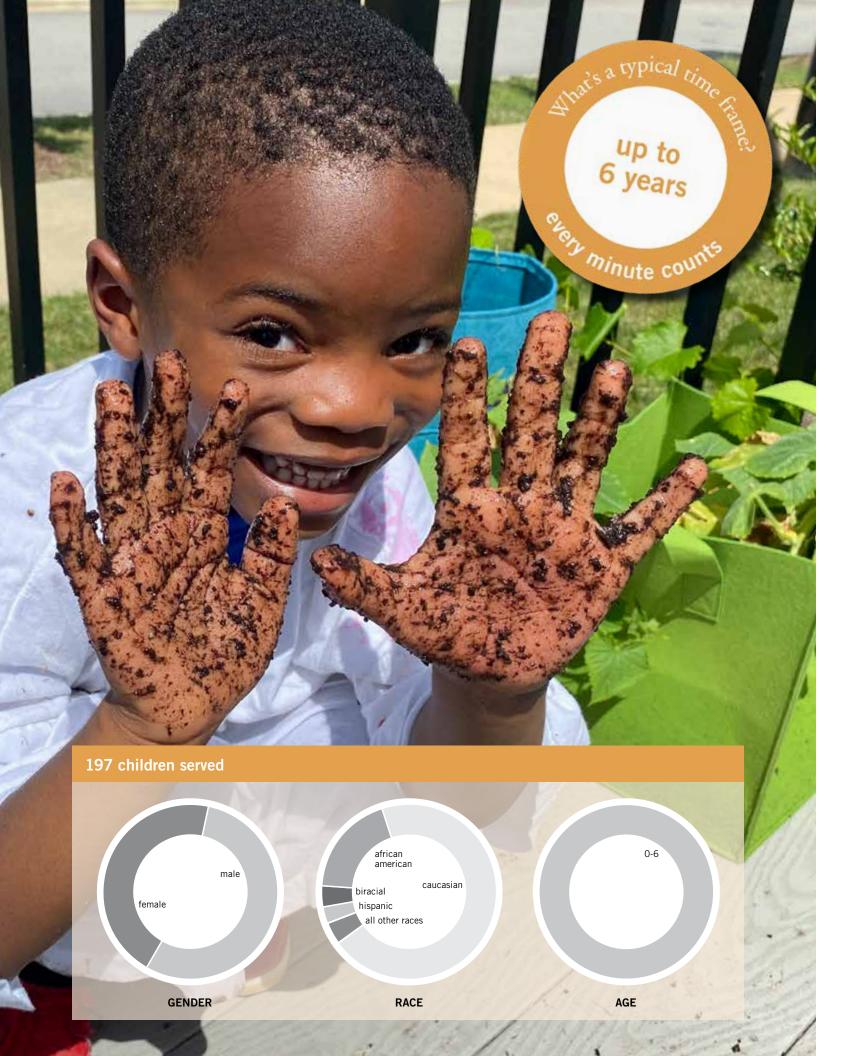
- ► evidence-based Conscious Discipline model
- research-based curriculum
- ► 5-star license from N.C. Division of Child Development and Early Education
- ▶ 92% of lead teachers have an associate degree or higher in early childhood education (up from 75% last year)
- ► classrooms are open year round
- quality of life support for families (i.e., community resources for housing, food, clothing, Project Enlightenment parenting trainings, parent counselor services, referrals for services, early interventions, and preschool special education services)

100%

of our rising met their readiness goals



five counties attended our two childcare centers in Raleigh



these children have dreams and potential; we help them achieve both

When many people hear "dual diagnosis," they think of substance abuse and mental illness. Our program, however, serves young people with a developmental disorder and a mental health concern; a population that is historically underserved in our state.

We call this program "specialized services." Although to the uninitiated the title may sound vague, the strategies and model of care we teach are highly effective in helping the youth manage their behavior and trauma.

Our program – which typically lasts at least a year – is highly structured, designed to teach the youth to live as productively and independently as possible. By learning to manage their behaviors, the youth work toward the goal of returning to their home community and school. Our work often includes whole-family support: counseling and strategies for parents and siblings.

outcomes

▶ 48 individual youth and adults received care

Day Treatment

- ► all 16 youth in our care
- ▶ 10 currently progressing in the program
- ► 6 completed the program
- ▶ 83% went to a lower level of care
- ► average length of stay: 16 months

Group Homes

- ▶ 13 of the youth in our care
- ▶ 6 currently progressing in the program
- ▶ 7 completed the program
- ▶ average length of stay: 18 months

Outpatient Therapy

- ▶ all 16 youth in our care
- ► 32 youth and adults (Medicaid patients)
- ▶ average length of care: 12 months

most common mental health diagnoses*

- ► 55% Anxiety Disorder
- ▶ 42% Attention Deficit Hyperactivity Disorder (ADHD)
- ▶ 36% Autism Spectrum Disorder
- ▶ 20% Major Depressive Disorder
- ▶ 20% Oppositional Defiant Disorder

experience

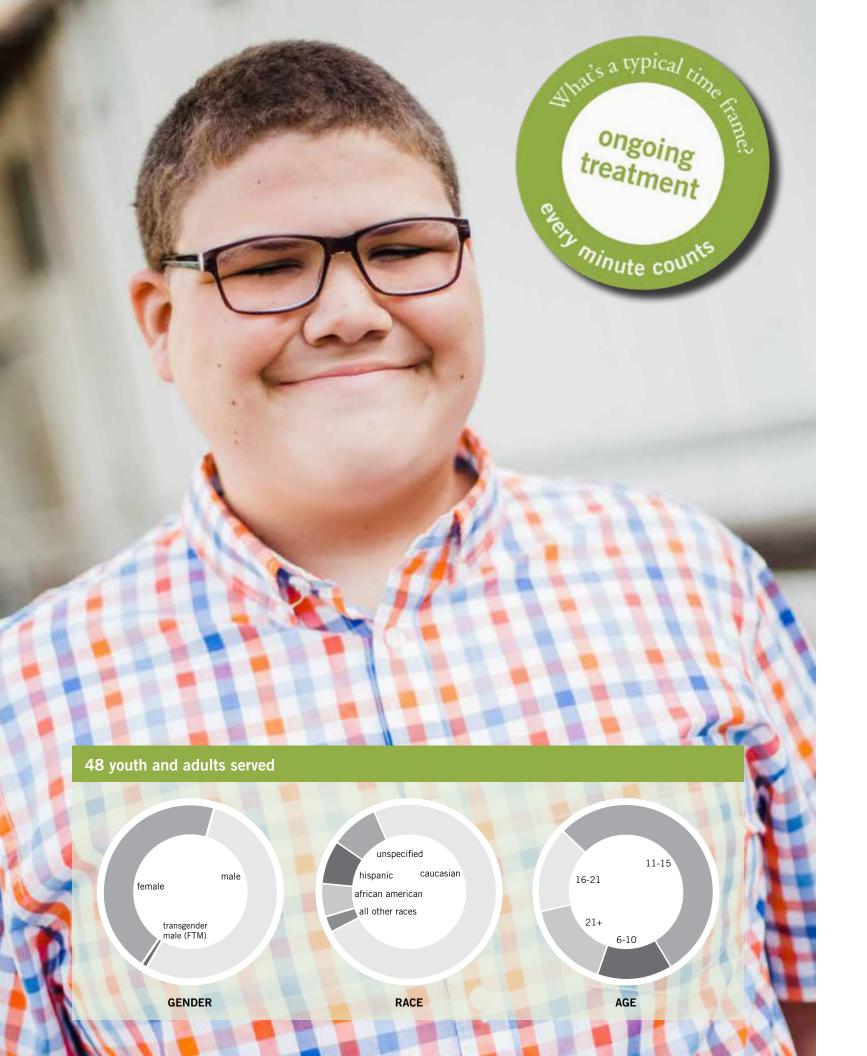
- ▶ 24/7 care
- ► intensive therapies which may include individual and group psychotherapy, psycho-educational groups, recreational therapy, and parent counseling
- ▶ phased return to the community with local support services in place

* Total is greater than 100% because the youth in our care have multiple diagnoses.



81%

of our youth receive all offered services



A sa dipical time frames months every minute counts

the most important thing we teach is how to become a family (again)

The goal of this program is simple and clear: To strengthen and preserve families in crisis. Our services have short timelines and our work is intense.

Crisis situations arise when parents struggle with issues as diverse as addiction, mental illness, unemployment, or housing insecurity. And, without intervention, these parents are at risk of losing their children to foster care.

Our specialists meet families where they are – traveling to their homes and tailoring the approach to each situation. When community resources are scarce, we help navigate transportation; when houses are crumbling, we help repair and paint; when parents are absent because of jobs, we help find childcare; and when parents are battling addictions, coping with trauma or grief, or struggling with mental illness, we help them reassess and start again.

outcomes

▶ 61 adults and their families (249 individuals) received care

Family Reunification

- ▶ 10 families (38 family members)
- ▶ 95% of the disrupted families were reunified

Family Preservation

- ▶ 29 families (143 family members)
- ▶ 100% maintained custody of their children

Intensive Family Preservation

- ▶ 17 families (63 family members)
- ▶ 16 families completed the program
- ▶ 94% maintained custody of their children

Comprehensive Clinical Assessments

▶ 5 adults received comprehensive clinical assessments

program overviev

- ▶ all services are in partnership with the N.C. Department of Social Services
- ► five dedicated family preservation specialists drove more than 53,000 miles to work with families
- our assistance extends to emergency help with rent and utilities, crisis support, medical equipment, school supplies, food, and clothing

98%

of families
maintained custody
of their children

Families from eight counties received face-to-face services from our specialists

in-home services

What's a typical time

1-6

16-21

11-15

AGE

african

caucasian

RACE

months

Par minute counts

121 youth served

GENDER

we strengthen bonds between teens, parents, and community

There are many reasons adolescents and teens get in trouble: substance abuse, peer pressure, poverty, mental disorder, school problems, learning disabilities, trouble at home, no supervision, or boredom.

We work with kids who are on the line – helping them change their course either through a new job, community resources, or by strengthening the family. That's one half of what we do.

The other half focuses on the teens who have crossed the line; they have

outcomes

- ▶ 121 individual youth received care
- ▶ 88 discharged
- ▶ 70% successfully completed the program

Alternatives to Commitment

- ▶ 83% showed improvement in their home environment*
- ► 67% completed services successfully or satisfactorily*
- ▶ 86% had no new adjudications 12 months after leaving*

Family Preservation

- ▶ 97% had no new adjudications after admission*
- ▶ 97% completed services successfully or satisfactorily*
- ▶ 89% had no new adjudications 12 months after leaving*

Transition and Re-entry

- ▶ 81% had no new adjudications after admission*
- ▶ 86% completed services successfully or satisfactorily*
- ▶ 84% had no new adjudications 12 months after leaving*

Vocational Education

- ▶ 100% had no new adjudications after admission*
- ▶ 100% completed services successfully or satisfactorily*
- ▶ 83% had no new adjudications 12 months after leaving*
- ▶ upon completion of MHC program, one youth gained permanent employment at his work site (flower shop)

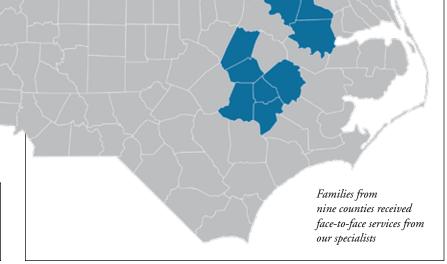
program overview

- ▶ all services are in partnership with Juvenile Crime Prevention Councils (JCPC), a division of the N.C. Department of Public Safety
- ▶ youth in our vocational education program held MHC-sponsored jobs at car repair shops, business centers, and a thrift store
- * Information provided by the N.C. Department of Public Safety for calendar year 2021.

broken laws and been in a residential program – either a Youth Development Center (YDC) or a center such as our multipurpose group homes. When their residential time is complete, and courts release them to their communities, "re-entry" can be challenging. Working with both the teen and their family, we help ease them back into their homes, neighborhoods, schools, and communities. Our goal is always to keep them safe and equipped for life-long success.

100%

of youth in our job program



Ahars a typical time 14-30 days Ret minute counts 276 youth served 11-15 16-21 all other races male 6-10 **GENDER** RACE AGE

these youth are in crisis; we uncover why

Our crisis & assessment centers (contracted through the N.C. Department of Public Safety) provide urgent care for youth who need a temporary out-of-home placement. Our goal is to identify behaviors, determine effective interventions, and recommend services that will decrease their criminogenic activities. We provide three distinct levels of care: crisis, assessment, and secure. MHC is the only provider of this service in North Carolina.

This year saw a significant change in one component of our assessment service: The average length of stay decreased by 17 days. Despite this shortened time in care, 97 percent successfully completed the program, leaving with full assessment reports. This evaluative report combines educational achievement, intelligence, personality, behavior, and recidivism risk with information gained through the daily living aspects of the program.

outcomes

- ▶ 276 individual youth received care
- ▶ all services are in partnership with the N.C. Department of Public Safety

- ► 137 crisis youth (average length of stay: 16 days)
- ▶ 18 moved from crisis to assessment

Assessment

- ▶ 150 assessment youth (average length of stay: 26 days)
- ▶ 139 were discharged
- ▶ 97% completed the program with full assessment reports and recommendations
- ► Top 3 recommendations:
- •Psychiatric Residential Treatment Facility (PRTF)
- •Level III Residential Placement
- •Level III Mental Health Residential Placement
- ▶ 27% had a change in diagnosis information

- ▶ 12 secure youth (average length of stay: 10 days)
- ▶ 3 moved from secure to assessment
- ▶ 2 moved from secure to crisis

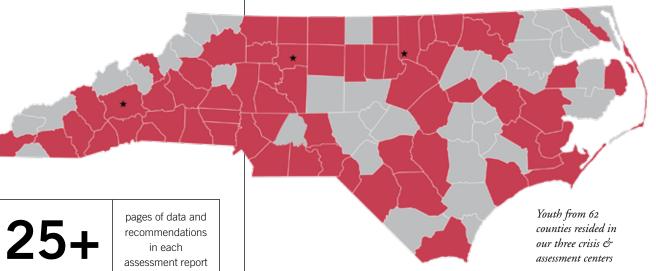
Total is greater than 276 because some youth received multiple services.

most common diagnoses

- ▶ 38% Conduct Disorder
- ▶ 10% Oppositional Defiant Disorder
- ▶ 7% Attention Deficit Disorder (ADD)
- ▶ 4% Cannabis Use Disorder
- ▶ 4% Disruptive Mood Dysregulation

experience

- ► 24/7 monitored care
- ▶ highly structured, daily programming in a safe, predictable atmosphere



multipurpose group homes

youth success is based on classroom and life lessons

This program provides long-term residential services to adjudicated youth; it is a diversion placement that holds youth accountable without the threat of confinement in a Youth Development Center. The goal is to prevent them from moving deeper into the justice system.

MHC is the only provider of this service in North Carolina.

Our program is highly structured and effective. By using the model of care, we can increase necessary social skills and protective factors while decreasing risks. Data from the N.C. Department of Public Safety show our youth continue to stay out of trouble – far exceeding the 12-month national average (45%).

6 MONTHS	2021	2020		
no juvenile complaint	84%	83%		
no adult charge	100%	97%		
12 MONTHS	2021	2020		
12 MONTHS no juvenile complaint	2021 79%	2020 76%		

365

outcomes

- ▶ 134 individual youth received care
- ▶ all services are in partnership with the N.C. Department of Public Safety

Multipurpose Services

- ► 109 youth received multipurpose services
 - ▶ 102 youth were discharged
 - ▶ 75% successfully completed the program
- ► average length of stay: 4 months

Aftercare Services

- ▶ 27 youth received care
- ▶ 16 youth started aftercare following discharge
- ▶ 11 youth completed aftercare which began during FY 20
- completely voluntary
- ▶ length of program: 6 months

Crisis Care

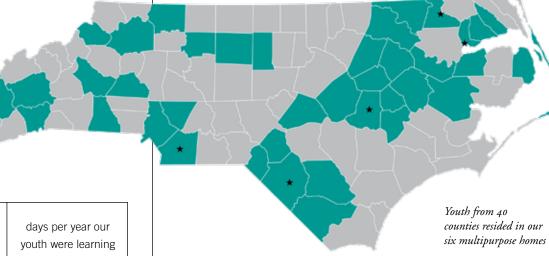
▶ 14 youth received care (There is no reporting data for these youth.)

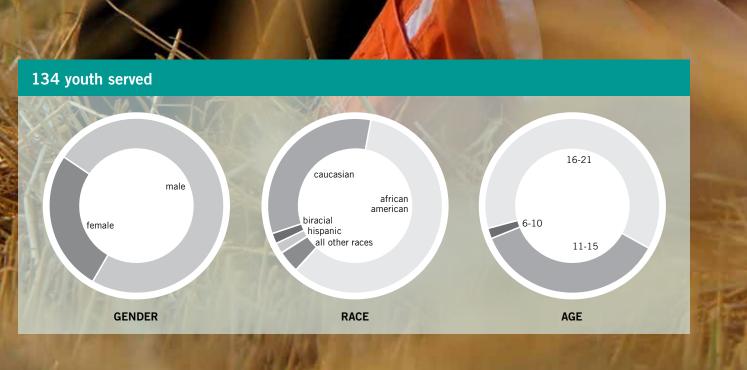
Total is greater than 134 because some youth received multiple services.

education

Youth come into our care two or three years below grade level. Abilities in a classroom can range from first grade to 13.1. Despite this broad disparity, and given the brief time with us, this chart demonstrates the successes our youth have achieved.







Augical time frames

6-8

months

every minute counts

transitional living

when they leave us, our youth are prepared for life

Transitional living is a voluntary program for older youth who are on juvenile probation after being in a court-based residential program. Without intervention and guidance, this population is at high risk of failure. MHC is the only provider of this service in North Carolina.

every minute coun

65 youth served

GENDER

In this program, youth are required to continue their education and get a job. They are accountable for their time and self-define daily and weekly goals as they build skills necessary for independent living.

When youth leave our care, they are equipped to succeed. Through the youth outcome questionnaire (YOQ), we know their well-being has increased. Further, they self-report higher percentages of a positive self-image (85%), age-appropriate social behavior (79%) and positive involvement in either their school or community (44%).

outcomes

- ▶ 65 individual youth received care
- ▶ 46 pursued education (high school or higher)
- 100% of eligible youth earned high school diploma or equivalent
- 100% of eligible youth attended the VOLT Center
- · 2 professional certifications earned
- Forklift certification from the VOLT Center
- Chef certification from Providence Culinary Training
- ► 37 youth discharged
- ▶ 70% successfully completed the program
- ► average length of stay: 3.28 months
- ▶ all services are in partnership with the N.C. Department of Public Safety
- ▶ 92% had no additional juvenile complaints 6 months after leaving*
- ▶ 98% had no additional adult charges 6 months after leaving*
- ▶ 94% had no additional juvenile complaints 12 months after leaving*
- ▶ 97% had no additional adult charges 12 months after leaving*

Aftercare Services

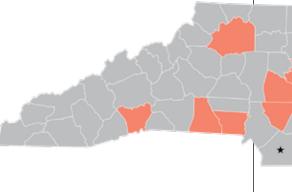
- ▶ 23 youth received care
 - ▶ 15 youth started aftercare following discharge
 - ▶ 8 youth completed aftercare that began during FY 20

Total is greater than 65 because some youth received multiple services.

experiences

- $\,\blacktriangleright\,$ these service components prepare youth for independent living
- education
- ▶ skill building
- employment
- career
- ▶ community service

^{*} Information provided by the N.C. Department of Public Safety for calendar year 2021. The Union County home is not included in this analysis.



100%

16-21

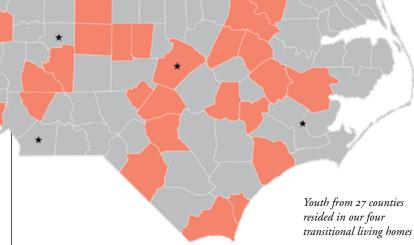
AGE

african

american indian

RACE

of eligible youth earned a high school diploma



23

HELP

when our youth are ready to advance their education, we make it happen

For more than 42 years we have supported the higher education ambitions of young adults who have been in our care. Many have overcome abuse, neglect, and other childhood obstacles to complete high school and now aspire to attend college or trade school. HELP makes that possible.

Assistance is available to anyone who – as a youth – lived in one of our foster care, multipurpose, or transitional living homes.

This program provides not only financial assistance but also valuable face-to-face mentoring. Mentoring relationships often extend beyond the traditional college years, extending to conversations about jobs, careers, and families.

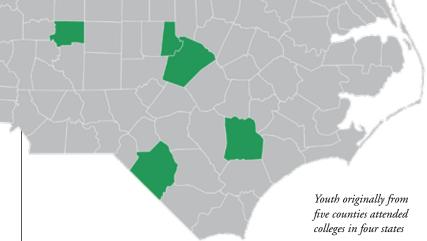
outcomes

- ▶ 13 young adults served
- ▶ 1 graduate
- ► M.Ed. from Johns Hopkins University
- ▶ 10 continuing studies

service overview

- ▶ 8 academic institutions
- ► Ball State University
- ► Fayetteville Technical Community College
- ► Johns Hopkins University
- ► Norfolk State University
- ► North Carolina Central University
- ► North Carolina State University
- ▶ UNC Pembroke
- ► Wake Technical Community College
- ▶ MHC board members and employees serve as mentors to program participants

\$72,533





18-21

AGE

13 young adults served

GENDER

african american

caucasian

RACE

awarded to our college students

staff development

continuous training provides support and growth for all

MHC believes high-quality, continuous employee training is essential if we are to provide the best possible care for our children and families; our investment in staff development ensures full and consistent implementation of our model of care.

Staff development begins at recruitment and this year had its challenges. Most notably there is a nationwide labor and talent shortage. And although vital and rewarding, the work we do is difficult. To fortify recruitment, we raised our minimum pay, expanded the use of targeted recruitment ads, and created hiring bonuses for teachers.

Once hired, training and development is ongoing. Our team conducts monthly workshops that teach new skills, build community across programs, and provide a clear career path. While typically held at our Raleigh headquarters, some trainings are now conducted in our remote locations or are available online.

outcomes

▶ 358 MHC agency positions

Recruitment

- ► 22 college and recruiting fairs attended
- ▶ 1,099 applications submitted
- ▶ 162 new hires

Training

- ► 5 workshops and in-service programs
- ▶ 388 training participants
- ▶ 1,138 training hours (by staff)

Development

- ▶ 8 staff promotions
- ► 6 staff members qualified as new trainers
- ▶ 97 employees eligible for MHC Lighthouse certification
- ▶ 85% earned certification
- ▶ 89% certified on first attempt

program overview

- ► all new employees attend CORE training
 - ▶ full day of orientation to MHC, our mission, values, and policies
- direct care staff attend 6 additional days of intense training and evaluation for our model of care
- workshops and in-service programs offered year round
 - Model Booster
 - ► Consultation Workshop
- Evaluation Workshop
- ► Supervision Workshop
- ► Elevate Leadership Cohort
- ► 6-month program
- ► develops leadership skills
- provides career path for MHC employees
- ► Lighthouse certification
- ► required annual evaluation of all direct care staff and foster parents
- ▶ 3 levels certified, premier, and elite
- ► recognized internationally through TFA

70

480 MHC employees (employment capacity 358)

GENDER

caucasiar

all other races

RACE

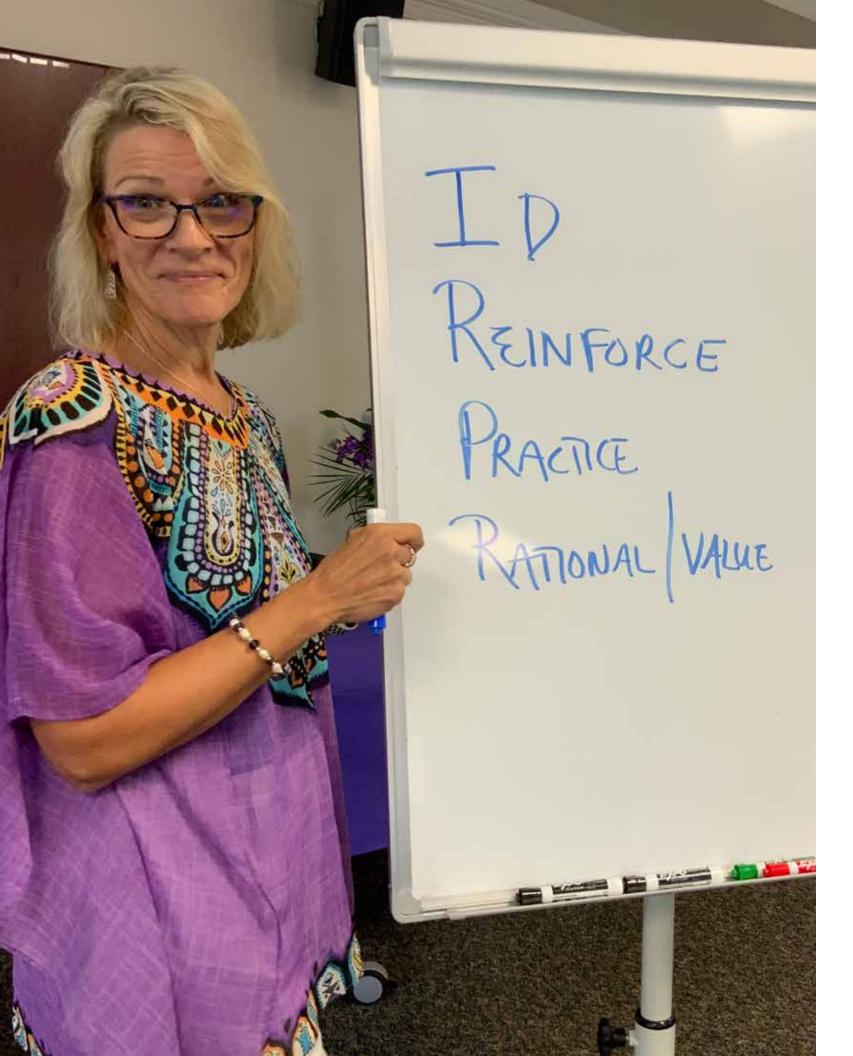
african

YEARS OF SERVICE

hours of pre-employment CORE training available to each new employee

82

employees earned Lighthouse certification for their expertise in implementing the model of care



consultation and program development

our work extends across the country and families are stronger

MHC was first accredited in 1986 by the Teaching-Family Association (TFA), one of only two associations approved in 2021 for accrediting by the Family First Prevention Services Act (FFPSA). As a TFA Sponsor Site, we train other agencies to use the model of care and guide them through the accreditation process.

Agencies seek our help because of our strong reputation for program fidelity and the support we offer to all levels of programs for youth and families.

Because of the work we do teaching others to implement the model of care and gaining accreditation, we offer agencies five distinct benefits.

- ▶ We help reduce the financial liabilities associated with unsafe practices.
- ➤ We help agencies create programs and services that add value to their communities.
- ► We help implement training that is consistent; direct care staff are trained before working with youth.
- ► We help create professional staff positions.
- ► And we help shift practices away from monitoring youth to teaching and restoring youth.

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years we have served as a TFA Sponsor Site

outcomes

- ▶ 3 successful accreditations
- ► Gift of Hope Homes (Boones Mill, Virginia)
- ► Onion River Crossroads (Montpelier, Vermont)
- White's Residential and Family Services (Wabash, Indiana)
- ▶ 225 people trained
- ▶ 428 youth and families supported

program overview

- ▶ 2 dedicated staff members
- ▶ 36 weeks of travel
- ongoing client
- ► Childhelp (Beaumont, California)
- 2 new clients
 - ► Hope Ranch (Sullivan, Missouri)
- ► Eliada Family Services (Asheville, North Carolina)
- consulting topics
- ► Teaching-Family model consultation and development
- ► Comprehensive best practices
- Foster care
- Residential treatment
- ► Juvenile delinquency
- ► In-home services
- ► Early childhood development
- Adoption
- Facility management
- ► Administrative processes and practices
- ► Community integration
- ► Supervision and management
- ► Quality assurance and improvement



"Thanks to MHC and the TFA model, we have improved our overall professionalism and services to the young people in our care." – White's Residential and Family Services

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

June 30, 2022 (with Comparative Totals for 2021)

	2022	2021
ASSETS		
Cash and cash equivalents	\$ 2,383,058	\$ 2,598,390
Common investment fund	20,928,065	23,333,170
Accounts receivable	1,859,882	1,127,622
Pledges receivable	4,050	34,545
Prepaid expenses	208,442	205,246
Annuities contract	956,989	1,065,235
Beneficial interests in trusts and perpetual trusts	810,579	975,556
Property and equipment, net	3,176,513	3,335,619
Total assets	\$30,327,578	\$32,675,383

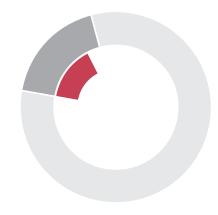
LIABILITIES AND NET ASSETS

LIABILITIES

Accounts payable	\$ 467,297	\$ 417,140
Accrued pension liability	736,018	734,135
Accrued salaries & vacation	763,366	711,521
Deferred compensation	956,989	1,065,235
Deferred rent	23,180	34,240
Capital leases	601,276	551,292
Total liabilities	3,548,126	3,513,563

NET ASSETS Without donor restrictions: Undesignated 5,040,808 4,883,680 Board designated 17,620,242 19,967,557 24,851,237 Total without donor restrictions 22,661,050 With donor restrictions: Purpose restricted 2,812,435 2,854,091 Perpetual in nature 1,305,967 1,456,492 Total with donor restrictions 4,118,402 4,310,583 26,779,452 29,161,820 Total net assets Total liabilities and net assets \$30,327,578 \$32,675,383

2022 REVENUES TOTAL: \$19,645,499



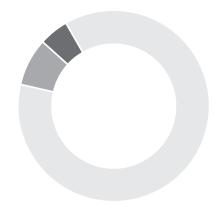


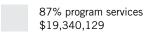


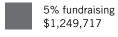
-14% Other income (loss) \$(2,667,849)

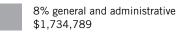
2022 EXPENSES

TOTAL: **\$22,324,635**









CONSOLIDATED STATEMENT OF ACTIVITIES

For the Year Ended June 30, 2022 (with Comparative Totals for 2021)

		2022		2021
	Without Donor Restrictions	With Donor Restrictions	Total	Total
SUPPORT AND REVENUE				
Fees for service	\$18,787,912	\$ -	\$18,787,912	\$18,114,877
Donations and grants	3,503,309	22,127	3,525,436	4,707,084
Investment income (loss)	(2,287,566)	(323,515)	(2,611,081)	4,964,752
Change in value of annuities and trusts	(108,246)	(164,977)	(273,223)	508,620
Other income	216,455	-	216,455	56,498
Total support and revenue	20,111,864	(466,365)	19,645,499	28,351,831
RECLASSIFICATIONS				
Net assets released from restrictions	106,482	(106,482)	-	-
Transfers	(380,666)	380,666	-	-
Total reclassifications	(274,184)	274,184	-	-
EXPENSES				
Program service expenses				
Foster care and adoptions	2,192,391	-	2,192,391	2,279,992
Early childhood	3,603,310	-	3,603,310	3,773,648
Family preservation and in-home	1,338,927	-	1,338,927	1,235,797
Mental health	1,339,068	-	1,339,068	1,147,537
Assessment centers	4,270,261	=	4,270,261	4,164,936
Juvenile homes	6,223,266	-	6,223,266	5,562,348
Scholarships	72,660	=	72,660	54,776
Consultation and program development	300,246	=	300,246	201,485
Total program service expenses	19,340,129	-	19,340,129	18,420,519
Supporting activities				
Fundraising	1,249,717	-	1,249,717	1,311,639
General and administrative	1,734,789		1,734,789	1,889,263
Total expenses	22,324,635		22,324,635	21,621,421
Change in net assets	(2,486,955)	(192,181)	(2,679,136)	6,730,410
Other pension-related changes	296,768	-	296,768	(121,573
Net assets at beginning of year	24,851,237	4,310,583	29,161,820	22,552,983
Net assets at end of year	\$22,661,050	\$4,118,402	\$26,779,452	\$29,161,820

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To receive a complete audit report, please contact Pam Patrick @ ppatrick@mhfc.org.

Methodist Home for Children was founded as a campus-based orphanage in 1899. Our commitment to North Carolina families is as strong today as when we began, yet our services far exceed that original vision.

Find out more about us at **mhfc.org**.



