PERFORMANCE AND QUALITY IMPROVEMENT

2026 First Quarter Report

INTRODUCTION

Welcome to MHCO's Performance and Quality Improvement (PQI) process. This PQI Quarterly Report is the result of collaboration by staff from the different departments throughout the organization. The report is written for all stakeholders of MHCO including residents, resident families, staff, community members, board members, donors, and any individual interested in the organization. The PQI process provides opportunities for the agency to reflect on what is going well and where we can make changes. MHCO believes in building the competencies of the residents and staff by establishing expectations that are realistic and achievable.

Annually, MHCO establishes goals to work on in a similar way there are goals established for and with the residents during their stay with us. The goals have targets we strive to meet and plans for how to meet them. MHCO is in the process of developing a new strategic plan for the 2026–2030 period. Upon completion of the strategic plan, the annual plan and associated PQI goals and targets will be updated accordingly. This report reflects the goals established in 2025 and the progress made toward those goals, which continued into 2026 pending the adoption of new goals and targets. Data is collected on an on-going basis to provide evidence of progress. In this report the goals, targets, data, and plans are provided for review and feedback.

IMPROVEMENT PLANS

MHCO utilizes the PQI process to review what is going well and what improvements are needed. The agency will have a renewed focus on implementing the trauma informed model of CARE that improves service delivery and will impact the census in the residential programs. Marketing strategies are being implemented to increase giving, the workforce, the census, and SGA printing. If you have any questions or feedback, please contact the PQI Coordinator via email or phone:

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KEY:

 **ON TARGET**  **PROGRESS MADE/ CLOSE TO TARGET**  **TARGET NOT MET**

Goal 1

Increase participation in community events and service projects that promote social responsibility and increase sustainability

Targets

1. Each quarter, a total of at least 3 residents and 3 personnel will participate in an off-campus community event or service project.
2. Each quarter, a total of at least 3 residents and 3 personnel will participate in an on-campus community event or service project.

Progress

1. Target met: 3 residents and 3 staff prepared 200 pairs of socks and 100 pairs of leggings for the Granville County Schools clothing closet. One resident volunteered at ACIM in the mornings for 3 days.
2. Target exceeded: 29 staff members and 15 residents participated in Great Landscape Day.

TARGETS MET: 2/2 

Plan

- A Microsoft Form will be developed for staff use to support ongoing reporting opportunities and enable efficient, consistent, and centralized data collection.
- An agency-wide reminder will be distributed to encourage all staff to research and identify off-campus service project opportunities for residents and staff.
- Continue marketing for Child Care Workers (CCWs) and residents through community involvement.

Goal 2

Increase familiarity with lockdown, weather, and fire emergency procedures to increase safety and security of residents and personnel

Targets

1. 100% of open cottages/residential buildings have at least one fire drill per month (that includes one overnight – 12:01am-5:59am - fire drill per quarter)
2. At least one emergency preparedness event per quarter, including:
   - One fire/bomb threat drill for nonresidential buildings with response time of 1 minute 15 seconds or less and 100% participation, by December 31, 2025.
   - One campus-wide lockdown/active shooter drill with an average response time of under 5 minutes and 100% participation of those on campus, by December 31, 2025
   - One campus-wide tornado/hurricane drill per with an average response time of under 3 minutes and 100% participation of those on campus, by December 31, 2025.
   - One Safety Procedure training for all residents and personnel by December 31, 2025.

Progress

1. Target met. Staff and residents in 11 (100%) open residential cottages successfully completed monthly fire drills with 100% participation, including one quarterly overnight drill.
2. Target exceeded. Two emergency preparedness events took place this quarter.
   - A campus-wide lockdown/active shooter drill was conducted. All (100%) individuals on campus participated and the average response time was under 2 minutes and 40 seconds.
   - A fire/bomb threat drill was conducted in all nonresidential buildings with 100% participation. The response time during each drill was under 1 minute and 15 seconds.

TARGETS MET: 2/2 

Plan

The COO updated drill reporting procedures to improve accuracy and efficiency. Drill data is now collected through Microsoft Forms, with designated team leads responsible for gathering information from their respective groups and submitting it via the form. This change has resulted in a more structured, consistent, and centralized reporting process. Related MHCO policies and procedures that reference drill response and reporting are currently being updated to reflect this change and will be submitted to the Board of Directors for review and approval.

Goal 3

Increase Direct Care and TLC/ILP census to meet licensed residential capacity and provide services to families and individuals in the community through the Community Support Center

Targets

1. A monthly average of 16 residents in TLC/ILP by December 31, 2025
2. A monthly average of 40 residents in Direct Care by December 31, 2025
3. Increase the quarterly average number of residents served in Direct Care by one
4. 75% successful linkages to needed resources made for referred persons in the Community Support Center each quarter
5. Each month, at least 4 groups/classes will be facilitated through the Community Support Center by personnel or collaboratives
6. Each month, the Community Support Center personnel will conduct at least 3 outreach/marketing activities

Progress

1. Progress made toward the year-end target. The monthly average census in TLC/ILP was 19.
2. Progress made toward the year-end target. The monthly average census in DC was 41.
3. Target met. The average number of residents served increased by one this quarter.
4. Target exceeded. The Community Support Center (CSC) assisted 11 households (25 individuals) this quarter and 100% of the needed resources were successfully provided. The CSC Coordinator connected community residents in need of housing, food, and childcare resources, and provided financial assistance to households facing utility shutoff or homelessness. Those helped included seniors experiencing housing instability or living with cognitive impairment while relying on fixed incomes, and a family experiencing homelessness with a single parent caring for five children.
5. Progress made. Target was exceeded in February (5) and March (9), not met in January (2). There were 138 instances of participation in groups/classes. These included *Robotics Lab* sessions, sewing classes, the *Smart Start Lending Library Open House,* and two *Workforce Development Day* events that incorporated career development workshops such as résumé building and interviewing.
6. Progress made. Target was not met in January (1), met in February (4), and exceeded in March (7). Outreach activities by the CSC Coordinator included: hosting a community meeting for government officials, community leaders, and partners; distributing information about CSC at the Community Impact Coalition meeting; participating in the Leadership Granville session at Granville Health Services, and joining the Granville County Homeless Coalition meeting.

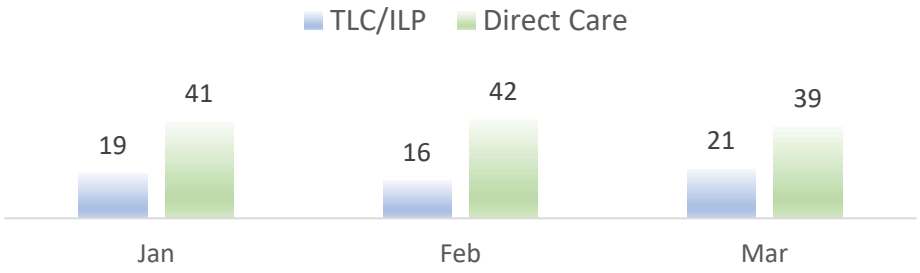
TARGETS MET: 2/6 

Plan

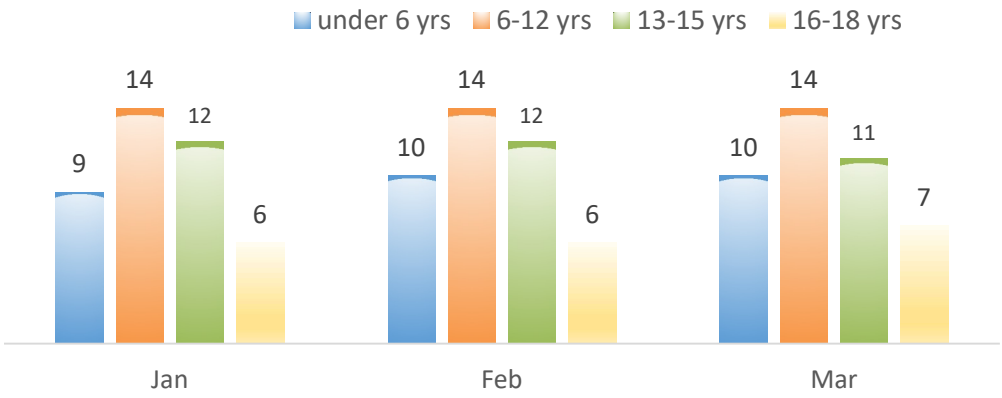
- In residential programs, continue processing referral calls, making calls to prior referrals, and revisiting waiting list applications. Continue marketing efforts.
- In the Community Support Center, continue outreach efforts and linkage to resources to meet targets.

2026	Jan	Feb	Mar
# of Calls	10	7	9
# of Deferrals	3	3	0
# of Applications Sent	2	3	8
# of DC/TLC Admissions	0	1	0
# of DC/TLC Discharges	1	0	4
% of DC/TLC Planned Discharges	100%	N/A	100%
# of ILP Admissions	0	0	2
# of ILP Discharges	2	0	2
% of ILP Planned Discharges	100%	N/A	100%
# of Cottage Moves	1	1	1

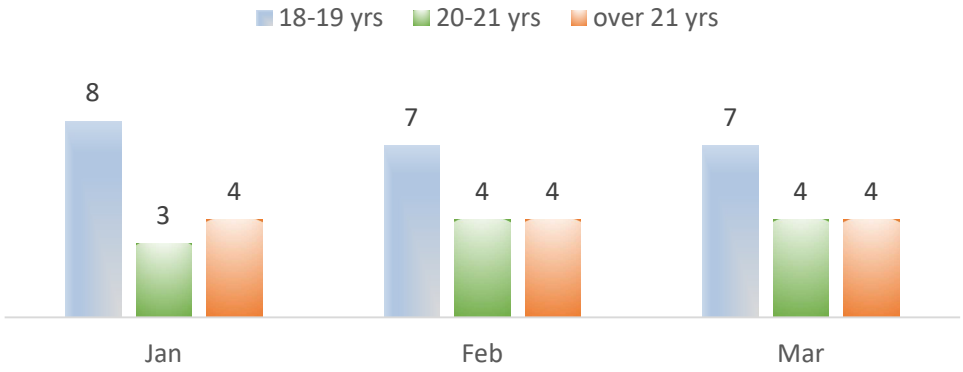
Monthly Average Census



DC/TLC Resident Age Ranges



ILP Resident Age Ranges

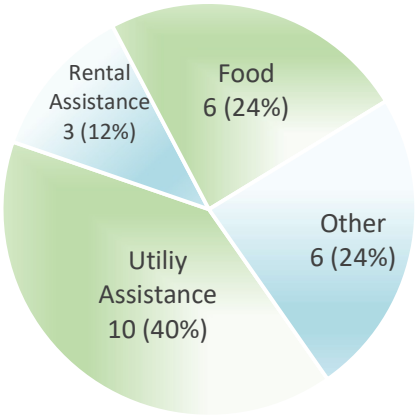


Resident Ethnicity and Gender Statistics

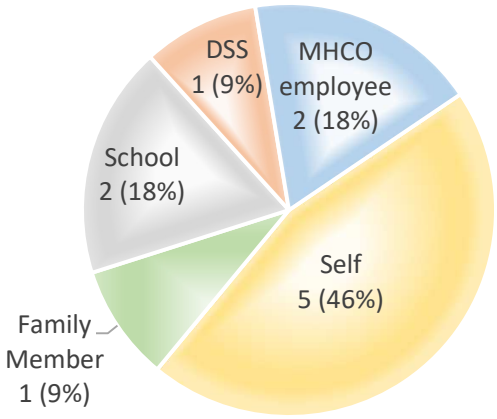
	DC/TLC				ILP			
	Q1		Discharged		Q1		Discharged	
Black or African American	16	29%	1	20%	12	80%	4	100%
White	27	64%	4	80%	0	0%	0	0%
White Hispanic	2	5%	0	0%	1	7%	0	0%
American Indian or Alaska Native	0	0%	0	0%	1	7%	0	0%
Haitian	0	0%	0	0%	1	7%	0	0%
Multi-Racial	2	2%	0	0%	0	0%	0	0%
Unknown	0	0%	0	0%	0	0%	0	0%
Male	26	48%	3	60%	10	53%	3	75%
Female	21	52%	2	40%	5	47%	1	25%

Community Support Center

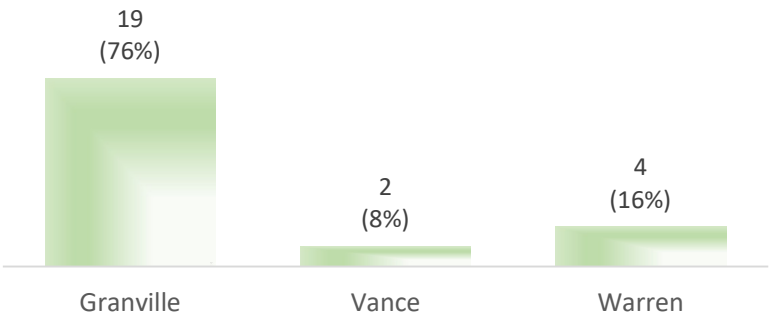
Needs



Referral Sources



Service Recipient Numbers Per County



Goal 4

Increase skills and opportunities through participation in educational experiences

Targets

1. 90% of available Direct Care residents will attend on-campus educational groups/classes quarterly
2. 90% of available TLC/ILP residents will attend on-campus educational groups/classes quarterly
3. 100% of Direct Care residents who need academic support will receive it quarterly
4. 100% of TLC/ILP residents who need academic support will receive it quarterly

Progress

1. Target met with 35 available DC residents (100%) attending on-campus education.
2. Target met with 8 available ILP residents (100%) attending on-campus education.
3. Target met. Fifteen DC residents (100%) in need of academic support received it this quarter.
4. Target met. Three TLC/ILP residents (100%) in need of academic support received it this quarter.

TARGETS MET: 4/4 

Plan

- Incorporate the CARE trauma language and concepts into resident education.
- Continue to offer consistent education to all residents. Document participation and topics.
- Continue to offer educational support, tutoring, and opportunities for learning and achievement.

TROUTMAN AWARDS 2025-2026	Q1	Q2	Q3
# of Students on Honor Roll	12	7	5
# of Students on Honorable Mention	7	9	11
# of Students who maintained 90 or above from last grading period	4	3	6
# of Students who increased GPA +5 points since last report card with a C/70 average	N/A	4	9

CAMPUS AVERAGES 2025-2026	Q1	Q2	Q3
Alumni Cottage	79	79	81
Eller Cottage	87	83	86
Gray Cottage	80	78	78
Jefcoat Cottage	64	66	N/A
Kimel Cottage	72	76	81
Master Mason Cottage	92	85	86
Temple Cottage	85	79	75
Williams Cottage	78	83	84
Bemis Cottage	N/A	95	N/A
Flowers Cottage	N/A	N/A	N/A
Campus Average	80	80	82

Goal 5

Increase vocational skills through participation in Kid$Earn and other work experiences

Targets

1. A monthly average of 13.0 residents will participate in Kid$Earn each quarter.
2. 75% of ILP/TLC residents will work off campus each quarter

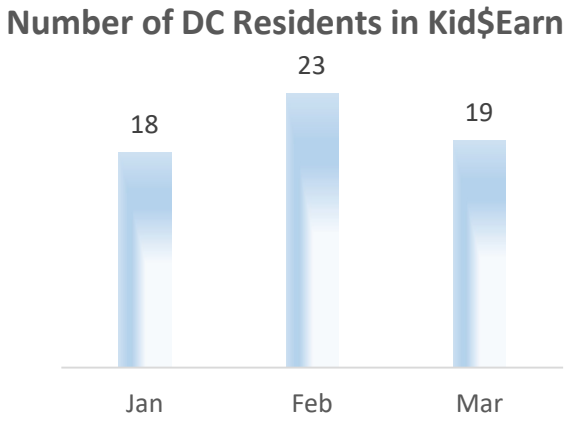
Progress

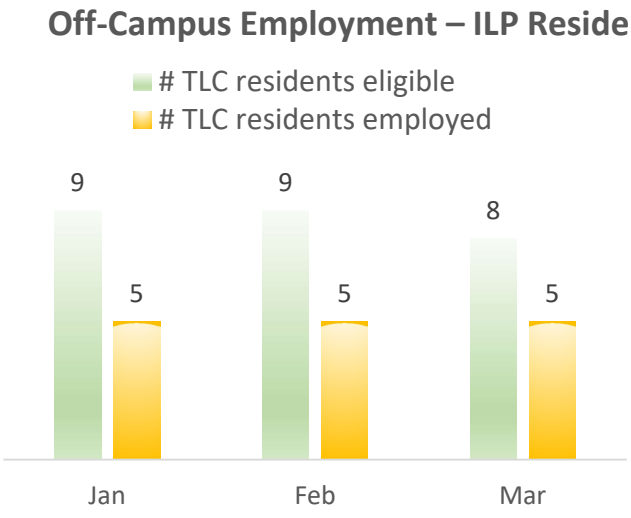
1. Target exceeded. A monthly average of 20 DC residents participated in Kid$Earn this quarter.
2. Target exceeded. 97% of eligible ILP/TLC residents worked off campus (ILP: 97%, TLC: 58%).

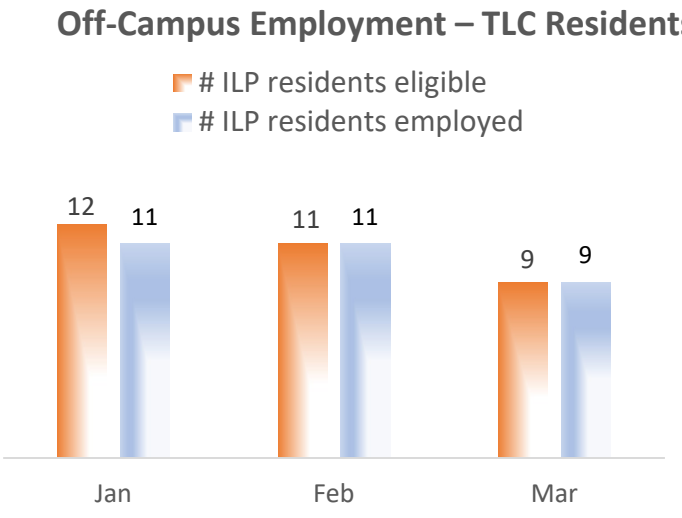
TARGETS MET: 2/2 ★★

Plan

- All eligible TLC residents have been registered for an upcoming job fair (April 29th) and we have worked on résumé building for this event. Also, as companies list job openings, they are sent out to residents, case managers, and houseparents.







Goal 6

Improve program advancement based on achievement of independent living skills

Targets

1. 100% of assessment activities and Resident Assessment documents are completed by the due date
2. 100% of service planning activities and Individual Service Plan documents completed by the due date
3. 100% of Child and Family Team meetings and documentation completed by the due date

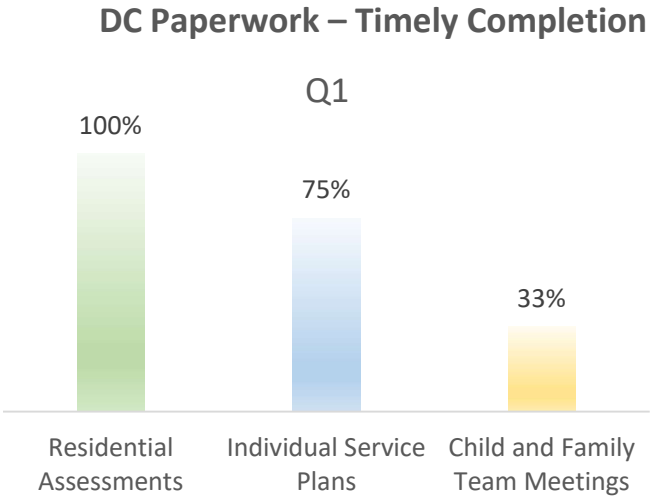
Progress

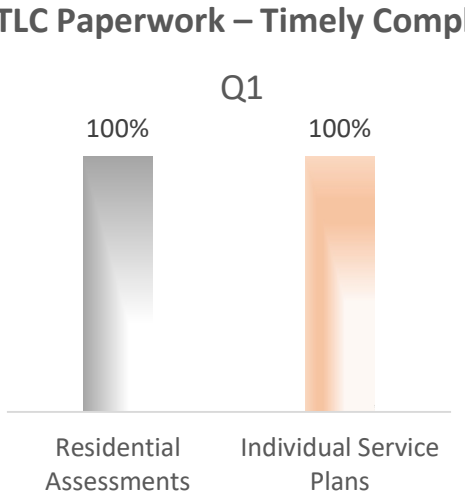
1. Target met. 100% of assessment activities and documentation were completed by the due date (6 in DC, 3 in TLC, 1 in ILP), meeting licensing requirements.
2. Target not met. 92% of service planning activities and documentation were completed by the due date (9 of 12 in DC, 3 of 3 in TLC, and 6 of 6 in ILP).
3. Target not met. 33% (4 of 12) of Child and Family Team meetings and documentation were completed by the due date.

TARGETS MET: 1/3 

Plan

The tracker in extendedReach had been set up incorrectly. The COO, PQI Coordinator, and Director of Residential Services are addressing the issue and reconfiguring the system. Case file review procedures are being updated, and a database has been developed to support ongoing monitoring and tracking of compliance.





Case File Review	Q1		YTD
	Open	Closed	Total
# of Case Files	50	12	62
# of Case Files Reviewed	22	12	34
% of Case Files Reviewed	44%	100%	55%

Goal 7

Increase annual giving to reduce reliance on planned gifts

Targets

1. 10% increase in dollar amount of giving quarterly (excluding legacy gifts)
2. 65% of staff to donate at least once to MHCO annually
3. 100% of members of the Board of Directors donate at least once to MHCO annually
4. 10 new donors giving a $10 monthly recurring payment quarterly

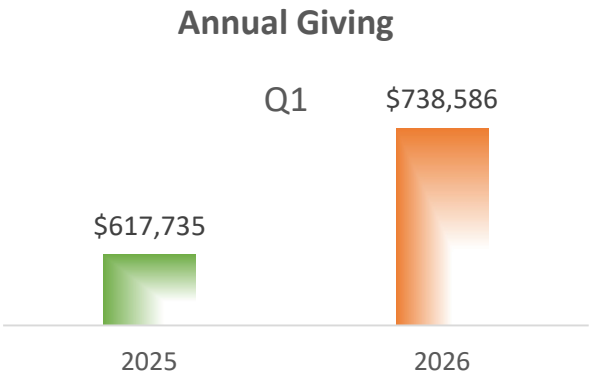
Progress

1. $738,586 was raised through giving this quarter, which is $120,851 (20%) more than the first quarter of the previous year. However, the target of a quarterly 10% increase in the dollar amount of giving from last quarter was not met due to the unusually high level of giving in the prior quarter (Q4 2025), which totaled $1,254,531.
2. Progress made toward the year-end target. 27 staff members (47%) donated to MHCO, with 23 (40%) giving recurring donations.
3. Progress made toward the year-end target. 9 BOD members (60%) donated to MHCO, with 6 (40%) giving recurring donations.
4. Target exceeded. 31 new donors contributed a monthly recurring payment of at least $10 this quarter.

TARGETS MET: 1/4

Plan

- Continue to promote recurring giving through social media and emails and remind staff and BOD of the importance of giving.



BOD/Staff Donations	Q1	
	#	%
Staff giving to MHCO	27	47%
Staff - recurring donation	23	40%
BOD giving to MHCO	9	60%
BOD - recurring donation	6	40%

Printing Income

Targets

1. General public printing total income between $475K and $500K annually
2. 1.25% increase in Masonic and related printing income compared to the same quarter in 2024

Progress

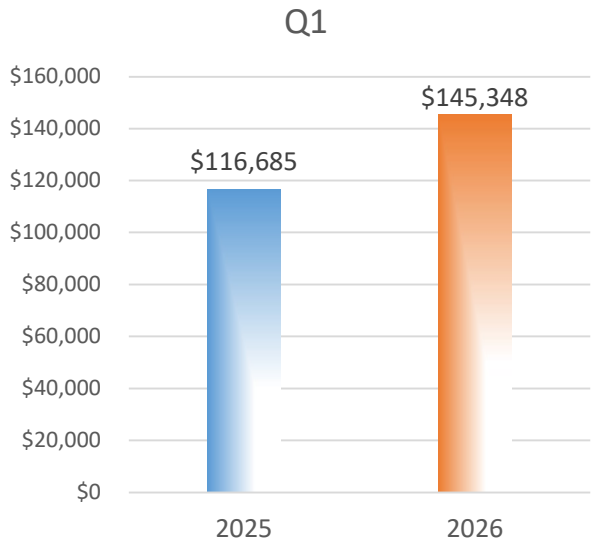
1. Progress made toward the year-end target. The income from general public printing in Q1 was $145,348.
2. Target not met. Masonic printing income decreased by 32% compared with the same quarter of the previous year.

TARGETS MET: 0/2

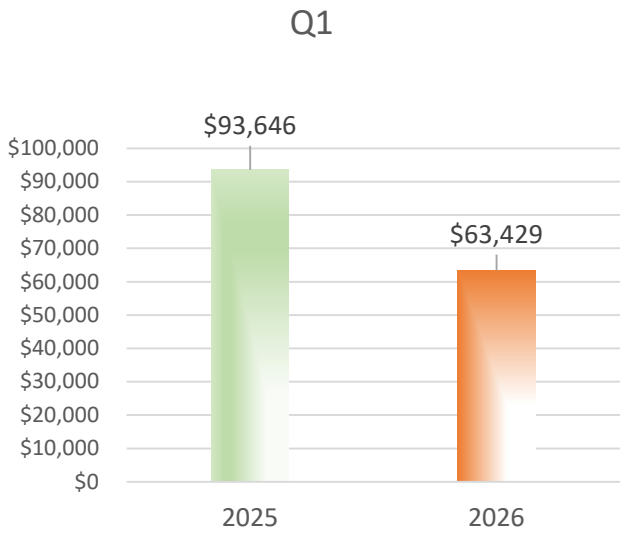
Plan

Continue to promote SGA to Masonic groups.

General Public Printing Income



Masonic Printing Income



Goal 8

Reduce staff turnover rate, improve staff morale, and increase communication, inclusion, and teamwork

Targets

1. 100% of all programs and departments will submit all required monthly meeting documentation to the HR Specialist by the due date
2. Required paperwork will be submitted to the HR Specialist by the due date to indicate that 100% of Child Care Workers (CCWs) receive monthly face-to-face supervision
3. Required paperwork will be submitted to the HR Specialist by the due date to indicate that 100% of personnel receive quarterly face-to-face supervision
4. 100% of 'all staff' meetings will include at least one team-building activity

Progress

1. Target met. All departments submitted the required monthly meeting documentation to the HR Specialist by the due date.
2. Target met. Required paperwork was submitted to the HR Specialist by the due date, confirming that all 27 Child Care Workers (100%) received monthly face-to-face supervision.
3. Target met. Required paperwork was submitted to the HR Specialist by the due date, confirming that all 62 staff members (100%) received quarterly face-to-face supervision.
4. Target met. Team-building activities incorporated into *all staff* meetings focused on discovering similarities among staff, working together to achieve success, and learning more about team members.

TARGETS MET: 4/4 

Plan

- The Supervision Policy and Procedure are currently under review, and proposed revisions will be presented to the Board of Directors for approval.
- A new *Residential Supervisor* position has been created to provide direct supervision to CCWs in the Direct Care and TLC programs.
- Continue reinforcing with supervisors the importance of monitoring performance and providing constructive feedback to staff to support professional growth and development and help reduce turnover.
- Continue promoting positive communication and strengthening the campus culture as a connected, engaged, and active community.