



STRATEGIC PLAN

2026-2036



PREPARED BY
The TCM Leadership &
Development Team

TUPELO CHILDREN'S MANSION
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Tupelo Children’s Mansion Strategic Plan 2026–2036

Executive Summary

Tupelo Children’s Mansion (TCM) stands as a welcoming refuge for children and families in crisis.

Tupelo Children’s Mansion (TCM) has been a beacon of hope for vulnerable children and families since 1953. This ten-year Strategic Plan (2026–2036) presents a roadmap for the Mansion’s growth, program excellence, and sustainability, aligned with TCM’s mission to offer a safe, Christ-centered home for children in need. It is designed for both internal stakeholders (leadership, staff, board members) and external partners (donors, churches, community allies), demonstrating how TCM will fulfill its mission with accountability and transparency.

In the next sections, we outline TCM’s mission, vision, and core values, provide an overview of our programs and distinctives, and assess the current operating environment through a SWOT analysis.

We then detail strategic goals and **SMART** objectives segmented into short-term (1–2 years), mid-term (3–5 years), and long-term (6–10 years) horizons. An implementation framework is defined with timelines, responsible leads, required resources, and metrics for each major initiative.

Finally, a monitoring and evaluation plan identifies key performance indicators (KPIs) and success measures to track progress and ensure accountability to our supporters.

Through this comprehensive plan, TCM’s leadership reaffirms its commitment to exemplary care, fiscal stewardship, and sustainable impact, ensuring every family served and stakeholder can be confident in the Mansion’s direction for years to come.

Mission, Vision, and Core Values

Mission: *“To provide a safe and nurturing environment where children needing care can heal and thrive while discovering the love of Jesus Christ.”* This mission underscores TCM’s dual commitment to holistic child welfare and Christian ministry, emphasizing healing, growth, and spiritual enrichment for every child in our care.

Vision: *“To be a leader in residential care by exemplifying excellence and glorifying Christ.”* TCM envisions setting the standard for group homes and children’s residential ministries –

delivering outstanding care that not only meets children’s needs but does so in a manner that honors Christian principles. Achieving this vision means continually improving quality, expanding our positive influence, and upholding Christ-centered excellence in all that we do.

Core Values – “CARE”: TCM’s culture is defined by four core values that form the acronym **C.A.R.E.**

- **Compassion:** We show Christ-like love and empathy to children and families, being aware of their distress and striving to alleviate it without judgment. This compassionate approach empowers those we serve to overcome challenges and find hope.
- **Accountability:** We hold ourselves and each other responsible for the trust placed in us. Clear expectations, responsibility, and stewardship are emphasized at every level, ensuring that our operations are efficient, transparent, and worthy of donor and public confidence.
- **Respect:** Every person is treated with dignity and respect. We value the diversity of backgrounds and beliefs among our children and staff, promoting integrity, cooperation, and mutual respect in a safe environment. We also teach our children self-respect and the importance of making positive life choices.
- **Excellence:** We pursue the highest standards in care, education, and operations, “exemplifying excellence” in service of our mission. From our childcare practices to our facilities, TCM strives for excellence to glorify Christ – recognizing that our work is ultimately done for a higher purpose, and thus it merits our very best efforts.

These mission, vision, and values statements ground the strategic plan. They ensure that as TCM grows and adapts over the next eight years, we remain firmly rooted in our founding purpose: *Providing hope and a home to every child God sends our way, with love, integrity, and the utmost care.*

Organizational Overview (Programs, Populations Served, Distinctives)

Overview: Located on a 37-acre campus in Tupelo, Mississippi, Tupelo Children’s Mansion is a residential children’s home offering both temporary and long-term care for youth in crisis. Since its founding in 1953, TCM has served over 1,200 children, becoming one of the oldest and most trusted institutions of its kind in the region. We provide a **family-oriented, structured environment** where each child receives individualized attention from qualified caregivers (“houseparents”), educators, and counselors. TCM is a faith-based nonprofit ministry and operates **entirely on private support**, without state or federal funding, relying on the generosity of churches, donors, and community partners. This allows us to maintain a Christ-centered atmosphere and specialized programs tailored to each child’s needs.

Programs: TCM offers comprehensive programs addressing the multifaceted needs of children and families:

- **Residential Campus Care:** Full-time 24/7 care in a safe, structured home setting on campus. Children live in one of five residential cottages with caring houseparents, in groups separated by gender (10–12 children per home). We provide for all daily needs – shelter, nutrition, clothing, and a stable routine – while creating a family-like environment where siblings can stay together when possible.
- **Tupelo Christian Academy (TCA):** Our Pre-K through 12th grade Christian school, which uses high-quality curricula and small class sizes to meet each student’s educational needs. This model ensures continuity of care: education, recreation, health care, counseling, and spiritual guidance are all integrated into each child’s daily life.
- **Adoption Crisis Support:** A unique program serving adoptive families and children when adoptions face disruption. If an adoption “*doesn’t work out*” or a family is unable to continue care for an adopted child, TCM offers a safe haven for that child. We provide temporary placement for domestic or international adoptees in crisis, along with counseling and therapy to help them process complex emotions. TCM’s team works with the adoptive family and social services to create a transition plan – whether that means eventual reunification or identifying a new permanent solution in the child’s best interest. This program demonstrates our commitment to being a place of healing and hope in even the most challenging family situations.
- **Behavioral Support:** Many children arriving at TCM have experienced trauma, instability, or environmental challenges that manifest in behavioral or emotional difficulties. Our behavioral support program addresses these challenges through individualized care plans and professional therapy. Each child who needs it receives a *personalized behavior plan* with specific goals and interventions, created by our social workers and licensed therapists. We emphasize positive behavior reinforcement, trauma-informed care, and a highly structured environment with consistent routines and clear boundaries. This supportive approach helps children learn emotional regulation, build coping skills, and ultimately improve behaviors in a healthy, sustainable way.
- **Family Crisis Intervention:** In some cases, children come to TCM because their family is undergoing a severe crisis (such as the death of a parent, illness, homelessness, parental incarceration or substance abuse treatment, or domestic violence). Our Family Crisis Intervention program provides *immediate, short-term placement* for children from families in turmoil, while also working closely with those families toward stabilization. During a family’s crisis, we not only care for the children in a safe environment, but we also connect parents/guardians with resources like counseling, rehabilitation, parenting classes, and other community services. This collaborative, strengths-based approach aims to preserve or restore the family unit when it is safe and feasible. Our ultimate goal is reunification – we strive to help families rebuild so that children can return home to a healthier environment whenever possible.

- **Transitional Coaching & Support:** For our teens and young adults, TCM provides robust preparation for life after they age out of care. Transitioning from adolescence to independent adulthood is challenging for any youth, especially those who have grown up in a group home. We offer **Transitional Care Coaching** through our Life Steps program that includes practical life-skills training, educational support, career/vocational guidance, and mentorship. High school students receive focused assistance to complete their diploma or GED and are offered dual-enrollment college courses through a local community college. We also provide on-campus work opportunities and community volunteering for teens to build job skills and work ethic. The Life Steps program provides housing on-campus post graduation for those pursuing college or other options locally. For those not pursuing college, we guide them toward vocational training, military service, or employment options and help with resumes and job placement. By the time a youth leaves TCM, they will have a customized transition plan, basic independent living skills (financial literacy, cooking, etc.), and a support network to rely upon. This program exemplifies TCM's commitment not just to care for children while they are with us, but to set them up for long-term success as healthy, productive adults.

Populations Served: TCM serves children **from birth through late adolescence** (0–18 years, and sometimes beyond 18 for those in our transitional program) who are in need of a safe, loving environment due to crisis circumstances. We welcome boys and girls of all ages, backgrounds, and ethnicities. At any given time, approximately **50 children** live on our campus (with capacity for up to ~75), and we care for about **125 children annually** when counting admissions and discharges throughout the year. Many of our residents come from situations of abuse, neglect, or abandonment, or from families facing hardships such as poverty, illness, or addiction. Some children are placed by desperate parents or relatives seeking help; others arrive through referrals by pastors, concerned community members, or partner agencies. Sibling groups are kept together whenever possible, preserving family bonds even in placement. Children of varying needs are served – including those with emotional or behavioral challenges, those affected by trauma or attachment disorders, and those simply needing temporary care until their home situation improves. What unites all TCM residents is that they “*need care*” and “*deserve hope*”, which TCM strives to provide in abundance. In addition to the children we directly serve, TCM's ministry touches families: by providing crisis intervention for parents, respite for guardians, and working toward family reunifications or facilitating adoptions, we indirectly support dozens of families each year in their journey to stability.

Distinctives: Several features make Tupelo Children's Mansion distinct in the field of child welfare and residential care.

- **Christian, Mission-Driven Care:** TCM is unapologetically faith-based. We were founded as a ministry and continue to operate with a **Christ-centered philosophy**, including regular church attendance, Bible studies, and spiritual guidance as part of our program. Our staff feel called to this work, creating an environment infused with compassion and prayer. Spiritual development is a core part of healing and growth at TCM – this is a distinguishing factor from secular programs. Yet, we serve all children in need regardless of their personal faith background, showing God's love in action. Our

vision of “*glorifying Christ*” through excellent care sets a tone of **purpose** and **integrity** that permeates the organization. Donors (many of whom are churches or people of faith) can trust that their support advances not only humanitarian outcomes but also spiritual nurture for the next generation.

- **Family-Style Residential Living:** Unlike institutional orphanages of the past, TCM’s model is to create a *family-like* atmosphere. Children live in cottage homes that resemble large family houses, under the care of houseparents who function as parental figures. Schedules include family meals, household chores, homework time, and bedtime routines similar to a typical home. This consistent, structured environment with clear rules and lots of love provides children with a sense of normalcy and belonging that is crucial for their development. We prioritize continuity and personal connection – many staff live on campus and interact with the kids daily, and long-term mentoring relationships are formed. Even as a larger campus, we strive to ensure each child feels like a valued member of a family, not just another resident.
- **Holistic Continuum of Care:** TCM offers a one-stop continuum of care meeting *physical, emotional, educational, social, and spiritual* needs. Few organizations provide the breadth of services that TCM does all in one campus. Our children attend an on-site school (TCA) which means their education is stable and attuned to their needs. We have **therapeutic services** (counseling) on-site or through partnerships, addressing mental health. Health and wellness are prioritized through proper nutrition, medical/dental care arrangements, and recreation (we have playgrounds, sports facilities, a pool, etc. on campus). Enrichment opportunities (music, arts, church youth groups, community service) are provided to develop talents and social skills. And critically, TCM emphasizes permanency planning – working from day one on either reunifying the child with their family or finding an adoptive family, or preparing them for independent adulthood if neither is possible. This holistic, wraparound approach means TCM can truly care for “the whole child” under our roof, which is a distinctive strength compared to more fragmented systems of residential care.
- **Longevity and Trust:** With over 70 years of continuous operation, TCM has a proven track record and is woven into the fabric of the community. We have the distinction of being one of Mississippi’s oldest and largest group homes and are recognized as a highly-trusted institution in child welfare. Generations of supporters and former residents attest to the Mansion’s impact. Our long history also means a wealth of organizational knowledge and established best practices that guide our care. TCM is endorsed by the **United Pentecostal Church International (UPCI)** and **Assemblies of the Lord Jesus Christ (ALJC)**, and has been officially recognized as a religious project since the 1950s, which gives us a broad support network of churches nationwide. Donors know that TCM has been and will continue to be a reliable steward of resources – evidenced by our GuideStar Gold rating for financial transparency and accountability. This reputation for trust and stability is a cornerstone upon which we plan our future.

- **Fully Donor-Funded (Independence):** Operating without government funding, TCM maintains independence in how we design programs and uphold our Christian values. This distinctive funding model, while challenging (as discussed in SWOT), also ensures that we are **accountable directly to donors and the children’s needs** rather than to fluctuating public contracts. It has fostered a culture of gratitude, faith, and careful stewardship. We view our supporters as partners in ministry – from the individual “Mansion Champion” contributing monthly to the local business or church sponsoring a project. Innovative fundraising initiatives (like our weekly “Wishlist Wednesday” needs posted on Facebook and partnerships with businesses such as Walmart, Kroger, and others for passive giving) reflect how we engage the community in sustaining this work. Our plan will continue to leverage these partnerships and seek new ones, preserving this model of broad-based support that empowers TCM to fulfill its mission free of bureaucratic constraints.

TCM’s strong foundation – its clear mission and values, comprehensive programs, devoted staff, supportive donor base, and decades of experience – uniquely position the organization to make a life-changing impact on young lives. Building on these distinctives, the following strategic analysis and plans will guide us in amplifying our impact from 2026 through 2036.

Environmental Scan (SWOT Analysis)

To chart the course for the next ten years, TCM conducted an internal environmental scan, evaluating internal strengths and weaknesses, as well as external opportunities and threats (**SWOT**). This analysis draws on our organizational experience and the current context of child welfare and nonprofit ministry.

Strengths (Internal)

- **Heritage and Reputation:** Over seven decades of service have established TCM as a *trusted leader* in residential childcare. TCM is recognized as one of the most respected and longest-standing children’s homes in Mississippi. Our legacy of providing hope since 1953 and the success stories of over 1,000 alumni inspire confidence among stakeholders and the public.
- **Comprehensive, Quality Care:** We provide holistic, Christ-centered care that meets each child’s academic, emotional, physical, and spiritual needs. Children live in family-style cottages with dedicated houseparents, attend our on-campus Pre-K through 12th grade school, and follow structured routines that offer stability, consistency, and a sense of belonging. Our team uses the Trust-Based Relational Intervention (TBRI) model to respond to the complex emotional and behavioral needs of children with trauma histories, creating an environment built on connection, safety, and trust. In addition to licensed counseling and academic support, children benefit from specialized resources such as our sensory room, which helps with emotional regulation, and Toniebox audio systems, which support literacy, imagination, and peaceful bedtime.

routines. Every element of care is designed to help children feel safe, supported, and capable of healing, learning, and thriving.

- **Dedicated Donor Base:** As a faith-based nonprofit, TCM benefits from a loyal and generous support network. Churches, individual donors, and community partners consistently rally behind our mission. We have national reach through two church organizations (the UPCI and the ALJC) and local engagement in the Tupelo community. This broad donor base provides financial stability and a reservoir of goodwill (e.g. volunteers, in-kind gifts) that we can mobilize for projects.
- **Leadership Transition – Fresh Momentum:** The recent leadership transition (with Dr. Chad Parker stepping into the President/CEO role) offers an opportunity for new energy and strategic direction. Dr. Parker's expertise as a social worker and his vision for TCM can drive modernization and growth. Over the next few years, new leadership can re-evaluate operations, implement updated policies, and pursue big-picture goals (like those in this plan) with renewed vigor. We anticipate increased outreach, improved internal processes, and possibly the recruitment of additional skilled professionals at the executive level to complement the team.
- **Independence from Government Funding:** TCM receives no state or federal funding, allowing us to operate outside the constraints of the traditional foster care system. This financial independence protects our religious liberty and enables us to deliver faith-based care without compromise. It also provides flexibility in admissions and placements, such as keeping sibling groups together and offering extended residential stays when needed. This autonomy allows TCM to prioritize the best interests of each child while staying true to our mission and values.
- **Mission-Driven Team and Culture:** Our leadership, staff, and board are deeply committed to the mission of TCM, with many viewing their roles as a calling rather than simply a career. This sense of purpose fosters extraordinary dedication, compassion, and continuity of care for the children we serve. TCM is intentional about maintaining a Christ-centered culture that reflects our core values of Compassion, Accountability, Respect, and Excellence. We uphold a rigorous interview and vetting process to ensure that each team member is not only spiritually aligned with our mission, but also highly qualified for their role. This commitment to excellence in recruitment helps build a team that is both professionally competent and spiritually grounded, creating a workplace marked by teamwork, integrity, and resilience - even in the most challenging seasons of care.
- **Campus and Facilities:** TCM's 37-acre campus with multiple residences and amenities is an asset. It provides a safe, enclosed environment with space for living, schooling, and recreation. Major facilities (homes, school, cafeteria, gymnasium, etc.) are in place to support ~75+ children. Recent improvements and maintenance (with help from donors) have kept the campus functional and welcoming. Having our own school and

recreational facilities on-site greatly enhances the quality and consistency of care.

- **Permanency Focus:** A key strength is our commitment to permanency planning – actively seeking the best long-term outcome for each child (reunification, adoption, extended residential care, or independent living). This focus ensures we are *child-centric* in decision-making and that children do not languish in care without a plan. TCM's willingness to pursue legal custody when necessary (as demonstrated in past cases) shows we go above and beyond to secure stable futures for those we serve.
- **External Oversight by the Department of Health:** Although TCM operates under a religious exemption and is not licensed by the Department of Child Protective Services, we are held accountable through regular oversight by the Mississippi Department of Health. Our facility undergoes bi-annual inspections to ensure health and safety compliance across all residential cottages and facilities. This external review process provides a layer of third-party validation that supports the credibility of our care model. For donors and partners unfamiliar with religiously exempt programs, this visible oversight can offer confidence in our commitment to maintaining safe, high-quality standards for children in our care.
- **Integrated Dual Credit Partnership:** TCM has established a valuable partnership with the local community college that enables eligible high school students to enroll in dual credit courses while completing their education at Tupelo Christian Academy. This integrated academic pathway strengthens our program by expanding educational options, enhancing college and career readiness, and allowing students to earn college credit at no additional cost. It reflects our commitment to preparing youth for successful transitions beyond residential care.
- **Strategic Use of Federal Funding Opportunities:** TCM has secured a Title I grant to support educational programming at Tupelo Christian Academy, allowing for targeted resources that strengthen academic outcomes for students from low-income backgrounds. Additionally, the organization is actively pursuing a USDA grant to support the campus lunch program, which would provide both funding and food assistance. These efforts demonstrate our ability to navigate select federal funding opportunities without compromising our religious mission, and they reflect a growing capacity to access sustainable, mission-aligned resources that directly benefit the children in our care.

Weaknesses (Internal)

- **Aging Infrastructure and Maintenance Needs:** Some of our facilities, grounds, and equipment are aging and in need of upgrades or replacement. The campus has buildings dating back several decades, and maintenance costs are an ongoing issue. For example, projects like **replacing dormitory windows, repairing gutters, renovating the kitchen and dining hall, and upgrading staff housing** have been

identified as current needs. There is also limited space overall, with only a certain number of buildings. These capital needs require significant funding. Delays in addressing maintenance could lead to safety issues or higher costs in the future.

- **Capacity Constraints:** While our theoretical capacity is around 75–100 children, in practice we often operate below capacity (~50 children on average). This may be due to funding limits (we can only house as many children as we can afford to support) and staffing limits (each cottage must have qualified houseparents and support staff). Thus, some beds may go unfilled even if there are more children in need, simply because we lack the resources to take them in. The cost per child is high given the comprehensive care provided, so scaling up must be done cautiously.
- **Staff Recruitment and Retention:** Recruiting and retaining qualified, mission-minded staff is a consistent challenge, particularly in key roles such as houseparents, teachers, and specialized therapists. The work is meaningful but demanding, involving 24-hour responsibility, exposure to secondary trauma from working with children who have experienced significant hardship, and in the case of houseparents, the need to relocate to on-campus housing. Compensation is modest, as is typical in nonprofit settings, which can limit the pool of applicants. Turnover among frontline staff can disrupt the consistency of care, which is vital for the emotional and developmental stability of our residents. Additionally, competition for licensed professionals such as social workers and counselors remains high across the region. To meet these challenges, TCM must continue to invest in competitive compensation, strong onboarding practices, and intentional efforts to prevent burnout. Equally important is the ongoing need for training and professional development. Regular opportunities for staff to enhance their trauma-informed care skills, grow in leadership, and pursue advancement within the organization are essential. Building a culture of support, learning, and growth is key to retaining high-quality staff and maintaining excellence in care.
- **Limited Awareness Outside Core Support Base:** Within UPCI circles and our region, TCM is well known, but on a national scale or outside church communities, our visibility is lower. This could limit wider fundraising or partnership opportunities. Our branding and marketing efforts have been relatively modest. We rely heavily on church conferences, word-of-mouth, and social media among our supporters. There's an opportunity to improve communications to tell our story to new audiences (e.g., Christian philanthropists, foundations, local civic groups) – but currently, that's an area needing growth (thus listed as a weakness in capacity).
- **Lack of Formal Accreditation or Licensing:** As a religious exemption facility, TCM is not state-licensed by the Department of Child Protective Services (though TCM is accountable to bi-annual inspections by the Department of Health). While this grants operational freedom, it could be perceived as a weakness in terms of external validation of quality. Some donors or partners might view licensure or accreditation (such as through COA for child welfare organizations) as assurance of meeting best-practice

standards. TCM, of course, adheres to high standards internally, but pursuing a form of third-party accreditation in the future could bolster credibility. Currently, our focus has been on internal standards and UPCI accountability, rather than secular accreditation – a gap we hope to address.

- **Lack of Formal School Accreditation:** While Tupelo Christian Academy (TCA) provides a high-quality, faith-based education to children living on campus, it is not currently accredited by an external educational body. This limits formal recognition of the school's academic standards and may impact future opportunities for students in areas such as credit transfers, standardized testing, or post-secondary planning. Accreditation from a recognized agency would affirm the quality of instruction, enhance credibility with external stakeholders, and potentially open doors for new funding or partnerships. Pursuing school accreditation in the coming years is an important step toward strengthening the long-term success and academic outcomes of our students.
- **Leadership or Succession Challenges:** While we prefer a planned leadership transition, any nonprofit is vulnerable if key leaders depart unexpectedly or if there is leadership failure. TCM relies on a small executive team; loss of institutional knowledge or a gap in capable leadership could disrupt progress. Ensuring strong governance and second-tier leadership development is necessary so that TCM can weather any transitions beyond those already planned. We need to avoid over-reliance on any one individual and cultivate a broad base of competent decision-makers (board and management) to navigate the organization through 2036 and beyond.

Opportunities (External)

- **Expanded Fundraising and Partnerships:** Aligned with TCM's mission to provide holistic, Christ-centered care and our vision to be a premier model for residential childcare, there is significant opportunity to broaden and diversify our base of support. By cultivating relationships with corporations, charitable foundations, and non-traditional donors who are passionate about child welfare and family stability, we can strengthen the long-term sustainability of our work. Targeted grant funding from both faith-based and secular sources could support key initiatives such as educational technology, trauma-informed therapeutic programs, or infrastructure upgrades. Locally, there is strong potential to deepen engagement with civic groups such as Kiwanis or the Tupelo Women's Club, as well as forge partnerships with community organizations like Habitat for Humanity that share our values of compassion and service. TCM can also expand its use of digital fundraising strategies, including text-to-give, peer-to-peer giving, email campaigns, and video storytelling, to reach younger supporters and inspire broader participation. Successful social campaigns like Wishlist Wednesday and participation in passive giving programs such as Walmart Round-Up and Kroger Community Rewards have shown promise and can be built upon. Over the next several years, a milestone-driven capital campaign, such as for TCM's 75th anniversary in 2028, or a focused endowment drive could offer transformational opportunities for growth while

advancing our core mission of providing healing, stability, and hope to vulnerable children.

- **Program Development and Innovation:** Rooted in our mission to provide holistic, Christ-centered care and our vision to be a premier model for residential childcare, TCM remains committed to thoughtful innovation that expands our continuum of care and strengthens our long-term impact. A key area of programmatic growth is the creation of a formal Alumni Support Program that will serve youth after they exit campus, offering mentorship, check-ins, and access to resources that support healthy adulthood. This initiative will work in tandem with our existing Life Steps program, which equips older residents with life skills and transition planning before they leave care. Another exciting avenue for innovation lies in expanding trauma-informed services through specialized therapeutic interventions such as art or equine therapy in collaboration with local providers. These offerings would enhance emotional healing and enrich the daily experience of children with complex trauma histories. Additionally, TCM is exploring how to equip church families and local caregivers to serve vulnerable children through foster care or family support roles. This could include hosting trainings, workshops, or conferences that focus on caring for at-risk youth in a home environment. Central to this vision is the development of the Judd Center, which will function as a one-stop hub for both residents and community families. In the wake of the Family Resource Center's closure in Tupelo, there is now a critical gap in services such as parenting classes, anger management, and family coaching. The Judd Center is positioned to fill that void by offering compassionate, faith-based programming that is accessible to the public and backed by proven models. With strong community need and grant funding likely available, TCM is uniquely prepared to meet this moment by providing high-quality support services that reflect our mission of restoration, dignity, and hope.
- **Community and Church Engagement:** As an organization grounded in faith and committed to whole-child care, TCM is uniquely positioned to serve as both a resource and a bridge between the church and the broader community. The growing public desire for community-driven solutions to social issues presents a timely opportunity to amplify our role in supporting Mississippi's at-risk children. By building stronger relationships with local child protective services, court systems, and allied nonprofits, TCM can help ensure that children in crisis are connected with safe, stable, and spiritually nurturing environments. At the same time, many churches are actively seeking tangible, local mission opportunities—something TCM is well equipped to provide. Engaging a broader spectrum of churches through presentations, volunteer initiatives, and sponsorship opportunities can extend our reach and invite more people into this redemptive work. From mentoring youth and tutoring students to helping with campus maintenance or special events, volunteers and church groups can play a vital role in the healing process. In addition, sharing alumni success stories and communicating the long-term outcomes of faith-based residential care can increase public understanding and elevate TCM's role as a trusted and effective care provider in both ministry and civic spaces. This kind of meaningful engagement reinforces our belief that lasting change happens when

communities, churches, and families work together to restore hope in a child's life.

- **Technological and Operational Improvements:** Advancing TCM's mission to provide holistic, high-quality care includes embracing technology that enhances how we serve children and families. Strategic investments in technology can strengthen both the quality and efficiency of our programs while reinforcing our long-term vision of becoming a model of excellence in residential childcare. Implementing modern case management software would allow us to better monitor each child's progress, ensure continuity of care, and generate outcome data to guide decision-making. For Tupelo Christian Academy, the adoption of the FACTS system is already helping organize vital school data such as student applications, academic records, tuition payments, demographic information, and required documentation, creating a more professional and accessible structure for staff, families, and oversight. On the operational side, improvements such as upgraded campus security systems, telehealth capabilities for counseling, and e-learning tools can create a safer and more enriched environment while supporting individualized learning and therapy. Over time, increased use of data analytics across all departments including school performance, therapeutic outcomes, and alumni progress will allow TCM to identify trends, highlight successes, and continuously improve services. These tools not only improve internal operations but also help communicate our impact more clearly to donors, grantmakers, and community stakeholders who want to see measurable outcomes tied to their support.
- **Opportunity to Expand Strategic Communications and Storytelling:** TCM has a significant opportunity to strengthen and expand its communication efforts in order to reach new audiences who align with our mission. By developing a more intentional strategy for storytelling, branding, and outreach, we can engage Christian philanthropists, private foundations, local civic groups, and other mission-aligned partners who may not yet be familiar with our work. Clearer messaging, stronger visuals, and a consistent digital presence could amplify our impact, increase donor engagement, and open doors to new funding and partnerships. As we continue to grow, improving how we communicate our story is a vital area for investment.
- **Expanding Postsecondary Partnerships:** There is opportunity to grow and deepen our collaboration with postsecondary institutions to benefit both current residents and program alumni. In addition to offering dual credit for high school students, we can explore options such as vocational certifications, college bridge programs, and scholarships tailored for youth aging out of care. Strengthening these partnerships could open new doors for our students and position TCM as a leader in promoting educational access for vulnerable youth.
- **Accessing Aligned Public Funding Streams** While TCM does not rely on government funding for its core operations, recent success with select federal programs like the Title I grant demonstrates our ability to strategically pursue and manage public funding that aligns with our mission. Currently, we are pursuing a USDA grant that would provide

financial and food support for our school lunch program. These targeted funding streams offer the opportunity to enhance services for our students while preserving the flexibility and faith-based focus of our overall model. Continued exploration of similar opportunities could improve sustainability and reduce pressure on donor-driven revenue.

Threats (External)

- **Financial Dependence on Donations:** TCM operates with a strong commitment to independence by choosing not to accept government funding. This decision allows us to preserve our Christ-centered mission and maintain flexibility in how we serve children and families. As a result, our residential program is fully supported by the generosity of private donors, churches, foundations, and corporate partners who believe in our work. These contributions make it possible to meet the daily needs of our residents—including housing, nutrition, education, therapy, and staffing—while providing an environment rooted in faith and care. While this funding model requires consistent and proactive development efforts, it also reflects the strength and loyalty of our support network.
- **Economic Volatility:** Broader economic conditions pose a threat to TCM's funding and the needs of those we serve. An economic recession, high inflation, or unemployment spikes can tighten donor budgets, leading to reduced charitable giving. We have little control over macroeconomic trends but must be prepared for their impact. Economic stress also generally leads to an increase in child welfare needs (more families in crisis). If donations decline just as demand for our services rises, that gap is a serious threat. Additionally, cost increases (food, utilities, healthcare, etc.) can strain our budget since we provide for so many children's daily needs.
- **Competition and Donor Fatigue:** Within the charitable sector, donors have many options. Other child-focused charities, local foster care agencies, or new causes (disaster relief, global missions, etc.) compete for attention and funds. There is also a generational shift in giving; younger donors may prefer different causes or methods of giving. If we do not continuously engage and communicate our unique value, we risk donor attrition or donation stagnation. Church-based support could wane if newer church leaderships are less connected to TCM's legacy. We must guard against *donor fatigue* by keeping our message fresh, showing results, and diversifying our funding sources.
- **Regulatory and Policy Changes:** Changes in child welfare policies or laws could affect TCM. For instance, if Mississippi were to alter regulations around private group homes or impose new standards for religious homes, we might face pressure to become licensed or to modify our operations. National trends emphasize family-based foster care over group care for children, which could influence public opinion or referrals. Additionally, any changes in education policy (for our on-campus school accreditation or curricula requirements) or healthcare (mental health service regulations) could require adjustments. While we operate independently, we cannot ignore the external policy environment. We need to stay informed and engaged in advocacy to protect our ability to

serve children in a Christ-centered setting.

- **Child Welfare Trends and Demographics:** As mentioned, there is an ongoing movement towards placing foster children in family settings rather than group homes, especially for younger children. If this philosophy gains strength, we might see fewer referrals or more scrutiny on group homes. We'll need to continually demonstrate the quality and necessity of our model (e.g., how TCM excels in keeping siblings together or handles cases that standard foster homes might not be equipped to). Also, the profile of children needing care may shift – for example, we might see higher needs in teenagers or those with special needs, which can be more challenging to care for. We must be prepared for possibly more severe cases (e.g., children with complex trauma or mental health issues) as we are sometimes the *placement of last resort*. This could strain our resources or require new expertise.
- **Safety and Crisis Threats:** Running a residential campus for children comes with inherent risks that we must always mitigate. This includes health threats (such as pandemics – e.g., COVID-19 taught us that outbreak control and flexible schooling are crucial), natural disasters (storms, tornadoes, etc., could damage facilities or displace our kids), and security concerns (we must protect children from potential harm, including ensuring no unauthorized access to campus, etc.). Any serious incident – such as an abuse allegation, a child getting harmed, or a staff misconduct case – could not only harm those directly involved but also damage TCM's reputation and trust. We consider these potential crises as threats that require robust risk management plans, staff training, and insurance/contingency funds. Maintaining our excellent track record is paramount; one high-profile negative event could threaten donor confidence or even our operational viability.

Summary of SWOT: In leveraging our **strengths** (legacy of compassion, holistic care, donor support) and seizing **opportunities** (growth in funding, innovation, new leadership vision), TCM can address its **weaknesses** (funding constraints, facility needs, staffing) and mitigate **threats** (economic swings, changing child welfare landscape). The strategic goals in the next section directly build on this analysis – aiming to fortify our organization internally and expand our impact externally, all while staying true to our mission.

Strategic Goals and SMART Objectives (2026–2036)

Based on the above assessment, TCM has identified strategic goals for the short, mid, and long-term. Each goal is accompanied by specific **SMART** objectives – **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound – to ensure clear direction and accountability.

These goals are grouped by timeframe, recognizing that some initiatives are urgent and foundational (1–2 years), others will take a few years to accomplish (3–5 years), and some are visionary targets for the end of the 8-year horizon (6–10 years).

All goals reinforce our mission and address the challenges and opportunities highlighted in the SWOT analysis.

Short-Term Goals (1–2 Years: 2026–2027)

In the first two years of this plan, TCM will focus on strengthening its foundation – shoring up operations, addressing critical needs, and laying the groundwork for future growth.

- **Goal 1: Financial Stabilization and Transparency** – *Ensure TCM’s financial health in the near term and build trust with stakeholders.*
 - **Objective 1.1:** Increase **annual donor retention** rate to at least 75% by the end of 2026 (from an estimated current retention of ~60%). This will be achieved by launching a **Donor Engagement Initiative** in 2026, which includes personalized communication with donors, quarterly impact reports, and recognition programs to thank supporters.
 - *Measure:* Donor database records of repeat donations year-over-year.
 - **Objective 1.2: Grow annual fundraising** by 15% by FY2026 (compared to FY2024 baseline). Specifically, raise an additional \$200,000 per year by adding new revenue streams, including a fall **community 5K (2026)**, a **spring gala (2026)** and an expanded online year-end campaign.
 - *Measure:* Year-end financial reports showing total funds raised; compare against baseline.
 - **Objective 1.3:** Attain the **GuideStar Platinum** transparency seal by 2026 (currently Gold), by publishing all required financial, program, and outcome metrics on our profile.
 - *Measure:* GuideStar status achieved
 - **Objective 1.4:** Produce and distribute an Annual Impact Report starting in 2026, highlighting financials, key performance indicators, and major milestones. The report will serve as a primary tool for donor engagement, accountability, and storytelling.
 - *Measure:* Annual Impact Report completed and distributed; donor survey feedback indicates increased trust and understanding of TCM’s mission and outcomes.

- **Goal 2: Program Quality and Child Outcomes** – *Enhance the quality of care and track outcomes to ensure each child is thriving.*
 - **Objective 2.1:** Implement a **Trauma-Informed Care Training Program** for all staff by June 2026. 100% of houseparents, caseworkers, and support staff will complete at least 12 hours annually of specialized training in trauma-informed practices and behavioral interventions.
 - *Measure:* Training attendance records and pre/post training assessments demonstrating increased staff knowledge.
 - **Objective 2.2:** Establish a **Child Outcomes Tracking System** by early 2026. Define key child outcome metrics (e.g., improvement in school grades, reduction

in behavioral incidents, mental health progress, etc.) and utilize case management software to record these. By the end of 2026, produce baseline outcome reports for all children, and show at least 70% of children achieving one or more of their personal progress goals (educational, behavioral, or social) within 6 months of goal-setting.

- *Measure:* System in place; documented individual goals and status; aggregate report of goal achievement rate.
- **Objective 2.3: Strengthen Family Resources and Support Systems** – By the end of 2026, expand programs and partnerships that equip children’s families (biological, adoptive, or guardians) with the tools, knowledge, and connections they need to provide stable, nurturing environments. This will include developing a comprehensive family resource program offering parenting education, trauma support, community referrals, and ongoing case management.
 - *Measure:* Program framework in place; documented family participation; pre/post assessments demonstrating increased capacity to meet children’s needs; annual report on family engagement and stability outcomes.
- **Objective 2.4:** Secure Cognia accreditation for Tupelo Christian Academy (TCA) by the end of 2026 to formalize academic excellence and strengthen postsecondary outcomes for students. TCA will adopt Cognia’s performance standards, train instructional staff on requirements, and engage in the full self-study and review cycle. Accreditation will support long-term legitimacy for TCA’s academic program and improve opportunities for college-bound students.
 - *Measure:* Cognia self-assessment completed; documentation of standards alignment and curriculum enrichment; Cognia accreditation awarded by 2026; graduation and college acceptance rates tracked annually.
- **Goal 3: Campus Infrastructure and Capacity** – *Address urgent facility needs and prepare for serving more children safely.*
 - **Objective 3.1:** Strengthen community partnerships by cultivating a volunteer corps to support ongoing campus improvement projects. By 2026, develop and implement a Volunteer Maintenance Program, including quarterly campus workdays and a list of skilled volunteers (electricians, painters, landscapers, etc.).
 - *Measure:* Volunteer participation logs; number of projects completed by volunteers; satisfaction feedback from Facilities Manager and volunteer participants.
 - **Objective 3.2:** Complete the full remodel of Travis Hall before the start of the 2026-27 school year and complete remodel of Montgomery Hall by the end of 2027 to expand and modernize capacity for residential care. The renovation will include new flooring, updated furnishings, improved lighting, and structural repairs. Funding will be secured through a combination of designated gifts and donor-sponsored room updates.

The updated benefits package will be introduced during the 2027 open enrollment period.

- *Measure:* Benefits plan comparison report; staff feedback survey post-implementation showing increased satisfaction with coverage by at least 20 percent; documented enrollment data.
- **Objective 4.5:** Research and recommend a Human Resources Information System (HRIS) by the end of 2026 to support better tracking of staff data including paid time off (PTO), continuing education units (CEUs), performance reviews, and compliance requirements. Identify at least three viable platforms, compare features and costs, and prepare an implementation plan with a proposed timeline and budget.
 - *Measure:* HRIS comparison summary with vendor quotes; leadership team review and selection; implementation plan prepared and approved for budgeting by early 2027.

Goal 5: Corporate Engagement and Strategic Partnerships – Expand funding and visibility by building long-term relationships with mission-aligned businesses.

- **Objective 5.1:** Launch a Corporate Partners Program by 2028, recruiting at least 10 businesses to become annual sponsors at the \$5,000 level or higher. This initiative will include developing structured sponsorship packages that offer recognition in TCM events, visibility on publications and marketing materials, and meaningful volunteer opportunities for company employees. By 2029, the goal is to generate a minimum of \$75,000 annually through these partnerships and establish strong year-over-year retention.
 - *Measure:* Number of active corporate sponsors secured; total corporate contributions tracked annually; sponsor retention rate from year to year; qualitative feedback from partner businesses on value and engagement.

These short-term objectives are targeted at reinforcing the bedrock of TCM – funding, quality of care, facilities, and people – so that we can confidently pursue ambitious mid- and long-term goals.

Mid-Term Goals (3–5 Years: 2028–2031)

In the medium term, TCM will build upon early successes to expand and deepen its impact. These 3–5 year goals focus on strategic growth, program expansion, and strengthening sustainability mechanisms.

- **Goal 6: Campus Repairs, Staff Housing, & Additional Parking** – *Address facility repair needs and bolstering the current facility infrastructure for staff.*
 - **Objective 6.1:** Complete critical facility repairs and upgrades by the end of 2030, timed to coincide with the 75th anniversary celebration and a broader capital campaign launching in 2028. Priority projects include the full replacement of aging windows across residential cottages and comprehensive repairs to the

campus guttering and water drainage system, addressing both energy efficiency and safety concerns. The total estimated cost is \$250,000, which will be raised through the “Mansion Renewal” capital campaign and supported by commemorative donor sponsorships.

- *Measure:* Final inspection and sign-off from the Facilities Manager; project cost fully funded through campaign proceeds; maintenance reports post-renovation show reduction in energy loss, moisture damage, and safety concerns.
- **Objective 6.2:** Develop new on-campus staff housing by 2029 to support recruitment, retention, and quality of life for houseparents and essential residential staff. Conduct a feasibility study in 2026 to determine the most cost-effective model (e.g. duplexes or modular units), finalize architectural plans by 2027, and secure funding through capital donors and grants. Construct and open at least two staff housing units by late 2029.
 - *Measure:* Completion of feasibility study and architectural renderings; funding secured by end of 2028; two housing units constructed and occupied by qualified staff; post-occupancy survey reflects increased job satisfaction and retention.
- **Objective 6.3:** Expand campus parking by 2027 to improve accessibility for staff, volunteers, and visitors, particularly near the school and administrative buildings. Project scope will include clearing of identified green space, paving, signage, and lighting to accommodate at least 20 new vehicles. This will ease congestion during peak hours and improve safety. Funding will be sought through designated facilities gifts and community partner sponsorships.
 - *Measure:* Parking expansion plan completed and approved by Facilities Committee; construction completed by deadline; utilization logs and staff feedback show improved access and reduced congestion.
- **Goal 7: Sustainable Growth and Diversified Funding – Expand funding sources and financial resilience for the medium term.**
 - **Objective 7.1:** By 2030, grow **TCM’S existing Endowment Fund** to at least **\$1 million** in pledged gifts. This endowment will provide a steady investment income to support operations long-term. We will initiate a 75th Anniversary Endowment Campaign in 2028 (marking TCM’s 75 years) and promote planned giving (bequests, charitable trusts) heavily between 2028–2030.
 - *Measure:* Endowment fund account statements; total pledged and received towards endowment (target \$1M by end of 2030).
 - **Objective 7.2:** Diversify and increase **grant funding**: Secure at least **five new grant awards** (from private foundations or relevant government sources that don’t compromise our mission) by 2028, totaling at least \$150,000/year in program support. Focus areas for grants might include education (for TCA upgrades), mental health services, and capital improvements.
 - *Measure:* Number and dollar amount of grants received per year; successful implementation of grant-funded projects.

- **Objective 7.3:** Build **operating reserves** to cover a minimum of 6 months of expenses by 2030 (estimated reserve target, e.g., if annual budget is \$4M, reserve of \$2M). This will be accomplished by budgeting for a surplus each year from 2026 onward (even a modest surplus reinvested into savings) and directing any unexpected large gifts or estate gifts into the reserve.
 - *Measure:* Financial statements showing liquid unrestricted net assets equal to 50% of annual operating budget by end of 2029; Board policy in place defining reserve usage.

- **Goal 8: Program Expansion and Innovation** – *Grow TCM’s capacity and introduce new programs to fill service gaps.*
 - **Objective 8.1: Increase Child Capacity** – Expand the number of children we can serve to **90 concurrently by 2030**, effectively reaching full campus capacity. This may involve constructing, remodeling, or repurposing two additional residential cottages (if currently unused). By 2028, present a **Capacity Expansion Plan** to the Board including any needed capital costs (for facilities or staff). Hire and train additional houseparent couples by 2029 to staff the expanded capacity.
 - *Measure:* Official licensed/approved bed count (even if self-regulated) at 90; actual census hitting 90 by 2028; staffing rosters covering all cottages.
 - **Objective 8.2: Strengthen Life Steps & Launch Alumni Support Program** – By 2028, enhance the existing Life Steps transition program by establishing clear benchmarks beginning at age 16 and integrating more individualized coaching and readiness tracking. In tandem, launch a formal Alumni Support Program to provide at least 12 months of post-exit engagement, including monthly check-ins, mentorship, and access to resources such as housing, jobs, and counseling. By 2030, aim for at least 80% of TCM alumni from the previous 3 years to have been actively connected to the program through check-ins, event attendance, or service usage.
 - *Measure:* Expanded Life Steps curriculum and tracking tools; alumni program guide, mentor assignments, and secure tracking system; alumni engagement rates and one-year post-exit outcome data (e.g., housing, education, employment).
 - **Objective 8.3: Program Excellence Initiative** – Pursue and achieve national accreditation for Tupelo Children’s Mansion through the Council on Accreditation (COA) by 2030. Begin preparation in 2026 by conducting an internal readiness assessment, aligning policies and procedures to COA standards, and identifying a staff lead for accreditation coordination. Submit the application by 2028 and aim to complete the accreditation process by 2030. Accreditation will enhance external credibility, promote continuous quality improvement, and help position TCM for future funding partnerships and program expansion. Also, enrich the curriculum: add at least 3 new extracurricular or elective options by 2028 (e.g. music program, coding/technology classes, vocational training opportunities on campus). Partner with local schools or online providers if needed.

metrics for new outreach strategies (e.g., content downloads, nominations received, event attendance).

- **Objective 9.3: Advocacy and Best-Practice Leadership** – By 2028, TCM will take a leadership role in at least one child welfare network or initiative. For example, join the state’s coalition of children’s homes or a national Christian Alliance for Orphans (CAFO) membership. Host a workshop or mini-conference on our campus for child welfare professionals and ministries to share best practices by 2028. The aim is to influence broader practice with our insights (such as how faith-based residential care can produce positive outcomes).
 - *Measure:* Membership or leadership positions held; number of knowledge-sharing events hosted or presentations made by TCM leadership; tangible policy or practice recommendations we contribute to state or network discussions.
- **Goal 10: Operational Excellence and Accreditation** – *Enhance internal systems and attain external validation for TCM’s high standards.*
 - **Objective 10.1: Process Improvements** – By 2027, review and document all core operational processes (intake, case planning, discipline policy, emergency procedures, etc.) and update manuals to reflect best practices. Implement a new **Client Management Software** by 2026 to digitize child records, making information more accessible and reports easier. Target 100% compliance with internal documentation standards by 2027 (verified through quarterly file audits).
 - *Measure:* Completion of updated Operations Manual; training of staff on any new procedures/software; audit results showing improvement (e.g., fewer missing documents, timely incident reporting, etc.).

Objective 10.3: Data and Impact Measurement – By 2029, develop a robust outcomes measurement framework to quantify TCM’s long-term impact (e.g., tracking what percent of our alumni graduate high school, avoid incarceration, become employed or pursue college, etc.). Implement alumni surveys or use third-party researchers as needed. Publish a comprehensive **Impact Study Report** in 2029 showing TCM’s outcomes over the past decade (2019–2028), to use in demonstrating effectiveness to funders and refining programs.

- *Measure:* Established database of alumni outcomes; response rate from alumni; completed impact report; key statistics (such as “X% of children served in the last 10 years have been safely reunited or adopted,” “Y% of alumni have stable employment by 25,” etc.) that can be cited in grant applications and promotions.

These mid-term objectives push TCM beyond the status quo – growing our reach to more children, pioneering new support services, cementing financial stability, and raising our profile as a leader in our sector. By 2029, we expect to see a TCM that is larger in capacity, stronger in resources, and even more effective in changing lives.

Long-Term Goals (6–10 Years: 2031–2036)

The long-term goals are visionary targets that TCM will strive to achieve by the end of this strategic plan period (by 2036). They build on the cumulative progress of the prior years and represent the fulfillment of our mission on an even greater scale. While ambitious, these goals are aligned with TCM's desire to be a leader in the field and to ensure permanency of the organization's impact well into the future.

- **Goal 11: National Model of Excellence** – *Establish TCM as a benchmark institution in faith-based child care by 2036.*
 - **Objective 11.1:** By 2033, achieve recognition as a “**Model of Excellence**” through a national award or program. For example, aim to receive a faith-based charity excellence award or a child welfare industry accolade that acknowledges TCM's program quality and outcomes. We will document and share our best practices (curriculum, houseparent model, etc.) widely.
 - *Measure:* Awards or honors received; invitations for TCM staff to speak at national forums; at least one scholarly or feature article published about TCM's model by 2033 (in a magazine, journal, or online platform).
 - **Objective 11.2:** Develop a **Training and Resource Center** on campus by 2031. This could be a physical center or online repository where TCM provides training for other ministries or agencies looking to replicate aspects of our program (e.g., trauma-informed care in a residential Christian setting, transitional coaching for aged-out youth). By 2033, train at least 100 external individuals (from churches, foster ministries, etc.) through seminars, webinars, or internships at TCM.
 - *Measure:* Number of trainees; feedback from participants; evidence of other programs implementing ideas learned from TCM.
 - **Objective 11.3:** Maintain **outstanding outcomes** that surpass national averages. By 2033, demonstrate through data that children who come to TCM have high rates of positive outcomes: e.g., *target:* ≥90% of TCM school-age children perform at or above grade level (versus state foster care average which might be lower); ≥85% of youth leaving TCM have no involvement with the juvenile justice system within 2 years of exit (outperforming typical outcomes); and similar metrics in wellness and placement stability. This will require continuous improvement cycles and possibly lower staff-to-child ratios than typical to ensure individualized attention.
 - *Measure:* Longitudinal outcome tracking; comparison reports with state or national data where available; qualitative success case studies.
- **Goal 12: Legacy and Continuity** – *Secure TCM's long-term future through leadership development and financial security.*
 - **Objective 12.1:** By 2030, have a **Succession Plan** in place for all key leadership positions (President/CEO, Departmental Directors). Identify and groom at least one internal leader or have a clear external recruitment plan for each executive role. The Board will review and update succession planning annually.

outcomes (like a new state program or funding that aligns with our advocacy).

- **Objective 13.3:** Track and celebrate the **second-generation impact** of TCM by 2036. By this we mean that by 2036 many of our former residents will be adults – some possibly with families of their own. We’d like to see the positive cycle continue. An aspiration is that by 2036, at least 20 TCM alumni are actively involved in giving back – whether by working in child care, being foster/adoptive parents, volunteering at TCM, or being donors. Essentially, we want the children that we served to become adults who help others.
 - *Measure:* Maintain an alumni database; count of alumni engaged in volunteer or donor roles; anecdotal stories (to include in newsletters) of alumni who attribute their success and service to the influence of TCM.

The long-term goals above are ambitious, but they paint a picture of what we are striving for: an organization that not only serves the children under our roof with excellence, but one that influences the entire landscape of caring for “the least of these.” By 2036, TCM aims to be stronger, wiser, and ever more faithful to its calling – ensuring that *every child deserves hope* is not just a slogan, but a lived reality for as many children as we can possibly reach.

Implementation Framework

Developing a strategic plan is only the first step; effective implementation is critical to success. This section outlines **how** TCM will execute the strategic plan, detailing timelines, responsibility assignments, resource allocation, and metrics tracking. Our implementation approach is structured yet flexible, designed to integrate with TCM’s annual planning and budgeting cycles. Key elements of the implementation framework include:

- **Phased Timeline:** The plan’s initiatives will be phased according to the short-term, mid-term, and long-term groupings. We will develop a **comprehensive timeline (Gantt chart)** that plots all objectives and their target dates from 2026 through 2036. Short-term actions (2026–2028) have highest priority starting immediately in Q1 2026. Mid-term goals (2028–2031) will be planned in detail by the end of 2027, incorporating lessons learned from early implementation. Long-term goals (2031–2036) will remain in high-level view initially, with detailed project plans formulated as we approach those years. This phased approach ensures we maintain focus: immediate needs are addressed while laying groundwork for later projects. The timeline will be reviewed quarterly by leadership to adjust for any delays or to capitalize on ahead-of-schedule progress.
- **Assigned Leadership and Responsibilities:** Clear ownership is assigned for each strategic objective. A **Strategic Plan Implementation Team** will be established, led by the President as the overall sponsor of the plan. The **Vice President** will serve as the primary coordinator of plan execution, ensuring alignment across departments, monitoring progress on objectives, and addressing barriers to implementation. Key

members will include department heads and project leads. For example, the **Vice President of Development** will lead financial goals focusing on fundraising and donor relations; the **Director of Educational Services** of TCA will lead educational objectives; the **Director of Campus Operations** will oversee all infrastructure projects, and the **Director of Human Resources** will champion staff-related goals. Each objective will be incorporated into the respective staff member's work plans and performance goals. We will also engage the **Board of Directors** strategically: the board or a subcommittee will be assigned to monitor specific goal areas (e.g., a Board Finance Committee for funding goals, a Programs Committee for outcomes and care quality goals). The Board will receive implementation progress reports at every quarterly meeting, ensuring high-level oversight and support.

- **Resource Allocation:** Achieving these goals requires aligning financial, human, and material resources. Therefore, TCM's annual budgeting process (each fall) will be closely tied to the strategic plan. Starting with the 2026 budget, we will allocate funds to priority initiatives (for instance, setting aside capital funds for facility repairs, or including new staff positions in the payroll plan) in accordance with our short-term objectives. We will proactively seek funding for initiatives through fundraisers and grants as outlined. Some objectives (like infrastructure improvements or program expansions) depend on successful fundraising – for those, we will use a *go/no-go* checkpoint approach: e.g., if by mid-2026, 50% of needed funds for window replacements are raised, proceed with phase 1; if not, intensify fundraising or adjust timeline. Human resources will be scaled up mindfully: e.g., hiring of new houseparents will coincide with when we have sufficient children admissions to justify and funds to pay salaries. We will utilize volunteers and partnerships wherever possible to conserve costs (for example, perhaps volunteer labor for minor renovations, or university interns for research tasks like outcome tracking). Each initiative's resource needs (budget, staff time, equipment) will be itemized in a project plan approved by leadership before kickoff. This ensures we do not overextend and that each project is feasible with available resources or identified funding streams.
- **Performance Metrics and Milestones:** For each strategic objective, we have defined measurable targets and deadlines (as detailed in the Goals section). These metrics will be the basis of **monitoring progress**. The **Vice President** will develop a dashboard that tracks key metrics – for example: funds raised (% of goal), number of children currently served vs. target, staff turnover rate, project completion % for capital projects, etc. Intermediate milestones will be set for longer projects. We will use project management tools and regular check-in meetings (monthly implementation review meetings with all leads) to ensure milestones are met or issues are promptly addressed. If metrics indicate under-performance (e.g., donor retention not improving by mid-2026, or a delay in a construction project), the team will analyze causes and decide on corrective actions – such as adjusting strategies, providing more resources, or revising timelines if absolutely necessary.

- **Communication and Reporting:** Internally, transparent communication about the plan's progress is vital for morale and coordination. The CEO/President will give brief updates at all-staff meetings biannually, celebrating wins (like completed objectives) to motivate the team and highlighting next steps. Key progress will also be shared with our children (in appropriate ways) so they feel the positive changes (for example, letting them know improvements like the new playground or renovated cafeteria are part of making TCM better for them). Externally, we will communicate progress to donors and partners in newsletters and the Annual Report. Major milestones achieved (like "TCM reaches 100 children in care" or "New transitional living program launched") will be publicized via press releases or social media, not only to celebrate but also to demonstrate accountability – showing supporters that their contributions are translating into tangible results. This open reporting aligns with our value of Accountability and will maintain momentum by keeping stakeholders informed and engaged.
- **Risk Management:** Implementation will include anticipating risks and having mitigation plans. For each major initiative, the lead will do a brief risk assessment. For example, a risk to expanding capacity might be not finding enough qualified staff – mitigation could be increasing recruitment efforts or offering better incentives (which ties back to our staff development goals). A risk to capital projects is cost overruns – mitigation includes obtaining multiple bids, adding a contingency budget, or phased construction. By identifying risks early, we can adjust plans proactively rather than reactively. The Board will also assist by providing counsel and, if needed, approving contingency measures (like using reserve funds temporarily if a critical need arises and fundraising is delayed).
- **Adaptive Management:** While the plan provides a roadmap, we acknowledge that flexibility is necessary. Each year, we will conduct a **Strategic Plan review and refresh**. The implementation team will evaluate which objectives have been met, which are on track, and which are lagging or need modification due to unforeseen circumstances (for instance, a new law, or perhaps an opportunity to acquire property, etc.). With Board input, we may reprioritize or revise objectives to keep the plan relevant. This adaptive management ensures the strategic plan remains a living document, guiding us but not constraining us if changes are needed. Any significant changes to targets or timelines will be documented and communicated to stakeholders so that everyone remains aligned.

The implementation framework is built on clear leadership, detailed planning, careful resource management, and continuous monitoring. By following this framework, TCM's leadership and staff will translate the ambitious goals of the strategic plan into on-the-ground action and results. Each objective becomes a project with a champion, each goal's progress becomes visible and measurable, and the entire organization moves in sync toward our shared vision. The following Monitoring and Evaluation section further describes how we will measure success and ensure accountability throughout this implementation process.

Monitoring and Evaluation Plan (KPIs and Success Indicators)

Continuous monitoring and periodic evaluation are essential to ensure that TCM stays on course toward its strategic goals and to demonstrate accountability to our stakeholders. This section outlines how we will track progress (the **Monitoring** component) and how we will assess the effectiveness and impact of our strategies (the **Evaluation** component). We also specify the key performance indicators (KPIs) and success indicators that will signal whether we are achieving our desired outcomes.

Monitoring Framework:

TCM will employ a multi-level monitoring system:

- **Staff-Level Tracking:** Each objective owner (lead staff or team) will regularly track relevant metrics and report on progress. For example, the VP of Development will monitor donor retention rates, monthly fundraising totals, and grant submissions as part of Goal 1 and 5 progress. The Director of Education will track student performance data and graduation rates for education objectives. These operational metrics will be reviewed in monthly departmental meetings. We will utilize simple dashboards or spreadsheets for each objective, updated in real-time as data comes in (e.g., updating the number of children currently in residence, or tallying training hours completed by staff).
- **Management Reviews:** The executive leadership team (President/CEO, Vice Presidents) will convene **quarterly Strategic Plan reviews**. In these meetings, each goal area is reviewed against its KPIs. We will color-code objective status (e.g., green = on track, yellow = slight delay or risk, red = off track or stalled) to quickly identify where attention is needed. For any yellow/red items, the team will discuss obstacles and decide on corrective actions (such as reallocating resources, troubleshooting process issues, or, if needed, adjusting the objective). Meeting minutes will capture decisions and follow-up actions.
- **Board Oversight:** At every Board of Directors meeting (also typically quarterly), the leadership will present a **Strategic Progress Dashboard**. This high-level dashboard will include critical KPIs, for instance: current number of children served vs. target, % of objectives on track, budget versus actual fundraising year-to-date, staff turnover %, etc. Additionally, once a year, a comprehensive progress report will be presented to the board, aligning with the Annual General Meeting or a strategic retreat. The board will use these reports to hold management accountable, provide guidance, and authorize any necessary pivots in strategy. Board members may also verify progress through site visits or audits (for example, a Board Facilities Committee inspecting completed capital improvements).

- **Donor and Partner Transparency:** As part of monitoring, we will also keep external stakeholders informed annually (or semi-annually) through published reports. The **Annual Impact Report** (to be first published in early 2026 for the year 2026) will include not just stories but also data on KPIs: such as number of children served in the year, number of family reunifications, adoption placements, average length of stay, educational achievements (e.g., how many grade levels advanced), and financial metrics (cost per child, % program vs admin expenses). We will also report on progress toward major strategic goals (e.g., “this year we achieved X out of Y strategic objectives”). Donors today expect results-driven reporting, and we will meet that expectation with clear metrics.

Key Performance Indicators (KPIs):

The following KPIs will be central to monitoring and will serve as success indicators for each strategic focus area:

- **Children and Program Outcomes KPIs:**
 - *Number of Children Served:* Maintain a monthly average and year-end unduplicated count. Success Indicator: by 2036, served >150 children annually (indicating growth in capacity and reach).
 - *Occupancy Rate:* % of available beds filled. Indicator: consistently >90% occupancy from 2026 onward (meaning we are utilizing capacity fully to help as many kids as possible).
 - *Permanency Outcomes:* % of children exiting TCM to a permanent family (reunification or adoption). Indicator: >70% of discharges are to family settings (remaining are those who age out or transfer to other specialized care), reflecting success in our reunification/adoption efforts.
 - *Educational Achievement:* e.g., % of students performing at grade level or improving academically year over year; high school graduation/GED rate of eligible seniors. Indicator: 100% of eligible seniors graduate or complete GED; standardized test scores or grade progression shows academic growth in 80%+ of students annually.
 - *Behavioral/Wellness:* e.g., reduction in critical behavioral incidents by X% after implementation of behavioral support strategies; % of children reporting feeling safe and loved (via anonymous surveys or interviews). Indicator: downward trend in incidents year over year; target 90% of children express positive well-being in surveys – a qualitative but critical measure of our care quality.
 - *Alumni Success:* For alumni, track % engaged in education, employment, or stable housing 1 year post-departure. Indicator: ≥80% positive engagements (education, job, stable living) among those we keep contact with, reflecting effective transitional coaching.
- **Financial and Development KPIs:**
 - *Total Funds Raised:* Compare actual fundraising to target each year. Indicator: Meeting or exceeding our annual fundraising goal (which should grow by the % set in Goal 1 and 5).

- *Donor Retention Rate*: % of last year's donors who give again this year. Indicator: Increase to 75% by 2026 and maintain or improve beyond (industry average ~45%, so this shows strong loyalty).
 - *Number of New Donors/Churches*: Count of first-time donors and new church partners each year. Indicator: at least 50 new individual donors and 5 new church partners added yearly through 2029, signaling successful outreach.
 - *Endowment/Reserve Balance*: Track growth of reserve funds and endowment principal. Indicator: Reserve covers 6 months by 2029, 12 months by 2033; Endowment principal hits \$1M by 2028, \$2M by 2036 (or other set targets).
 - *Cost Management*: % of budget spent on programs vs administration/fundraising (we aim to keep admin costs reasonable). Indicator: Maintain program expense ratio around 80%+ of total expenses (indicating donor money goes to mission) while still investing enough in admin to support growth.
- **Infrastructure and Capacity KPIs:**
 - *Capital Projects Completion*: On-time completion of scheduled facility projects (yes/no and % completion). Indicator: 100% of planned critical projects (short-term) done by deadlines; mid-term new constructions or major renovations delivered by target year (e.g., new cottage by 2036 if planned).
 - *Safety/Quality Inspections*: Results of any external inspections or internal safety audits (e.g., fire safety, health inspections of kitchen, etc.). Indicator: Passing all inspections with no major deficiencies; licensing or accreditation reviews (if pursued) with positive outcomes.
 - *Capacity Utilization*: (similar to occupancy) how well we are scaling up. Indicator: If we aim for 90 beds, success is having them staffed and ready; using them effectively by end of plan.
- **Staff and Organizational Health KPIs:**
 - *Staff Turnover Rate*: Annual % of staff (especially direct care) leaving. Indicator: ≤20% by 2026, ideally maintaining low turnover through 2036.
 - *Staff Satisfaction and Engagement*: Measured via surveys (perhaps every 2 years). Indicator: improved scores in areas of support, training, morale (target: e.g., 85% of staff report being "satisfied" or "very satisfied" working at TCM by 2026, up from baseline).
 - *Training Compliance*: % of staff completing required training hours. Indicator: 100% compliance each year; and quality measure that staff demonstrate skills learned (could be evaluated by supervisors or external assessments).
 - *Succession Benchmarks*: If we have mentorship or deputies as part of succession (Goal 10.1), track existence and readiness of backups. Indicator: At least one designated backup for each key role by 2030, confirmed by board.
- **Community Engagement KPIs:**

- *Volunteer Involvement*: Number of volunteer hours donated or number of active volunteers annually. Indicator: Increase volunteer hours by say 25% by 2027, showing more community engagement.
- *Public Awareness*: Social media metrics (followers, shares) and web traffic can serve as proxies. Also, event attendance or media mentions. Indicator: For example, double social media followers by 2026 (achieved) and continued growth; media mentions per year increase; successful community event turnout (target X attendees).
- *Advocacy Outcomes*: Harder to quantify, but track any changes or initiatives influenced. Indicator: TCM cited in policy papers, invitations to speak on panels, or recognition from local authorities for contributions.

Evaluation Plan:

Beyond ongoing monitoring, TCM will conduct formal evaluations at key points:

- **Mid-Point Evaluation (2029)**: Approximately halfway through the strategic plan period, we will undertake a comprehensive evaluation (possibly with an external consultant for objectivity). This mid-point review (in 2030) will assess: Which goals are on track? Which objectives have been achieved or not, and why? What impacts are evident? It will include qualitative input (staff interviews, donor feedback, maybe even child/family feedback through appropriate methods) and quantitative analysis (comparing KPIs to targets). The evaluation report will highlight successes, challenges, and recommend adjustments for the remaining years. It will be presented to the Board and used to recalibrate strategies if necessary. For example, if an objective turned out unrealistic or circumstances changed, we formally modify it at this point with Board approval, rather than persisting in a flawed course.
- **Final Evaluation (2036)**: At the end of the plan period (in 2036), a summative evaluation will be conducted to measure overall success. This will answer big-picture questions: *Did TCM achieve its long-term priorities? How has the organization improved or changed from 2026 to 2036? What outcomes were achieved for children and families? Are stakeholders satisfied with the results?* We will likely engage an external evaluator or team for this final review to validate our self-assessments. The final evaluation will not only detail performance against every goal/objective (with explanations for unmet targets), but also capture lessons learned and best practices. Importantly, it will feed into the next strategic planning cycle (for 2036 and beyond), ensuring continuous learning.
- **Success Indicators and Impact**: We define success not just by checking boxes on objectives, but by the positive impact on our mission.

Some high-level success indicators by 2036 include:

- TCM consistently providing high-quality care to around 90 children at a time, with documented positive outcomes (health, education, emotional stability) for those children.

- The organization having stable finances (no debt, sufficient reserves) and a broad, engaged support base (diverse donors, volunteers, partner churches) indicating sustainability.
 - Improved infrastructure that enhances daily life for children and efficiency for staff.
 - A staff team that is skilled, motivated, and aligned with the mission – low turnover and high morale.
 - External validation of our work (through accreditation, awards, or simply recognition in our community and sector).
 - Most importantly, success means **changed lives**: children who come to TCM leave in a better situation than they came – healed from trauma, with hope for the future, equipped with education and life skills, and connected to a permanent loving family or support system. If by 2036 we can point to dozens of young adults who can say “Because of TCM, I have a better life,” that will be the ultimate proof of success.
- **Key Success Example Metrics:** For instance, one success indicator could be *“By 2036, at least 90% of children who stay 2+ years at TCM either reunify with family or are adopted, and of those who age out, 90% have stable housing and income within 6 months.”* If we achieve something close to that, it means our mission is being fulfilled. Another could be *“By 2036, TCM has maintained an average of 85 children served at any time, meaning we have helped over 800 children during the 10-year period.”* The sheer number of lives touched is a metric of reach, but the depth of impact is shown in follow-up outcomes like education completion or employment.
 - **Adjustments and Feedback Loops:** As part of evaluation, we will also solicit feedback from key stakeholder groups regularly:
 - **Children/Youth:** Through age-appropriate surveys or group discussions (facilitated by counselors to ensure honesty without fear), we will ask the kids about their satisfaction with life at TCM – do they feel safe? loved? what do they like or what would they change? Their feedback can directly inform program tweaks.
 - **Families (Parents/Guardians):** For those we work with (birth families or adoptive families), gather their perspective on TCM’s support – did we communicate well, did we provide helpful services, how are the children adjusting? This can be via exit interviews when a child leaves our care and periodic follow-ups.
 - **Donors/Churches:** Use surveys or personal calls with a sample of donors to gauge their satisfaction with how we report and use their funds. Keep an ear to donor suggestions or concerns – this can improve our engagement strategies.
 - **Staff:** In addition to surveys, hold yearly staff forums to discuss what’s working or not in implementing the plan. Often frontline employees have the best ideas for improvements or identify unforeseen challenges early.

- The feedback gathered will be discussed in management meetings and used to refine our approaches on an ongoing basis, embodying the value of Accountability and continuous improvement.

Continuous KPIs Monitoring Example: We plan to incorporate some KPIs into our daily management. For example, we might have a “**Mansion Dashboard**” screen visible in the admin office that updates key stats (census today, new donors this month, upcoming events/projects). This keeps the strategic goals visible and in mind for everyone. By tying staff performance evaluations to relevant strategic objectives (where applicable), we also ensure personal accountability aligns with organizational monitoring.

Our Monitoring and Evaluation plan is designed to ensure **transparency, learning, and accountability**. It will tell us – and our stakeholders – whether we are doing what we promised and whether those actions are making the intended difference. By diligently tracking KPIs and embracing both internal and external evaluations, TCM will remain on a path of excellence and integrity, continually proving that the trust placed in us is well-deserved. The ultimate evaluation of our success will be seen in transformed lives and a stronger organization ready to serve future generations.

Appendix

Placeholder for supporting documentation and detailed data. The Appendix will contain supplementary materials that provide context or evidence for the strategic plan. These may include

- *Detailed SWOT Analysis data or research findings (e.g., statistics on Mississippi child welfare trends, donor demographics analysis).*
- *Workplan for all activities, outputs, and outcomes related to the goals/objectives of the Strategic Plan.*
- *Asana Build Out for all strategic objectives, indicating start and end dates, task dependencies, and milestones.*
- *Risk Assessment Matrix, summarizing key risks identified for major initiatives along with mitigation strategies (for reference by leadership and board during implementation).*
- *TCM Organizational Guide (as of 2025) and envisioned organization structure by 2036 to support growth (showing key roles, departments, and reporting lines). ****TO BE ADDED*****
- *Budget Projections for 2026–2036, including assumptions for revenue growth and major expense changes associated with strategic initiatives (e.g., new staff hires, capital projects). ****TO BE ADDED*****
- *Letters of Support or Commitment from major partners (e.g., a letter from a foundation indicating intent to fund part of the plan, or from UPCI leadership endorsing the plan’s goals*

STRATEGIC PLAN

2026-2036

LEADERSHIP EDITION



APPENDIX ITEMS

TCM 2025-2036: Environmental Scan (SWOT Analysis)

To chart the course for the next ten years, TCM conducted an internal environmental scan to evaluate both internal and external factors impacting our mission. This SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) draws on over seven decades of organizational experience and considers the current context of child welfare and nonprofit ministry. It identifies what we do well, where we can improve, the external opportunities we can leverage, and the external threats we must mitigate. The following is an in-depth SWOT analysis of Tupelo Children's Mansion:

Strengths (Internal)

- **Heritage and Reputation:** Over seven decades of service have established TCM as a trusted leader in residential childcare. Founded in 1953, TCM is recognized as one of the most respected and longest-standing children's homes in Mississippi. Our legacy of providing hope since 1953 and the success stories of over 1,000 alumni inspire confidence among stakeholders and the public. This rich heritage and proven track record create a strong foundation of trust and credibility for our mission.
- **Comprehensive, Quality Care:** We provide holistic, Christ-centered care that meets each child's academic, emotional, physical, and spiritual needs. Children live in family-style cottages with dedicated houseparents, attend our on-campus Pre-K through 12th grade school (Tupelo Christian Academy), and follow structured routines that offer stability, consistency, and a sense of belonging. Our team uses the Trust-Based Relational Intervention (TBRI) model – an evidence-based, trauma-informed approach – to respond to the complex emotional and behavioral needs of children with trauma histories, creating an environment built on connection, safety, and trust. In addition to licensed counseling and academic support, children benefit from specialized resources such as our sensory room (to aid in emotional regulation) and **Toniebox** audio systems (which support literacy, imagination, and peaceful bedtime routines). Every element of our care is intentionally designed to help children feel safe, supported, and capable of healing, learning, and thriving in a nurturing environment.
- **Dedicated Donor Base:** As a faith-based nonprofit, TCM benefits from a loyal and generous support network that provides financial stability. Churches, individual donors, and community partners consistently rally behind our mission. We have national reach through two church organizations (the United Pentecostal Church International and the Assemblies of the Lord Jesus Christ), while also maintaining strong local engagement in the Tupelo community. This broad and committed donor base serves as a reservoir of goodwill – providing not only monetary donations but also volunteers, in-kind gifts, and other resources that we can mobilize for projects. The enduring commitment of our supporters allows us to meet operating needs and undertake special initiatives that directly benefit the children.

- **Leadership Transition – Fresh Momentum:** The recent leadership transition, with Dr. Chad Parker stepping into the President/CEO role, offers an opportunity for new energy and strategic direction. Dr. Parker’s expertise as a social worker and his fresh vision for TCM are driving modernization and growth. Under this new leadership, we have the chance to re-evaluate operations, implement updated policies, and pursue big-picture goals (like those outlined in this plan) with renewed vigor. We anticipate increased outreach, improved internal processes, and possibly the recruitment of additional skilled professionals at the executive level to complement the team. In short, this leadership change has infused TCM with fresh momentum and optimism for the future.
- **Independence from Government Funding:** TCM receives no state or federal funding, allowing us to operate outside the constraints of the traditional foster care system. This financial independence protects our religious liberty and enables us to deliver faith-based care without compromise. It also gives us flexibility in admissions and placements – for example, we can keep sibling groups together and offer extended residential stays when needed, without being bound by strict government timelines or quotas. This autonomy allows TCM to prioritize the best interests of each child while staying true to our mission and values. Essentially, we are free to do what’s right for the child, case by case, thanks to the generosity of private supporters rather than government contracts.
- **Mission-Driven Team and Culture:** Our leadership, staff, and board are deeply committed to the mission of TCM, with many viewing their roles as a calling rather than just a career. This sense of purpose fosters extraordinary dedication, compassion, and continuity of care for the children we serve. TCM is very intentional about maintaining a Christ-centered culture that reflects our core values of Compassion, Accountability, Respect, and Excellence (C.A.R.E.). We uphold a rigorous interview and vetting process to ensure that each team member is not only spiritually aligned with our mission but also highly qualified for their role. This commitment to excellence in recruitment helps build a team that is both professionally competent and spiritually grounded. The result is a workplace marked by teamwork, integrity, and resilience – even in the most challenging seasons of care. Our mission-driven culture translates into lower turnover, high staff morale, and consistent, loving care for the children.
- **Campus and Facilities:** TCM’s 37-acre campus, with its multiple residences and on-site amenities, is a significant asset. It provides a safe, enclosed environment with ample space for living, schooling, and recreation—all in one location. Major facilities are already in place to support around 75 or more children, including family-style cottages (residential homes), an on-campus school building, a cafeteria, a gymnasium, and other recreational areas. Having our own accredited school and recreational facilities on-site greatly enhances the quality and consistency of care: children don’t have to be transported off-campus for education or play, which means more stability and normalcy in their daily routines. In recent years, generous donor support has enabled us to make improvements and conduct regular maintenance, keeping the campus functional, welcoming, and up to date. Overall, our campus infrastructure allows us to deliver comprehensive care effectively in a safe and well-supervised setting.

- **Permanency Focus:** A key strength of TCM is our unwavering commitment to permanency planning for each child. We actively seek the best long-term outcome for every child in our care—whether that be family reunification when safe and possible, adoption into a forever family, extended residential care with us for those who need longer to heal, or preparation for independent living in the case of older youth. This focus ensures that we remain child-centric in all decisions and that children do not languish in care without a plan for their future. TCM is willing to go above and beyond traditional group home expectations to secure stable, loving futures for our residents. For example, we have demonstrated in past cases our willingness to pursue legal custody or guardianship of a child when necessary to facilitate adoption or long-term stability, rather than allowing a child to drift in the system. This dedication to permanency means each child's case is regularly reviewed with the goal of finding them a permanent, healthy family environment or self-sufficiency plan, as appropriate. It is a strength that sets us apart in the child welfare field, underlining that our ultimate goal is not just to provide a temporary safe haven but to help each child find a lasting home and hope for the future.
- **External Oversight by the Department of Health:** Although TCM operates under a religious exemption and is not licensed by the state's Department of Child Protective Services, we are held accountable through regular oversight by the Mississippi Department of Health. Our campus and facilities undergo bi-annual inspections by health department officials to ensure we meet all health and safety regulations across the residential cottages, school, and other buildings. This external review process provides an important layer of third-party validation of our quality of care and safety standards. For donors and partners unfamiliar with religiously exempt programs, the visible oversight by a government health agency offers added confidence that we are maintaining safe, high-quality conditions for the children. In essence, even without traditional licensure, we voluntarily submit to stringent health/safety inspections and we consistently meet or exceed those requirements – reinforcing our credibility and commitment to excellence.
- **Integrated Dual Credit Partnership:** TCM has established a valuable partnership with the local community college that enables eligible high school students on our campus to enroll in dual-credit courses while still attending Tupelo Christian Academy. This integrated academic pathway strengthens our program by expanding educational opportunities for our teens. Students who are ready and academically qualified can take college-level courses that count for both high school and college credit, giving them a head start on postsecondary education. The dual credit program enhances college and career readiness, allows motivated students to experience the rigor of college academics in a supported environment, and lets them earn transferrable college credits at no additional cost. This partnership reflects our commitment to preparing youth for successful transitions beyond residential care – whether that transition is to college, vocational training, or the workforce. By broadening our educational offerings through dual credit, we help ensure that our residents are not only healing emotionally and spiritually at TCM but are also being challenged academically and set up for future success.

- **Strategic Use of Federal Funding Opportunities:** While we pride ourselves on being independent of direct government funding for operations, TCM has become adept at accessing certain federal and state funding streams that align with our mission and benefit our children. For example, we have secured a federal Title I grant to support educational programming at Tupelo Christian Academy, which provides targeted resources to enhance academic outcomes for students from low-income backgrounds. This grant helps us provide additional tutoring, educational materials, and instructional support that directly improve our students' learning experiences. Additionally, the organization is actively pursuing a USDA grant to support our campus lunch program, which would provide both financial assistance and USDA food resources to ensure our children receive nutritious meals every day. These efforts demonstrate our ability to navigate selective public funding opportunities without compromising our faith-based mission. By strategically tapping into grants and programs that fit within our values (such as education and food security for children), we are growing our capacity to access sustainable resources that directly benefit the children in our care. This diversified approach to funding strengthens TCM's financial base and lessens the exclusive burden on private donations for every programmatic need.

Weaknesses (Internal)

- **Aging Infrastructure and Maintenance Needs:** Some of our facilities, campus infrastructure, and equipment are aging and in need of upgrades or replacement. While our campus is a strength, it also presents ongoing maintenance challenges, as several buildings date back many decades. Maintenance and capital improvements require significant funding and careful planning. For example, we have identified projects such as replacing old dormitory windows for energy efficiency and safety, repairing or replacing damaged gutters and roofing to prevent leaks, renovating the kitchen and dining hall to meet modern health standards and improve capacity, and upgrading staff housing units to ensure comfortable accommodations for houseparents and on-campus staff. There is also limited physical space on campus for major expansion, as we only have a set number of buildings and housing units—this could constrain growth if we wanted to serve significantly more children without new construction. Deferred maintenance or delays in addressing these facility needs could lead to safety issues, higher operating costs (e.g. due to inefficient heating/cooling), or more expensive repairs down the road if problems worsen. Keeping up with infrastructure is an ongoing weakness in the sense that it requires continuous resources and prioritization, and we must raise funds specifically for capital projects to prevent our facilities from becoming a liability.
- **Capacity Constraints:** While our licensed (or theoretical) capacity might be around 75–100 children based on available beds and buildings, in practice we often operate below that capacity (around ~50 children on average at a time). Several factors contribute to this gap. One is funding limits: we can only house as many children as we have the financial resources to support, since each additional child brings additional costs for food, clothing, schooling, and care staff. Another factor is staffing: each

residential cottage must have qualified houseparents and support staff; if we cannot staff a cottage, we cannot fill it with children. Thus, occasionally some beds may remain unfilled even if there are more children in need of placement, simply because we lack the resources (financial or human) to take them in safely. Additionally, the cost per child at TCM is high given the comprehensive, high-quality care we provide (including a low staff-to-child ratio, therapy, and education), so we must scale up cautiously to maintain quality. These capacity constraints mean that, despite the great need in the community, we have to limit intakes at times. This is an internal weakness because it means we are not utilizing our full potential capacity, and some children who could benefit from TCM's program might be turned away due to resource limitations.

- **Staff Recruitment and Retention:** Recruiting and retaining qualified, mission-minded staff is a continuous challenge. Our model of care is labor-intensive and requires very dedicated personnel, particularly in key roles such as houseparents (who provide full-time parenting in the cottages), teachers for our on-campus school, licensed counselors or therapists, and specialized support staff. The work, while deeply meaningful, is also demanding and can be high-stress. Houseparents, for example, have 24-hour responsibilities for the children in their cottage and often must relocate their lives to live on campus. Direct care staff are exposed to secondary trauma and emotional stress from working with children who have experienced significant hardship or abuse. Compensation at TCM is modest – comparable to or slightly above other nonprofits, but generally lower than what skilled professionals might earn in the private sector or public education system. This combination of moderate pay and high job demands can limit the pool of applicants and contributes to turnover. When turnover does occur among frontline staff (houseparents or support workers), it can disrupt the consistency and stability of care that is so vital for our children's healing. Additionally, competition for certain positions, such as licensed social workers or counselors, is high across the region; other agencies, schools, or healthcare providers are also vying for these professionals. We have to work hard to attract and retain talent who are both qualified and feel called to this ministry.

Moreover, once we do bring great staff on board, **preventing burnout** and ensuring **long-term retention** is an ongoing concern. To combat these challenges, TCM needs to continue investing in competitive compensation and benefits where possible, as well as providing strong training, support, and professional development opportunities. For instance, regular training in trauma-informed care (so staff feel equipped to handle our children's complex needs), opportunities for staff to grow into leadership roles or take on new responsibilities, and fostering a supportive team environment can all help with retention. Many of our staff cite the sense of purpose and teamwork as reasons they stay, so nurturing that positive, mission-driven culture is key. Building a culture of support, recognition, self-care, and continuous learning will help reduce burnout. This is an area we continually work on, but it remains a weakness because staffing will likely always be a challenge given the nature of our work and resource limitations.

- **Limited Awareness Outside Core Support Base:** While TCM is well-known within certain circles – particularly among United Pentecostal Church International (UPCI) constituents, the Assemblies of the Lord Jesus Christ (ALJC) community, and generally within Mississippi and neighboring states – our visibility on a national scale or outside of church-based communities is relatively limited. In other words, beyond our core network of supporters and affiliated churches, TCM’s story and impact are not as widely recognized as they could be. This lower public profile could be a weakness because it may limit our ability to attract new donors, forge new partnerships, or recruit staff and volunteers from the broader public. Historically, our marketing and communications efforts have been relatively modest. We rely heavily on word-of-mouth, presentations at church conferences, a presence on social media and in denominational publications, and the goodwill of those already connected to us. We have not engaged in extensive branding campaigns or national outreach efforts. As a result, there’s an opportunity cost: there may be Christian philanthropists, foundations, local civic groups, or individuals passionate about child welfare who simply haven’t heard of TCM or don’t know much about our success stories. This is a capacity gap we need to address. Improving our storytelling, public relations, and marketing is necessary to broaden awareness. Currently, the lack of wide recognition is a weakness, because it constrains our fundraising predominantly to those who already know us. We acknowledge this and see it as an area for growth.
- **Lack of Formal Accreditation or Licensing:** As a religiously exempt residential childcare facility, TCM is not licensed by the Mississippi Department of Child Protective Services. While our exemption allows us to freely integrate faith into our program and avoid certain bureaucratic constraints, this lack of formal state licensure could be perceived as a weakness in terms of external validation of our quality standards. Similarly, TCM has not yet pursued accreditation through a national accrediting body for child welfare organizations (such as the Council on Accreditation or similar entities that many children’s homes or foster agencies use to demonstrate adherence to best practices). To be clear, we do maintain high internal standards and operate with oversight from our church organizations and the Department of Health inspections, and we often exceed many state requirements voluntarily. However, from an outside perspective, not having that third-party “stamp of approval” can raise questions for some stakeholders. Certain donors, grantmakers, or referring agencies might prefer or require licensure/accreditation as an assurance that an organization meets established best-practice benchmarks in care, governance, and safety. Thus, the absence of such credentials can limit opportunities or make us ineligible for some funding sources. Currently, our focus has been on internal standards and accountability to our board and supporting churches, rather than secular accreditation – but this is a gap we have identified. Pursuing some form of accreditation or certification in the future could bolster our credibility and address this weakness by formally demonstrating that we meet or exceed industry standards.
- **Lack of Formal School Accreditation:** While Tupelo Christian Academy (TCA) on our campus provides a high-quality, individualized education in a faith-based environment, it is not currently accredited by an external educational accreditation body. This is a

weakness in terms of formal recognition of the school's academic standards. Without accreditation, there can be limitations for our students: for instance, transferring credits if a child transitions to another school system might be more complicated, or qualifying for certain programs and scholarships that look for accredited transcripts could be a challenge. Additionally, accreditation often involves a rigorous review of curriculum, teacher qualifications, governance, and outcomes; not having that external review means we miss an opportunity to validate and possibly improve our educational program through outside feedback. Some parents, guardians, or placing agencies might perceive a non-accredited school as less proven (even if our actual educational outcomes are good). Obtaining school accreditation from a recognized agency would affirm the quality of instruction we already strive to provide, ensure that we meet or exceed state and national academic standards, and enhance credibility with stakeholders who care about education. It could also open doors for new funding or partnerships specifically geared toward accredited educational institutions. In short, until we achieve accreditation for TCA, we have a recognized weakness in the eyes of external observers regarding our educational services, and we plan to address this by working toward accreditation in the coming years.

- **Leadership or Succession Challenges:** TCM is blessed with a passionate and capable leadership team, but like any nonprofit, we are vulnerable to disruptions if key leaders were to depart unexpectedly or if leadership succession is not well-managed. We have a relatively small executive team and a hands-on board; this concentration of institutional knowledge means that a sudden loss of a key individual (due to retirement, health issues, or being called to another ministry) could create a significant gap. Over-reliance on a few key people is a risk. If a founder-like figure or long-tenured leader leaves without a clear succession plan, the organization might experience instability or a loss of momentum. Additionally, leadership failure or burnout at the top could trickle down and impact staff morale and operations. Therefore, ensuring strong governance practices and developing second-tier leadership is critical. We recognize the need to intentionally cultivate a pipeline of future leaders from within our team who are equipped to take on greater responsibility when needed. Cross-training, mentorship by current leaders, and involving a broader team in strategic decisions can help mitigate the risk. The board of directors must also remain engaged in succession planning to prepare for both planned and unplanned transitions. While we anticipate a stable leadership era under our new CEO, we know that looking out over the next 10+ years, we must avoid being caught off-guard by changes. Building organizational resilience means having depth in leadership – a broad base of competent decision-makers and a culture that can carry on the mission even if one or two individuals change. At present, this area is a potential internal weakness because we are in a phase of transition and growth, and we need to solidify continuity plans to ensure TCM can thrive through 2036 and beyond, regardless of who is at the helm.

Opportunities (External)

- **Expanded Fundraising and Partnerships:** There is significant opportunity to broaden and diversify our base of support in alignment with TCM's mission to provide holistic, Christ-centered care, and our vision of being a premier model for residential childcare. First, we can cultivate relationships with new funding sources such as corporations and charitable foundations (both faith-based and secular) that have a passion for child welfare, education, or family stability. Many companies have corporate social responsibility programs or grants focused on children's issues that we could tap into. Likewise, private family foundations or Christian philanthropic organizations might be interested in our work if we proactively reach out with proposals. By expanding beyond our traditional donor pool, we can strengthen the long-term sustainability of our ministry.

Additionally, targeted grant funding presents a major opportunity. We can seek grants to support key initiatives identified in our strategic plan – for example, grants for educational technology upgrades, funding for trauma-informed therapeutic programs (like specialized counseling or sensory room enhancements), or capital improvements for infrastructure. Both religious and secular grantmakers exist for these purposes. Part of this opportunity is researching and writing strong grant applications, which we plan to pursue more vigorously.

On the community level, there is room to deepen engagement with local civic organizations and service groups in Mississippi and the Southeast. Groups such as the Kiwanis Club, Rotary Club, the Junior Auxiliary, or the Tupelo Women's Club, among others, are often looking for local causes to support. By making presentations or involving them in volunteer projects, we could gain new allies and donors. Partnerships with other community organizations that share values can also amplify our impact; for instance, collaborating with Habitat for Humanity on projects could benefit our campus or the families of children we serve, and in turn, connect us to their supporters.

We also see opportunity in **leveraging modern fundraising strategies and technology** to reach a younger and broader audience. Digital and peer-to-peer fundraising can complement our traditional methods. For instance, expanding our use of social media and crowdfunding for specific projects could engage people who might not respond to a mailed newsletter but would donate online if moved by a video or story. We have had promising results with social media initiatives like "Wishlist Wednesday" (where we share specific in-kind needs on Facebook) and with passive giving programs such as the Walmart "Round-Up" (where shoppers round up purchases to donate) and Kroger Community Rewards. We can build on these by launching more interactive campaigns, such as text-to-give drives, or encouraging supporters to host Facebook fundraisers around their birthdays benefitting TCM. Email campaigns that share compelling stories and outcomes can also re-engage lapsed donors or reach new ones through forwarding.

As we look ahead, one major opportunity is planning a milestone-driven capital campaign. For example, TCM's 75th anniversary is coming up in 2028, which would be a perfect focal point for a large fundraising campaign or series of events to celebrate our legacy and invest in our future. A well-organized capital campaign around that milestone could rally our existing supporters and attract new donors who are inspired by the longevity and impact of the Mansion. This might support projects like building improvements, an endowment fund to secure our finances long-term, or program expansions. Similarly, pursuing an endowment or legacy giving program (encouraging supporters to include TCM in their estate plans) could be transformative over the next decade.

In summary, by broadening our fundraising strategies and forming new partnerships, TCM can tap into additional resources that will enable us to grow and innovate. The external environment has many individuals and organizations looking to make a difference in the lives of children – we need to effectively reach them and invite them into our mission.

- **Program Development and Innovation:** Rooted in our mission to offer holistic care and our vision to serve as a model program, TCM has several avenues for programmatic expansion and innovation that could greatly enhance our impact. One key opportunity is the creation of a formal **Alumni Support Program** to serve youth after they exit our residential care. We know that the transition out of a structured, supportive environment like TCM can be challenging for young adults. By developing an alumni program, we could provide ongoing mentorship, regular check-ins, life coaching, and access to resources (such as counseling referrals, job leads, or emergency assistance) for our former residents as they navigate young adulthood. This would build on our current “Life Steps” program, which already prepares older residents (16+) with life skills, job readiness, and transition planning while they are still with us. An Alumni Support Program would extend that safety net beyond campus, helping to ensure that the good work done during their time at TCM is sustained and that these young people have a stable support system even after they leave our immediate care. This could dramatically improve long-term outcomes in education, employment, and personal well-being for our alumni.

Another exciting avenue for innovation lies in expanding our **trauma-informed therapeutic services** through creative, evidence-based interventions. Many of the children at TCM have complex trauma histories, and while we provide counseling and use TBRI techniques, there is opportunity to introduce additional therapeutic modalities that can facilitate healing. For example, **art therapy** and **equine therapy** are two interventions that have proven effective for children who have experienced trauma or attachment disruptions. We could explore partnerships with local therapists, art studios, or nearby equestrian programs to incorporate these therapies into our offerings. Art therapy would give children a non-verbal, creative outlet to express emotions, build

self-esteem, and process their experiences. Equine therapy (therapeutic horseback riding or horse care programs) has been shown to help with emotional regulation, trust-building, and confidence. These specialized programs, possibly offered in collaboration with external experts or organizations, would enrich the daily experience of our children and address their emotional needs in innovative ways beyond traditional talk therapy.

Additionally, TCM is exploring ways to **equip and involve church families and local community caregivers** in serving vulnerable children. This opportunity aligns with the broader trend of community-based support for at-risk youth and could position TCM as a resource hub for child welfare knowledge in our region. We could host trainings, workshops, or conferences that educate and empower families who are interested in foster care, respite care, or mentoring at-risk youth. By sharing our expertise in trauma-informed care and child development with church congregations and interested community members, we can multiply our impact beyond the children who physically live on our campus. For instance, we might organize a seminar series on “Becoming a Healing Home,” offering guidance on how to support children who have come from hard places, or partner with local ministries to recruit and train foster parents. Not only would this fulfill a community need, but it would also strengthen our connections with churches and demonstrate TCM’s leadership in the field of Christian child welfare ministry.

Central to our vision for program development is the creation of **The Judd Center**, a planned facility and initiative that will function as a one-stop hub for both TCM residents and at-risk families from the community. In the wake of the recent closure of the Family Resource Center in Tupelo, there is now a critical gap in services such as parenting classes, anger management training, budget coaching, and family counseling in our area. The Judd Center presents a timely opportunity for TCM to fill that void by offering compassionate, faith-based programming accessible to the public. For our on-campus children and their families, the center could provide additional therapy space, visitation rooms, and training areas. For the wider community, we envision the Judd Center hosting classes and support groups (for example, parenting workshops based on Christian principles and TBRI methods, anger management courses for teens or parents, life skills classes for struggling families, etc.), many of which were previously provided by the now-closed resource center. By leveraging our staff expertise and possibly new hires or partnerships, TCM can position the Judd Center as a beacon of hope and practical help for families in crisis, even if their children are not residents of TCM. This not only serves a pressing community need but also raises TCM’s profile as a go-to resource in child and family services. Importantly, there are likely grant funds and community support available for such outreach initiatives, given the demonstrable need. Launching the Judd Center would embody our mission of extending Christ’s love

to heal and strengthen families, preventing crises before they escalate to the point where children need removal from their homes.

In summary, by innovating and expanding our programs – from aftercare for alumni, to new therapeutic modalities, to community outreach through the Judd Center – TCM can enhance its continuum of care. These opportunities allow us to serve children and families more comprehensively, position ourselves as leaders in trauma-informed ministry, and ultimately further our mission of restoring wholeness to vulnerable young lives.

- **Community and Church Engagement:** As an organization grounded in faith and committed to whole-child care, TCM is uniquely positioned to serve as a bridge between the church community and the broader public in addressing child welfare needs. There is a growing desire in society for community-driven solutions to social issues, and we see an opportunity to amplify our role and reach in supporting Mississippi's at-risk children through deeper community and church engagement.

One aspect of this opportunity is building stronger relationships and collaboration with local and state child welfare entities such as Child Protective Services, family courts, and other nonprofits. By increasing communication and partnership with these agencies, TCM can ensure that children in crisis are more quickly and effectively connected with the safe and nurturing environment we provide. For instance, by engaging with social workers or attending local child welfare coalition meetings, we can make sure TCM is top-of-mind when a child or sibling group needs a placement that a foster home cannot immediately accommodate. We can also share our success in areas like keeping large sibling groups together or working with children who have had multiple prior placements, to illustrate how TCM complements the broader child welfare system as a crucial resource.

Another aspect is broadening our engagement with a wider spectrum of churches and faith communities. Many churches are actively seeking **tangible, local mission opportunities** where their members can serve and make a difference. TCM can be presented as a meaningful mission field right in their backyard. We have the opportunity to conduct outreach to churches beyond those already in our support network – for example, evangelical churches of other denominations in Mississippi, or church groups in neighboring states. By giving presentations about our ministry, inviting church groups to visit our campus, or speaking at church events, we can inspire new volunteers and sponsors. There are numerous ways congregations could get involved: mentoring or tutoring our youth, sponsoring a cottage's needs, organizing donation drives for clothing and supplies, or even helping to maintain our facilities through volunteer workdays. Engaging more churches not only broadens financial and volunteer support, but it also roots our work in the community through prayer and fellowship, which aligns perfectly with our identity as a faith-based organization.

Additionally, harnessing volunteerism and community involvement is a major opportunity. TCM can create more **volunteer programs and outreach events** that welcome individuals or groups to contribute time and talents. For example, we could establish a mentorship program where responsible adults or couples from local churches are paired with a specific child or cottage for regular mentoring, outings, or support – giving our children additional positive adult relationships. We can host events like “Mansion Work Days” where volunteers help with campus beautification, minor repairs, or organizing donations. By doing so, we allow community members to feel personally connected to our mission. In turn, these volunteers often become some of our most passionate advocates and donors because they’ve seen the impact firsthand.

Another part of engagement is **storytelling and public awareness**. By sharing powerful alumni success stories, positive outcomes, and testimonials of transformed lives through church speaking engagements or local media, we can increase public understanding of the value of faith-based residential care. Mississippi, like many places, sometimes harbors misconceptions about group homes or may not realize how integral a place like TCM is for children who have nowhere else to go. By communicating our long-term outcomes (for example, young adults from TCM who have gone on to college, stable jobs, or healthy families of their own), we elevate TCM’s role as a trusted and effective provider in both the ministry context and in the broader child welfare landscape. This kind of narrative can galvanize community support and possibly influence local policy by highlighting that group homes, when done with excellence and compassion, are a necessary piece of the child welfare puzzle.

Overall, deeper community and church engagement reinforces our belief that lasting change happens when communities, churches, and families work together to restore hope in a child’s life. The opportunity before us is to not remain an isolated campus, but rather to be a vibrant part of the community – influencing and involving others in the mission to care for “the least of these.”

- **Technological and Operational Improvements:** Embracing new technology and enhancing our operational systems present a clear opportunity to strengthen TCM’s effectiveness and efficiency as we pursue excellence in care. By updating our tools and infrastructure, we can improve both the quality of services we deliver to children and the day-to-day efficiency of running the organization. One major opportunity is the **implementation of modern case management software**. Currently, some of our record-keeping and case planning might be done through spreadsheets or basic databases. Upgrading to a specialized case management system designed for residential care or social services would allow us to better track each child’s information, their care plans, progress notes, medical records, and educational data in one integrated platform. This would improve continuity of care (by ensuring any staff member working with a child has up-to-date information), help us spot trends or needs across our population, and facilitate outcome measurement (we could more easily generate reports

on metrics like academic improvement, counseling hours provided, etc.). Data from such systems can guide decision-making and also help in communicating impact to stakeholders.

In the education realm, we are already taking steps such as adopting the **FACTS system** for Tupelo Christian Academy, which is a comprehensive school information system. FACTS allows us to organize student applications, academic records and transcripts, track attendance and behavior, manage tuition payments or scholarship information, maintain demographic data, and keep required documentation all in one place. This transition to a professional-grade school management software is creating a more efficient and transparent structure for our teachers, administrators, and even for providing information to guardians or oversight bodies. It also lends credibility by aligning our school operations with standard practices in private education.

Beyond case management and school software, there are other operational tech improvements on the horizon. Upgrading our **campus security systems** is a continuous opportunity – for instance, installing modern security cameras, secure-access entry systems for buildings, and better outdoor lighting can all enhance the safety of our campus, which is paramount when caring for children. We can explore **telehealth capabilities** for counseling and medical care: ensuring we have the equipment and permission for our children to attend tele-therapy sessions or virtual medical consultations when in-person services aren't available. Telehealth could be especially useful for specialized therapy if local providers are scarce; we could connect our kids with experts anywhere in the country via secure video.

Integrating more **e-learning tools** and educational technology can enrich our on-campus schooling, particularly for differing learning levels. For example, providing tablets or laptops with educational software, using online curriculum supplements, or offering coding and digital literacy classes can broaden our students' learning experiences. For those who struggle in traditional settings, adaptive learning programs in math or reading could provide individualized support.

Additionally, as we serve more tech-savvy youth (teenagers who have grown up with technology), we have an opportunity to teach and model healthy technology use. Implementing tools like internet content filters, educational online platforms, or supervised social media projects could not only educate our children but also protect them from online risks.

Importantly, increased use of **data analytics** across all departments can help TCM become a learning organization. By systematically collecting and analyzing data on things like academic performance, therapeutic progress (e.g., improvements in behavior or emotional regulation), health records, and even alumni outcomes, we can identify what's working and where we need to improve. For instance, data might reveal that

children who stay with us for over a year have significantly better educational outcomes—information like that could justify advocating for longer placements when beneficial. Or analytics might show which referral sources result in the most stable placements, informing how we partner with referring agencies.

Embracing these technological and operational improvements not only improves internal effectiveness but also helps us communicate our impact. Donors, grantmakers, and stakeholders in 2025 and beyond increasingly expect nonprofits to use data to show results. If we can say, for example, “95% of children who stayed at TCM for 12+ months advanced at least one grade level academically” and back it up with data from our systems, it greatly strengthens our case for support. Technology investments thus have a dual benefit: better care for kids and better storytelling about that care. This opportunity, if seized, will help modernize TCM and ensure we remain at the forefront of quality in residential childcare.

- **Expanding Strategic Communications and Storytelling:** TCM has a significant opportunity to strengthen and expand its communication efforts in order to reach new audiences who align with our mission. Put simply, we can do a better job of telling our story to the world. By developing a more intentional and strategic approach to branding, storytelling, and outreach, we stand to engage groups of potential supporters who may not yet be familiar with our work but would deeply resonate with it if they knew.

For example, there are many **Christian philanthropists** and family foundations out there dedicated to supporting orphan care, foster care, or faith-based initiatives—however, they might not know that a ministry like TCM exists and has been changing lives for decades. Crafting clear, compelling messaging about what sets TCM apart (our Christ-centered approach, our success with sibling groups, our longevity, etc.) and sharing it through the right channels could capture their interest. Similarly, **private foundations** that focus on child welfare or education could become partners if we effectively communicate our outcomes and vision.

On a more local scale, there are civic groups and everyday community members who might support us if they heard about our mission at a Rotary meeting, a Chamber of Commerce luncheon, or through a local news story highlighting one of our programs or a child’s success story (while maintaining confidentiality). Thus, proactive public relations—such as reaching out to local media, writing op-eds about child welfare issues, or inviting reporters to cover our events—could raise our profile.

In terms of **digital presence**, we have room to grow and professionalize. A more consistent and visually strong presence on platforms like Facebook, Instagram, and LinkedIn could help us connect with younger donors and volunteers. Telling stories through short videos or well-crafted posts can be very powerful. We could spotlight a “Child of the Month” (with anonymity preserved), share staff testimonials about why they

work at TCM, or use infographics to show our impact in numbers. Our website too is a critical part of strategic communications; ensuring it is up-to-date, easy to navigate, and emotionally compelling can make a difference in converting a curious visitor into a donor or advocate. Enhancing SEO (search engine optimization) for terms related to children's homes or foster care ministry could lead more people to find us when searching online.

Another aspect is developing a **cohesive brand identity and narrative**. We want all our communications – from newsletters and brochures to social media and grant proposals – to consistently convey who we are, what we do, and why it matters. This might involve adopting a new slogan or tagline, refreshing our logo or design elements for a modern look, or creating a bank of high-quality photos and videos that visually tell our story of “hope and healing.” It’s not just about aesthetics; consistent branding and messaging help people remember us and understand our mission at a glance.

Ultimately, improving how we tell our story is a vital investment because it amplifies our impact. Even if our programs are excellent, we could be missing out on support if people don’t know about them or don’t fully grasp our significance. In the crowded nonprofit landscape, compelling storytelling can distinguish TCM as the unique and effective ministry that it is. This opportunity can lead directly to new funding, new partners, and greater community support, all of which will enable us to serve more children with excellence.

- **Expanding Postsecondary Partnerships:** In addition to our existing dual-credit program, there is an opportunity to grow and deepen our collaborations with postsecondary institutions to benefit both current TCM residents and program alumni. Education and career preparation are key to breaking the cycle of disadvantage for the children we serve, so any expansion in this area can have a long-term impact on their lives. One idea is to partner with community colleges, vocational schools, or technical institutes to offer **vocational certification programs** for interested students. Not every teenager will pursue a four-year college immediately (or at all), so giving them avenues to gain trade skills (like welding, culinary arts, automotive repair, cosmetology, etc.) while they are with us or soon after could set them up for stable employment. Perhaps we could arrange special classes or summer programs in collaboration with a local college that our youth could attend (with transportation and support provided by TCM).

We could also formalize a **college bridge program** for those who do want to attend university. This might involve partnerships with nearby universities (or Christian colleges) to provide college preparatory workshops, campus visit days, or even priority admission or scholarship consideration for TCM alumni. Some colleges have programs specifically for youth from foster care or group homes (recognizing the unique challenges they face); linking with those programs or advocating for our students could greatly ease their transition. Additionally, expanding our scholarship funds (through

donors or grants) designated for TCM graduates would encourage more of them to pursue higher education by removing financial barriers.

For alumni who have left TCM, partnerships with postsecondary institutions could allow us to continue supporting them. For example, we might develop an agreement with a college where any youth from TCM gets a faculty or peer mentor on campus, plus periodic check-ins from us to see how they're doing. Or we could coordinate with colleges on their "vacation housing" – some youth who age out of care have nowhere to go during college breaks; perhaps we can utilize our cottages for short-term stays or find host families for those times.

Another angle is inviting colleges or advanced training providers to come to our campus to hold info sessions or short courses. For instance, a local community college might run a weekend workshop on resume writing and interview skills for our teens, or an agricultural extension might teach a gardening or small engine repair class on site. Such partnerships enrich our Life Skills training.

Overall, by strengthening postsecondary partnerships, we position TCM as a leader in promoting educational access and success for vulnerable youth. We can create a continuum where a child comes to TCM, gets a solid K-12 education, and then is seamlessly connected to higher education or vocational training with support along the way. That kind of outcome-focused pipeline is powerful and could attract funding as well (since many grants are interested in "college and career readiness" for disadvantaged populations). It's an opportunity to truly live out the belief that our care and concern for these children doesn't end at 18 or high school graduation—we want them to thrive well into adulthood.

- **Accessing Aligned Public Funding Streams:** While TCM has historically not relied on government funding for core operations, we are discovering that there are selective public funding streams which align with our mission and could be pursued without compromising our values. The success we've already had with certain programs highlights a broader opportunity. For instance, as mentioned under our strengths, we secured a Title I grant for our school, and we are currently pursuing a USDA grant for our lunch program. Beyond these, there may be other state or federal funds earmarked for things like educational enrichment, nutrition, facility improvements (e.g., FEMA or emergency preparedness grants, or grants for rural community facilities), or even mental health services that could apply to us.

By carefully evaluating grants or programs, we could apply for support in areas that directly benefit our children. One potential opportunity is the federal **CACFP (Child and Adult Care Food Program)**, which sometimes provides reimbursements for meals in child care institutions; if eligible, that could offset food costs. Another area to explore is state-funded counseling programs or partnerships that might fund a counselor's salary if

they serve community children as well. There are also periodic block grants or special legislative appropriations in Mississippi for which a private charity might advocate or qualify, especially if we position the funding as meeting a public need (like serving children who would otherwise be in state custody).

It's important to note that any government-related funding we consider would be **aligned with our mission** and have minimal strings attached that could hinder our religious approach. We will continue to avoid any funds that would force us to dilute our faith-based identity or change our admissions criteria (for example, some government programs might require licensing that doesn't accommodate our model). However, identifying and leveraging **mission-aligned public funding** can reduce some pressure on our donor base and provide more stability. It essentially means we're being good stewards by not leaving any stone unturned in funding the care of our children—so long as accepting those funds doesn't interfere with how we care for them spiritually and emotionally.

Additionally, successfully managing grants like Title I increases our capacity to handle restricted funds and comply with reporting requirements, which bodes well for seeking other grants. Over the next few years, we can invest in training our staff in grant management and compliance, so that we're ready to responsibly administer any public funds we receive.

In conclusion, there's an opportunity to carefully supplement our privately-funded budget with specific public funding streams that fit our work. This diversified funding approach can enhance sustainability, allowing us to improve or expand services (like better educational materials through Title I, or nutritious food through USDA programs) without straying from our core mission. It's a strategic way to amplify the resources available for the children's benefit.

Threats (External)

- **Financial Dependence on Donations:** Because TCM has chosen not to accept government funding for the sake of maintaining our Christ-centered approach and operational flexibility, we are financially dependent on the continued generosity of private donors. This model has many benefits (as described in our strengths), but it also poses an inherent external threat: the risk that donations could decrease due to factors outside our control. If our donor base were to experience fatigue, or if key donors changed their giving priorities, or if economic conditions make individuals and churches cut back on charitable contributions, our funding could be significantly impacted. Unlike a state-funded facility that has a guaranteed budget, we must essentially "re-earn" our entire operating budget every year through fundraising efforts. This means that any decline in donations or lapse in fundraising effectiveness directly threatens our capacity to provide services at the current level. We must continuously inspire, engage, and

steward our donors to ensure a stable income. Furthermore, being donation-dependent requires us to maintain a high level of trust and transparency with our supporters, because any scandal or loss of confidence could quickly translate into financial shortfall. In summary, while our funding model preserves our independence, it also means we are vulnerable to fluctuations in private giving. We mitigate this threat by diversifying our fundraising (so we're not too reliant on any one source), maintaining a strong reputation, and communicating regularly with donors about the impact of their gifts – but the threat remains that a serious downturn in donations would directly and immediately challenge our operations.

- **Economic Volatility:** Broader economic conditions can have a significant effect on TCM's financial stability and the needs of the population we serve. An economic recession or downturn is a threat in multiple ways. First, in tough economic times, individuals, businesses, and churches often have less disposable income, which can lead to reduced charitable giving. For an organization like ours that relies on donations, an economic slump could result in budget shortfalls or difficult cutbacks. We saw, for example, during the COVID-19 pandemic and its economic aftermath, that some donors had to pull back or delay their giving due to uncertainty. High inflation is another economic threat – if the cost of goods and services (food, utilities, education materials, healthcare, etc.) rises rapidly, our expenses increase and we need to raise even more funds just to maintain the same level of care.

Second, economic hardship in the community typically **increases the demand for child welfare services**. When unemployment is high or families are financially stressed, incidents of neglect or abuse can rise, and more children may require placement in foster care or group homes. So paradoxically, a recession could mean we face more children in need at the same time our resources are constrained – a very challenging scenario. We have little control over macroeconomic trends like inflation, job markets, or national financial crises, but we have to be prepared for their ripple effects.

Another aspect is the unpredictability of costs such as insurance premiums, healthcare costs for the children, and capital expenses. For instance, if fuel costs spike, our transportation budget for taking kids to appointments goes up; if food prices soar, our grocery bills significantly increase. These factors can threaten our financial planning.

To mitigate the threat of economic volatility, we try to maintain prudent financial practices: building an emergency reserve fund when we have surplus, budgeting conservatively, and locking in costs (like utility contracts or bulk food purchasing) when possible. We also maintain open communication with donors during tough times, emphasizing the importance of their support. Nonetheless, the broader economy is a threat over which we have no control, and it requires vigilance and adaptability on our part to ensure we can continue our mission through economic storms.

- **Competition and Donor Fatigue:** In the nonprofit and ministry landscape, TCM is not alone in seeking support from the public. Donors today have countless charitable

options vying for their attention and contributions. From other child-focused nonprofits (like national foster care organizations, children's hospitals, or international child sponsorship programs) to completely different causes (disaster relief, medical research, supporting local churches, etc.), there is competition that could potentially divert funds away from TCM. Locally, there may be other human service ministries or initiatives that appeal to the same church audiences we appeal to. This competitive environment means we must continually demonstrate our **unique value proposition** – that is, clearly show why donating to TCM makes a profound difference and perhaps fills a niche that other charities don't. If we fail to effectively differentiate our mission and outcomes, we risk losing donors to other causes that might appear more urgent or more compelling in a given moment.

Donor behavior is also changing with generational shifts. Many of our long-standing supporters are older and have longstanding ties to TCM or the UPCI organization. As time goes on, the next generation of potential donors (younger Gen X, Millennials, and Gen Z) may have different priorities or ways of giving. Some might be less interested in supporting brick-and-mortar institutions or might favor more trendy causes, or they might engage in giving through non-traditional means like social enterprises or crowdfunding one-off projects. If we do not adapt to engage younger donors and speak to causes they care about (for instance, emphasizing how we address trauma, or how we provide educational opportunity—things that resonate across age groups), we could see a decline in donor support over the long term. This is a threat in the sense that our donor base must be replenished with new supporters as years go by.

Donor fatigue is another related threat. Our existing donors have been incredibly generous, but if they feel we are always asking without demonstrating fresh results or if they become weary of giving to the same cause year after year, their enthusiasm might wane. Particularly within church networks, if we always draw from the same well (the same congregations or conferences), people can feel tapped out or might turn their attention to helping another ministry for a while. We also face the risk that within our supporting churches, leadership changes could impact support—e.g., a new pastor might not have the same connection to TCM and thus doesn't promote it as much to the congregation, resulting in reduced giving from that church over time.

To counter these threats, we need to keep our outreach and fundraising efforts **dynamic and engaging**. That means regularly updating supporters on the impact of their gifts (so they see the return on their generosity in changed lives), telling new and inspiring stories, and varying our fundraising approaches. We should also celebrate and thank our donors consistently so they feel valued, not just solicited. Broadening our donor base (as mentioned in Opportunities) will also help so that we are not overburdening the same supporters repeatedly. While competition and donor fatigue are real threats, they can be mitigated by strong relationships, clear communication of impact, and innovation in how we connect with givers.

- **Regulatory and Policy Changes:** The landscape of child welfare is heavily influenced by government policies and regulations. Even though TCM operates independently of the state foster care system, changes in laws or regulations at the state or federal level could impact us. One potential threat is if Mississippi (or the federal government) enacts new rules regarding group homes or residential care facilities – for example, stricter standards or oversight requirements, limitations on length of stay for children, or mandates around the types of services that must be provided. If such regulations were to apply to religiously exempt programs or if exemptions were tightened, TCM might face pressure to become a state-licensed facility or alter aspects of our program to comply, which could challenge our current operating model and possibly our religious freedom in hiring or curriculum. Keeping our exemption status may require advocacy and legal awareness.

Additionally, there is an ongoing national trend and policy emphasis on favoring **family-based placements** (like foster families or kinship care) over group settings for children, especially for younger kids. This has been seen in federal initiatives like the Family First Prevention Services Act, which encourages funding for preventive services to keep children out of foster care and also places some restrictions on funding for congregate care settings unless they meet certain treatment criteria. While TCM is privately funded, if the general philosophy in child welfare increasingly views group homes skeptically, it could influence how referral sources treat us (e.g., state caseworkers might only place children with us as a last resort) or could sway public opinion about our work. We need to continuously demonstrate the quality of our care and the positive outcomes we achieve to counter any narrative that “group homes are bad.” We particularly emphasize how we keep sibling groups together and handle cases that average foster homes might struggle with – these are strong points that align with child welfare goals and can help justify our model.

Changes in **education policy** could also affect our on-campus school. If, for instance, state education standards change or if standardized testing requirements evolve, we might need to adjust our curriculum or testing approach to ensure our students are not left behind. If Mississippi were to mandate certain accreditations or curriculum content even for private schools, we would need to comply or seek exemption.

Similarly, changes in **healthcare or mental health regulations** (for example, new requirements for providing counseling to children in care, or confidentiality laws, or medication management rules) could require us to adapt practices or hire additional qualified staff to meet those mandates.

Finally, there’s always the possibility of changes in laws related to **religious organizations and discrimination policies** which could indirectly affect us (e.g., hiring practices for faith-based groups, etc.). We stay alert through membership in national

networks and guidance from legal counsel to ensure we can navigate any such changes.

In summary, regulatory and policy shifts pose a threat because they can force rapid changes in how we operate, potentially incur additional costs, or limit our flexibility. To mitigate this, TCM stays informed on child welfare legislation, engages in advocacy when appropriate (often alongside our supporting church organizations or coalitions of Christian child care providers), and remains ready to adjust our programs if needed while still holding to our mission. Our goal is to remain an excellent service provider within whatever regulatory environment exists, but we will voice our perspective to policymakers to protect the best interests of the children and our organization's values.

- **Child Welfare Trends and Demographics:** The needs and characteristics of the children who require care are not static; they change over time due to social trends, and those changes can present threats in the sense of new challenges TCM must be prepared for. As mentioned, one notable trend in child welfare is the push toward placing children in family settings (foster or kinship care) rather than in group homes. If this trend continues or accelerates, TCM might receive fewer referrals of younger children, or find that government agencies only seek placement with us for certain cases (like larger sibling groups or children with higher needs). We may increasingly become a **placement of last resort**—serving the kids who couldn't be placed elsewhere. These could be children with more severe behavioral or emotional issues, older youth who are less likely to be adopted or taken by foster families, or large sibling sets that are difficult to keep together in traditional foster care. While we excel in these areas, concentrating our population this way could strain our resources. Caring for older teens with significant trauma or children with special needs (e.g., developmental delays or serious mental health conditions) requires specialized training, potentially more staff or smaller child-to-staff ratios, and possibly facility adaptations (like accommodating physical disabilities or providing more intensive therapeutic environments). We must be ready to support children with more complex challenges, which could mean hiring therapists with specific expertise, providing additional medical or psychiatric services, or reinforcing our staff's skills in crisis intervention.

Additionally, demographic changes in society can affect us. If there are rising trends in parental opioid/drug addiction, for instance, we might see more children who have neonatal abstinence syndrome or early childhood trauma related to parental substance abuse. That could increase the number of very young children with special care needs who come to us, ironically at a time when policy discourages group care for the young – a potential conflict we might have to navigate by showing we can provide what foster homes cannot in such cases (like on-site therapeutic oversight for infants).

Another trend is the focus on racial and cultural considerations in child placement. While TCM accepts children regardless of background, if agencies push to place children with families of the same culture or background, we may need to demonstrate how we

provide culturally sensitive care to maintain our referral base. There could also be an increased need to serve non-English-speaking children or those from immigrant families, requiring language resources or cultural training for staff.

Overall, the threat here is that if we do not anticipate and adapt to these evolving trends, we could either find ourselves under-utilized (in a scenario where fewer children are referred to group care) or over-stretched (in a scenario where we receive only the most challenging cases without adjusting our capacity or methods accordingly). To mitigate this, TCM stays informed through networks and training about emerging needs in the child welfare population. We also emphasize the unique benefits of our model (like our ability to keep siblings together, our wraparound services, and our spiritual care) to ensure that even as trends shift, referral sources recognize the continued importance of what we offer. Flexibility will be key: for example, if in the future fewer younger children are placed with us, we might officially broaden our age range to take more teenagers or even consider related programs like transitional living for 18-21 year-olds aging out of foster care. In essence, we must evolve with the field while holding onto the core of our mission.

- **Safety and Crisis Threats:** Operating a residential campus for children comes with inherent risks that we must continually manage and prepare for. Ensuring the safety and well-being of dozens of children at any given time is an immense responsibility, and there are various crisis scenarios that could threaten our children, staff, and organizational health. One set of threats is **health-related crises:** as the COVID-19 pandemic showed, a communicable disease outbreak can rapidly become a serious issue in communal living environments. We must be vigilant with health protocols, have quarantine/isolation plans if needed, and maintain good hygiene and healthcare access for our kids. A severe flu season or another pandemic could potentially force temporary lockdowns or disrupt schooling and visitation, impacting the children's routine and emotional health. Ensuring we have contingency plans (like on-campus quarantine space, partnerships with healthcare providers, and the ability to shift to online schooling if needed) is critical.

Natural disasters are another concern. Our region can experience severe weather such as tornadoes, thunderstorms, and occasionally remnants of Gulf hurricanes. A direct hit to our campus from a tornado, for example, could be devastating in terms of physical damage to buildings and risk of injury. Even less severe events like lightning strikes or localized flooding could cause significant disruption. We need to have emergency response plans, conduct regular drills (for fire, tornado, etc.), and maintain insurance and emergency funds to recover from any such events. Crisis communication plans (how to contact all guardians, staff, donors quickly if a disaster strikes) are also important to have in place.

We also consider **security threats**. It is our duty to protect the children from any form of harm. That means we must guard against unauthorized individuals attempting to enter the campus or a cottage (for instance, an estranged parent trying to take a child, or anyone who might wish to harm a child or staff member). Our campus has controlled access, but we should continuously evaluate its adequacy. Internally, we have to remain vigilant that all staff and volunteers adhere to strict conduct standards—any incident of abuse or neglect by a staff member would be a worst-case scenario. We mitigate this through thorough background checks, training on professional boundaries, supervision, and a culture that encourages reporting any concerns immediately. Nonetheless, human factors are unpredictable, and we must be prepared to respond decisively if any allegation arises, to ensure justice and safety.

Any serious incident – whether it’s a child being harmed, a critical injury or accident on campus, a staff misconduct case, or even a false allegation – could profoundly damage TCM’s reputation and the trust we’ve built with donors, referral sources, and the public. For example, if an incident of abuse were to occur (even if perpetrated by another child or an outside person) and gained media attention, it could lead to public outcry, investigations, or donors pulling back support due to fear or loss of confidence. Even though we have an excellent track record for safety and quality care, the nature of our work means we have to be ready for crises.

We treat risk management as a priority: maintaining appropriate insurance coverage, having crisis response protocols, training staff in emergency procedures (from de-escalating violent behavior to performing first aid), and ensuring proper staff-to-child ratios to supervise kids at all times. We also invest in preventative measures: for instance, our emphasis on TBRI and trauma-informed care helps reduce the likelihood of behavioral crises among children; our screening and training of staff reduces chances of misconduct; our facilities maintenance reduces risk of accidents. However, despite all precautions, we know threats exist, and we must remain vigilant and proactive.

In summary, safety and crisis threats encompass a range of potential dangers – health emergencies, natural disasters, security breaches, and critical incidents. Any one of these could not only harm those directly involved but could jeopardize the very existence of our ministry by eroding trust. Thus, we consider this an ever-present external threat and address it with continuous improvement of our safety measures, crisis planning, and organizational resilience.

Summary of SWOT

In summary, our SWOT analysis shows that TCM has a strong foundation of **internal strengths** – including a legacy of compassionate care, a comprehensive Christ-centered program, a dedicated donor base, experienced leadership,

mission-driven staff, and a well-resourced campus – all of which position us well to continue making a positive impact in children’s lives. These strengths give us the ability to pursue our mission effectively. We also identified certain **internal weaknesses** that we must address, such as aging infrastructure, limited capacity and public awareness, challenges in staffing, and the lack of formal accreditations. Acknowledging these weaknesses allows us to plan strategically to overcome or mitigate them through targeted investments and improvements.

On the external side, we see numerous **opportunities** in our environment. By seizing opportunities like expanding our fundraising and partnerships, innovating our programs (from alumni support to community outreach), leveraging technology, and amplifying our communications, TCM can broaden its impact and ensure long-term sustainability. These opportunities align with our mission and vision, offering paths to growth, increased support, and enhanced services for the children and families we serve.

At the same time, we must remain vigilant against the **threats** that surround us – from economic uncertainties and fundraising competition to changing child welfare policies and potential crises. These external threats could hinder our work if not proactively managed. However, by leveraging our strengths and capitalizing on opportunities, we put ourselves in the best possible position to weather these threats. For example, our strong donor relationships and prudent planning help buffer economic swings; our commitment to quality and advocacy helps address policy changes; and our emphasis on risk management prepares us for crises.

In conclusion, the SWOT analysis underscores that TCM’s future success will depend on **using our strengths to their fullest, actively improving in our weaker areas, boldly taking advantage of opportunities, and diligently guarding against threats.** The strategic goals and initiatives outlined in the next section of our plan will build directly on this analysis – aiming to fortify our organization internally (through capacity-building and infrastructure improvement) and expand our impact externally (through outreach, partnerships, and service innovation), all while staying true to our core mission: offering hope, healing, and a brighter future to vulnerable children in a Christ-centered environment.

Tupelo Children’s Mansion Strategic Workplan 2025-2035

<u>Goal</u>		<u>Objective</u>	<u>Activities</u>	<u>Outputs</u>	<u>Outcomes</u>	<u>Timeline</u>	<u>Responsible Party</u>
Goal 1:		Objective 1.1: Donor Retention	Launch Donor Engagement Initiative: personalized donor communications, quarterly impact reports, recognition programs	4 quarterly reports produced; donor calls logged; recognition events held	Retention increases to 75% by 2026	Jan–Dec 2026	Development Director
		Objective 1.2: Annual Fundraising Growth	Organize fall 5K (2026), spring gala (2026), expanded year-end online campaign	3 new campaigns launched; participation tracked	\$200,000 per year increase by 2026	Jul 2024–Dec 2026	Development Team
		Objective 1.3: GuideStar Platinum Seal	Gather and publish all required data, upload to	GuideStar profile updated to Platinum	Achieve Platinum status by 2026	Jan–Dec 2026	Development/ Finance

			GuideStar profile				
		Objective 1.4: Annual Impact Report	Collect metrics, write and design report, distribute to donors	Annual Impact Report completed and sent	Increased donor trust and transparency	Starting 2026 annually	Development Team
Goal 2:		Objective 2.1: Trauma-Informed Care Training	Develop 12-hour training, schedule sessions, track attendance	Staff attendance and assessment records	100% staff trained; increased trauma-informed knowledge	By June 2026	HR/Program Director
		Objective 2.2: Child Outcomes Tracking System	Define metrics, implement case management software, train staff	Software live; all children's goals entered	70% of children meet personal progress goals within 6 months	Jan–Dec 2026	Program Director / IT
		Objective 2.3: Strengthen Family Resources	Design family resource program; offer parenting education, trauma	Program guide; family attendance logs	Increased family capacity and stability by end of 2026	Jan–Dec 2026	Family Services Lead

			support, community referrals				
		Objective 2.4: Cogna Accreditation for TCA	Conduct self-study; train staff; submit application; host review team	Accreditation materials submitted	Cognia accreditation awarded by 2026	Jan 2025–Dec 2026	TCA Principal/Accreditation Lead
Goal 3		Objective 3.1 – Strengthen community partnerships by cultivating a volunteer corps	Develop volunteer database; Schedule quarterly campus workdays; Recruit skilled labor (plumbers, electricians, etc.)	Volunteer signup forms; 4 workdays per year; At least 10 skilled volunteers enlisted	Reduced maintenance costs; Increased community engagement and ownership	Start Q1 2026, ongoing	Volunteer Coordinator, Facilities Manager
		Objective 3.2 – Complete remodel of Travis Hall (2026) and Montgomery Hall (2027)	Finalize renovation plans; Secure donations; Hire contractors; Oversee construction	Two buildings fully renovated and inspected	Improved housing quality and capacity; Safer and more comfortable environment	Travis: complete by Aug 2026; Montgomery: complete by Dec 2027	Facilities Manager, Development Director

		Objective 3.3 – Resolve erosion issues between Wolff and Travis Hall	Hire drainage consultant; Install erosion control systems; Conduct post-project site assessments	Professional evaluation report; Project completed with documentation	Long-term campus safety; Reduced flooding and infrastructure degradation	Complete by Q4 2026	Facilities Manager, Contractor
Goal 4		Objective 4.1 – Improve staff retention	Launch Staff Wellness Program; Plan annual retreats; Provide counseling access; Offer 2026 stipend/salary adjustment	Program materials; Attendance logs; Payroll documentation	Higher job satisfaction; Reduced turnover to below 20%	Launch Q1 2026; evaluate annually	HR Director, Executive Leadership
		Objective 4.2 – Staff Training & Advancement Plan	Develop 40-hour/year curriculum; Create advancement pathways; Promote 2 internal staff by 2027	Training calendar; Promotion documentation	Stronger staff retention; Clear career growth at TCM	Launch Q1 2026; complete by Q4 2027	HR Director, Training Coordinator
		Objective 4.3 – Build recruitment pipeline	Partner with 3+ colleges/boards; Maintain	MOUs signed; Database of candidates	Faster hiring; Better cultural fit with TCM's mission	Agreements by Q2 2027; ongoing	HR Director, Recruitment Coordinator

			list of 5 pre-qualified houseparent couples				
		Objective 4.4 – Improve employee benefits	Conduct benefit survey; Compare insurance options; Present new package	Benefits analysis; New plan adopted	Staff satisfaction with benefits increases by 20%	Complete by Q4 2027	HR Director, CFO
		Objective 4.5 – Research HRIS system	Identify 3 vendors; Compare features; Present proposal	Comparison matrix; Implementation plan	Streamlined HR operations; Improved PTO & CEU tracking	Research by Q4 2026; implement 2027	HR Director, Executive Team
Goal 5		Objective 5.1 – Launch Corporate Partners Program	Design sponsorship tiers; Create outreach materials; Host Corporate Champions Circle Luncheon; Maintain sponsorship stewardship	Program guide; 10 partners at \$5,000+ by 2029	\$75,000/year in corporate revenue; stronger brand awareness	Launch Q2 2026; full rollout by 2028	Development Director, Marketing Manager
Goal 6		Objective 6.1	Launch	\$250K raised;	Reduced	Fundraising:	Development

		– Complete critical facility repairs	Mansion Renewal campaign; Replace windows; Repair guttering campus-wide	Project completion certificate	energy loss, moisture damage, and hazards	2028; Project: 2029–2030	Director, Facilities Manager
		Objective 6.2 – Develop new on-campus staff housing	Conduct feasibility study; Draft blueprints; Raise funds; Build 2 units	Finalized design; Two units built & occupied	Improved retention and quality of life for staff	Study: 2026; Build: by end of 2029	Executive Director, Facilities Committee
		Objective 6.3 – Expand campus parking	Identify site; Secure zoning/permits; Install paving, lighting, signage	20+ new spaces completed	Improved access, reduced congestion	Complete by Q4 2027	Facilities Manager, Donor Sponsor Liaison
Goal 7		Objective 7.1 – Grow Endowment to \$1M by 2030	Launch 75th Anniversary Endowment Campaign (2028); Promote planned giving options (bequests, charitable trusts)	Campaign materials; Pledged and received endowment gifts	Financial security through recurring investment income	Launch campaign in 2028; reach \$1M by 2030	Development Director, Board Chair

		Objective 7.2 – Increase Grant Funding	Research new private & public funders; Write and submit 5+ grant applications focused on education, mental health, and capital	Grant calendar; Submission and award tracking	\$150,000/year in new program support; expanded services	Begin grant submissions in 2026; reach goal by 2028	Development Director, Program Managers
		Objective 7.3 – Build 6-month Operating Reserve	Allocate budget surplus annually; Direct unexpected gifts to reserves; Create Board-approved reserve policy	Reserve account statements; Policy document	Greater financial stability in emergencies or downturns	Start 2026; reach reserve goal by 2030	CFO, Executive Director, Finance Committee
Goal 8		Objective 8.1 – Increase Child Capacity to 90	Conduct capacity assessment; Remodel or reopen 2 cottages; Hire/train additional houseparents	Capacity Expansion Plan; 2 functional cottages	Reach 90 child census; reduce waitlist for placements	Plan by 2028; full capacity by 2030	Executive Director, Residential Director
		Objective 8.2	Update	LifeSteps	80% of alumni	Launch 2026;	LifeSteps

		– Strengthen LifeSteps & Launch Alumni Support	LifeSteps curriculum; Create alumni database & monthly check-ins; Train mentors	guide; Alumni participation reports	reached post-exit; smoother transitions to adulthood	Fully operational by 2028	Coordinator, Case Management Team
		Objective 8.3 – Achieve COA Accreditation for TCM	Conduct readiness assessment; Align policies; Submit COA application; Host site visit	Accreditation self-study; Updated policy manual	Increased credibility; Improved quality assurance systems	Begin 2026; accreditation by 2030	Compliance Director, Program Director
		Objective 8.4 – Launch Judd Center & Expand Programming	Renovate space; Hire Judd staff; Offer weekend & community classes; Launch revenue model	Operational Judd Center; Class participation metrics	Greater service reach; new funding stream; improved local family support	Open by end of 2028	Judd Center Manager, Executive Director
Goal 9		Objective 9.1 – Community Awareness Campaign	Grow media engagement; Publish 2 local/regional stories per year; Host annual Open House; Grow social media	Articles, posts, and attendance logs	Greater awareness of TCM mission; increased referrals and support	Start 2026; Full awareness metrics by 2028	Communications Manager, Development Director

			by 50%				
		Objective 9.2 – Secure 50 New Church Partnerships	Launch peer-nomination campaign; Host regional “Vision Dinners”; Develop digital kit for churches; Pilot micro-grant church program	50+ new churches partnered; Resource toolkit metrics	Expanded donor base; more long-term church support	Start outreach in 2026; reach 50 new partners by 2029	Church Partnerships Liaison, Development Director
		Objective 9.3 – Advocacy & Best-Practice Leadership	Join national/state coalitions; Present at one industry event; Host 1 knowledge-sharing workshop on campus	Membership logs; Event invitations; Workshop attendance	National presence in Christian child welfare; influence in practice & policy	Begin 2026; host/workshop by 2028	Executive Director, Program Director
Goal 10		Objective 10.1 – Process Improvements & Client Software	Map and document all core operations; Train staff on updated manuals; Implement child record	Updated manuals; Digitized client data; 100% compliance on audits	Higher program consistency and reporting accuracy	Software by 2026; documentation complete by 2027	Compliance Director, Program Coordinators

			management software				
		Objective 10.3 – Alumni Impact Study & Outcomes Framework	Develop measurement tool; Collect alumni data; Contract researcher if needed; Publish 10-year impact report	Impact report (2019–2028); Alumni outcomes dashboard	Stronger case for funding; long-term evidence of TCM's effectiveness	Data collection starts 2027; report by 2029	Data Analyst, LifeSteps Coordinator
Goal 11		Objective 11.1 – Earn National Recognition as a Model of Excellence	Identify suitable national awards or recognition programs; Submit application materials; Share best practices in publications and conferences	Award submissions; Published materials; Presentation invites	TCM becomes nationally known as a faith-based care leader	Submit by 2033	Executive Director, Communications Manager
		Objective 11.2 – Develop Training & Resource Center	Design online or on-campus training hub; Develop curriculum; Host trainings, webinars, and	Training sessions; Resource center website; Participation logs	TCM's model replicated by other ministries; increased sector influence	Center launched by 2031; train 100 individuals by 2033	Program Director, Training Coordinator

			internships				
		Objective 11.3 – Maintain High Outcome Metrics	Build outcome tracking dashboard; Benchmark against state and national foster care data; Use data to improve programs	Longitudinal reports; Benchmark comparison charts	Demonstrated excellence in child development, safety, and success	Report and benchmarks tracked annually; target outcomes by 2033	Data Analyst, Compliance Director
Goal 12		Objective 12.1 – Establish Succession Plan	Create written succession plan for executive leadership; Identify and mentor internal talent; Review annually with Board	Succession plan; Cross-training documentation	Seamless leadership transitions and organizational continuity	Draft by 2028; finalized by 2030	Board Chair, Executive Director
		Objective 12.2 – Achieve Full Financial Sustainability	Build 12-month reserve; Grow endowment to \$2M; Diversify into recurring funding streams	Reserve and endowment statements; % recurring gifts	Stable long-term funding; reduced stress on fundraising	Reserve and endowment goals by 2033	CFO, Development Director, Board Finance Committee
		Objective	Complete	Master Plan	TCM	Plan complete	Facilities

		12.3 – Modernize Campus for 50+ Years	comprehensive facility master plan; Prioritize and execute major capital projects; Conduct facility audits	document; Renovation project logs; Facility inspections	infrastructure fully prepared for future growth and safety	by 2033; projects done by 2036	Manager, Executive Director, Architect/Engineer
Goal 13		Objective 13.1 – Support New Homes or Foster Ministries	Identify and mentor one external partner; Provide training, consulting, and TCM model resources	Partnership documentation; Consultation logs	At least one new or strengthened child welfare program influenced by TCM	New partner supported by 2033	Executive Director, Program Expansion Team
		Objective 13.2 – Child Welfare Advocacy	Join statewide child advocacy networks; Meet with legislators; Submit op-eds or participate in task forces	Advocacy memos, articles, meeting logs	Tangible child welfare improvements in MS or nationally	Engage by 2026; track policy impact by 2031	Executive Director, Communications Director
		Objective 13.3 – Track Second-Generation	Build and maintain alumni database;	Alumni engagement reports; Personal	20+ alumni giving back as foster parents, staff, or	Target reached by 2036	LifeSteps Coordinator, Alumni Relations

		Impact	Track alumni involvement in service, leadership, and giving	stories/testimonials	donors		Liaison
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Risk Assessment Matrix for TCM Strategic Plan (2026–2036)

Below is a risk assessment matrix organized by each of the 13 strategic goals of Tupelo Children’s Mansion’s 2026–2036 Strategic Plan. For each goal, key risks are identified along with their potential impact, likelihood, and mitigation strategies. This matrix is designed for clarity and quick reference by leadership and board members during implementation.

Goal 1: Financial Stabilization and Transparency

Objective: Ensure TCM’s near-term financial health and build stakeholder trust.

Risk	Impact	Likelihood	Mitigation Strategy
Fundraising shortfall (e.g. economic downturn or donor fatigue leads to lower donations than projected)	High	Medium	Diversify revenue streams (add grants, events, online campaigns) and build reserve funds to cushion lean periods; adjust budgets to prioritize essential programs if revenue dips.
Reputation or transparency issue (e.g. financial mismanagement or a publicized incident erodes donor trust)	High	Low	Maintain strict financial controls and annual independent audits; proactively publish financial reports and outcomes (e.g. annual impact report) to demonstrate transparency; have a crisis communication plan to address any incidents swiftly and openly.
Donor engagement initiatives underperform (retention efforts and new events do not yield expected donor response)	Medium	Medium	Solicit feedback from donors to refine engagement tactics; personalize communications and recognition for supporters; involve board members and longtime donors in stewardship efforts; adjust fundraising strategies if certain campaigns (gala, 5K run) show low ROI.

Goal 2: Program Quality and Child Outcomes

Objective: Enhance quality of care and track outcomes to ensure each child is thriving.

Risk	Impact	Likelihood	Mitigation Strategy
Staff capacity or turnover issues (staff resistance to or turnover undermines trauma-informed training and consistent care practices)	High	Medium	Provide comprehensive training with follow-ups and support so staff can implement trauma-informed care confidently; introduce staff wellness and mentorship programs to boost morale and reduce burnout; adjust workloads or hire relief staff to prevent overload.
Data tracking and outcome measurement challenges (difficulty implementing new case management software or inconsistent recording of child progress)	Medium	Medium	Provide thorough staff training on the outcomes tracking system and simplify data entry processes; designate a staff champion to oversee data quality; perform regular audits of case files and offer technical support to ensure complete and accurate outcome data.
Limited family engagement (families of children are unwilling or unable to participate in support programs, hindering child progress)	Medium	Medium	Make family support programs accessible (offer flexible scheduling, remote sessions if needed); partner with community agencies for parent education resources; maintain regular, positive communication with families to encourage involvement; if direct family engagement is low, seek mentor or church “family” volunteers to fill supportive roles for the child.

<p>Accreditation hurdles(challenges in securing Cognia academic accreditation by deadline)</p>	<p>Medium Low</p>	<p>Start the accreditation process early, dedicating staff to manage requirements; consult with Cognia advisors to ensure standards are met; invest in any needed curriculum or facility improvements promptly. Achieving this will validate education quality and can be timed flexibly if needed (apply for extension or next review cycle if 2026 goal slips).</p>
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Goal 3: Campus Infrastructure and Capacity

Objective: Address urgent facility needs and prepare to safely serve more children.

Risk	Impact	Likelihood	Mitigation Strategy
<p>Renovation delays or cost overruns (Travis Hall and Montgomery Hall remodels take longer or cost more than planned)</p>	<p>High</p>	<p>Medium</p>	<p>Use experienced contractors and detailed project plans with contingencies; secure funding pledges before starting phases; maintain a buffer in the budget for unexpected repairs. Monitor progress closely and adjust timelines if needed (e.g. stagger projects) to avoid disrupting children’s housing.</p>
<p>Insufficient volunteer participation (the new volunteer maintenance program fails to attract enough skilled volunteers for upkeep projects)</p>	<p>Medium</p>	<p>Medium</p>	<p>Expand volunteer recruitment efforts through church networks, community groups, and alumni; offer clear scheduling and supervision for volunteer workdays; recognize and thank volunteers to encourage repeat help. Additionally, have a backup plan by budgeting some funds for paid maintenance or hiring contractors if critical projects exceed volunteer capacity.</p>

Unplanned facility crises (e.g. severe weather or a major structural issue diverts resources from planned improvements)	High	Low	Maintain adequate property insurance and an emergency reserve fund for facility repairs; conduct regular inspections to catch issues early (like the erosion problem) and address them proactively. If a disaster strikes, reprioritize projects with board guidance, focusing on safety first and rescheduling less urgent upgrades.
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Goal 4: Staff Development and Care

Objective: Invest in the team to reduce turnover and improve performance.

Risk	Impact	Likelihood	Mitigation Strategy
Continued high turnover (frontline houseparents or support staff leave despite new retention efforts)	High	Medium	Assess and address root causes of turnover (workload, burnout, compensation); enhance the Staff Wellness Program (offer counseling, regular respite breaks, peer support). If budget allows, incrementally improve salaries or provide retention bonuses. Monitor turnover rates quarterly and solicit anonymous staff feedback to adjust strategies quickly.
Recruitment challenges (difficulty attracting qualified new staff or houseparent couples, slowing filling of vacancies)	High	Medium	Broaden recruitment channels: strengthen partnerships with Bible colleges, social work programs, and advertise through faith-based job boards and networks. Highlight benefits like housing (if provided) and mission-driven work to appeal to candidates. Establish a pre-qualified pool of candidates through internships or volunteer programs that can feed into staff roles. If positions stay open >3 months, consider temporary

<p>Limited resources for staff benefits(budget constraints prevent implementing desired raises or benefit improvements)</p>	Medium	Medium	<p>staffing or adjusting workload distribution to ensure coverage.</p> <p>Pursue designated donations or grants specifically for staff development (some donors may fund staff care initiatives); phase in benefit improvements over time (e.g. incremental health plan enhancements). Prioritize cost-effective morale boosters (recognition, flexible scheduling, professional development opportunities) even if funding is tight. Ensure leadership communicates the value of staff and any future plans for compensation improvements to maintain trust.</p>
<p>Technology or process adoption issues (slow adoption of a new HRIS system or training programs)</p>	Low	Medium	<p>Choose a user-friendly HRIS platform and involve staff in its selection; provide training and transition time for new systems or processes. Clearly communicate how the HRIS will ease administrative burdens (tracking PTO, training hours) to encourage usage. Assign an HR point person to assist employees during the rollout.</p>

Goal 5: Corporate Engagement and Strategic Partnerships

Objective: Expand funding and visibility by building long-term relationships with mission-aligned businesses.

Risk	Impact	Likelihood	Mitigation Strategy
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<p>Low corporate interest (difficulty recruiting the target number of corporate sponsors at \$5,000+ level)</p>	Medium	Medium	<p>Leverage board members' and supporters' business connections to get introductions; craft attractive sponsorship packages (e.g. clear marketing visibility and employee volunteer opportunities) to demonstrate ROI for companies. Start with local businesses and success stories to build momentum. If initial response is slow, adjust the ask (e.g. allow smaller entry sponsorships that can grow over time) and highlight TCM's community impact to appeal to corporate social responsibility goals.</p>
<p>Partner retention issues (companies do not renew sponsorships long-term due to budget cuts or low engagement)</p>	Medium	Medium	<p>Maintain regular communication with corporate sponsors, providing them with impact updates and recognizing their contributions publicly. Assign a staff or board liaison for each major corporate partner to personally steward the relationship. Gather feedback from partners annually to ensure the partnership is meeting their expectations (e.g. employee engagement, brand alignment) and adjust benefits or recognition accordingly. Diversify the corporate partner base so the program isn't overly reliant on just a few sponsors.</p>

<p>Alignment and reputation risks (a corporate partner’s values or public image conflicts with TCM’s mission, or the partnership doesn’t resonate with stakeholders)</p>	Low	Low	<p>Vet potential corporate sponsors for alignment with TCM’s values (especially since TCM is faith-based) before formalizing partnerships. Set clear guidelines in sponsorship agreements about use of TCM’s name and collaborative activities. If a partner faces a public scandal or shifts priorities, be prepared to pause or end the partnership diplomatically to protect TCM’s reputation. Emphasize partnerships that go beyond financial support to genuine mission involvement (e.g. employees volunteering on campus) to ensure values compatibility.</p>
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Goal 6: Campus Repairs, Staff Housing, & Additional Parking

Objective: Address medium-term facility upgrades and bolster infrastructure for staff and visitors.

Risk	Impact	Likelihood	Mitigation Strategy
<p>Capital campaign shortfall (the “Mansion Renewal” campaign doesn’t raise the full \$250k needed for repairs or delays in funding push projects past 2030)</p>	High	Medium	<p>Kick off fundraising early, breaking projects into visible milestones to attract donors (e.g. “adopt a window” sponsorship for cottage window replacements). Cultivate multiple funding sources: major donors for large gifts, a 75th anniversary appeal, and perhaps grants for specific facility needs (energy efficiency grants for windows, etc.). If early fundraising falters, prioritize the most critical repairs and extend the campaign timeline or scope (do projects in phases as funds allow) rather than all at once.</p>

<p>Construction and permitting delays (new staff housing or parking expansion faces zoning hurdles, contractor delays, or cost inflation)</p>	<p>Medium</p>	<p>Medium</p>	<p>Conduct a feasibility study and engage with city planning officials by 2026 to identify any zoning or permitting issues for staff housing and parking expansions. Build a contingency into project timelines for approval and construction delays. Lock in contractor bids and materials pricing in advance when possible to avoid inflation impacts. Maintain open communication with contractors and have a project manager monitor progress. If delays occur, communicate transparently with staff expecting housing and adjust interim housing support (e.g. stipends for off-campus rent) as needed.</p>
<p>Utilization risk(new staff housing units or expanded parking are underutilized or do not fully address needs)</p>	<p>Low</p>	<p>Medium</p>	<p>Survey staff on housing needs and preferences during planning to ensure the design and location are attractive (so units will be used when built). Consider flexible use of housing (e.g. short-term use for visiting staff or interns if not all units are filled by houseparents immediately). For parking, monitor usage patterns; if initial plans exceed actual need, scale the project appropriately. Conversely, if demand is higher, be ready to create overflow solutions (like shared parking agreements nearby). Regularly review whether these infrastructure improvements are meeting their intended purpose and adjust policies (such as who is eligible for staff housing) to maximize use.</p>

Goal 7: Sustainable Growth and Diversified Funding

Objective: Expand funding sources and improve financial resilience in the medium term.

Risk	Impact	Likelihood	Mitigation Strategy
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<p>Endowment campaign underperforms (difficulty securing \$1M in endowment pledges by 2030)</p>	High	Medium	<p>Strengthen planned giving outreach: engage financial planners and host seminars for supporters on legacy giving opportunities. Publicize the 75th Anniversary Endowment Campaign widely, sharing stories of how the endowment will secure TCM's future. If pledges are lagging, adjust tactics by personally approaching longtime major donors for legacy commitments and possibly lowering the initial target or extending the timeline. Ensure transparency on how endowment funds will be managed and used, to build donor confidence in giving long-term gifts.</p>
<p>Grant funding shortfall (unable to secure five new grants or maintain them annually due to competition or misalignment with funder priorities)</p>	Medium	Medium	<p>Hire or train a dedicated grant writer to research and apply for a broad range of grants that fit TCM's programs (education, mental health, etc.). Build relationships with local foundations and philanthropic networks to stay informed of opportunities. Develop strong program proposals with data to demonstrate impact (making TCM more competitive). If initial grant attempts fail, seek feedback from funders to strengthen future applications. Also, avoid over-reliance on any single grant by integrating grant-funded programs into the budget cautiously, so</p>

Reserve goals not met
(unable to accumulate 6 months of operating reserves due to tight budgets or unexpected expenses)

High

Medium

operations aren't disrupted if a grant isn't renewed.

Incorporate a modest surplus into each annual budget specifically for reserves; treat large one-time gifts or estate gifts as opportunities to seed the reserve rather than expand spending. Establish a board policy that encourages reserve building (e.g. allocating a percentage of any yearly surplus to reserves). To prevent dipping into reserves unnecessarily, maintain a separate emergency fund for truly unexpected crises. If an emergency does force reserve use (e.g. urgent repairs), implement a replenishment plan immediately after. Regularly communicate to the board and donors the importance of reserves for stability, which may encourage directed gifts to this purpose.

Goal 8: Program Expansion and Innovation

Objective: Grow TCM's capacity and introduce new programs to fill service gaps.

Risk

Impact

Likelihood

Mitigation Strategy

<p>Underutilized capacity(changes in child welfare trends or referral sources result in not enough children to fill the expanded 90-bed capacity)</p>	Medium	Medium	<p>Actively engage referral sources (state agencies, churches, foster networks) well before capacity expansion to ensure steady placement streams. Emphasize TCM's ability to handle sibling groups and high-need cases that foster homes might not, to maintain referrals even if general group home use declines. If referrals slow, consider using any unused cottages for short-term respite care or community children's programs so facilities remain useful. Monitor policy trends and, through Goal 9's advocacy, highlight TCM's success outcomes to justify ongoing placements.</p>
<p>Resource and staffing strain(expanding programs and cottages outpaces the ability to hire and train qualified staff or secure operating funds)</p>	High	Medium	<p>Tie capacity expansion to commensurate staffing and budget increases – do not open new cottages until houseparents and support staff are fully recruited and trained (coordinate with Goal 4 efforts). Stagger program rollouts (for Life Steps enhancements, alumni program, Judd Center) so that each has dedicated staff focus and funding. Seek specific funding for new programs (e.g. a grant for the alumni support program, sponsors for Judd Center classes) to ensure they are resourced. If any new initiative overwhelms capacity, prioritize core residential care and pause or scale back new programs until resources catch up.</p>

<p>Accreditation or compliance setback (delays or difficulties in achieving national accreditation like COA by 2030)</p>	Medium	Medium	<p>Begin accreditation preparations early (as planned in 2026) with a realistic timeline. Assign a knowledgeable staff lead or hire a consultant experienced in COA accreditation to guide the process. Break down standards into manageable improvements each year so it's not last-minute. If full accreditation proves too onerous by 2030, consider interim steps like peer reviews or partial accreditation programs to still validate quality. Maintain open communication with COA reviewers to address any compliance gaps promptly.</p>
<p>New programs low uptake(initiatives like the Judd Center, expanded extracurriculars, or alumni support program do not attract strong participation)</p>	Low	Medium	<p>Conduct needs assessments and community surveys before launching new offerings to ensure there is demand. For the Judd Center, engage local families and partner agencies early to co-design workshops that people will attend; advertise community classes through churches and social media. For alumni support, maintain frequent contact with recent graduates before they leave and make the program mentorship-based so alumni have personal relationships drawing them in. Set modest initial goals for participation and use feedback to refine programs. If some offerings (e.g. a coding class or weekend workshop) have low interest, be willing to pivot content or scheduling to better fit what children and the community want.</p>

Goal 9: Community Engagement and Advocacy

Objective: Position TCM as a leader and collaborator in child welfare and Christian ministry through outreach and advocacy.

Risk	Impact	Likelihood	Mitigation Strategy
Limited public awareness growth (marketing and open-house efforts do not significantly increase community awareness or media coverage)	Medium	Medium	Reevaluate marketing channels: if traditional media is unresponsive, invest more in social media campaigns or local community events. Highlight compelling success stories of children and alumni to draw media interest (human-interest angles). Partner with local influencers or allied organizations to co-host events, thereby expanding reach. Track which outreach methods yield the best engagement and concentrate resources there. Continually refresh content (e.g. new videos, testimonials) to keep the community interested in TCM's story.

Slow expansion of church partnerships(difficulty enlisting 50 new churches for ongoing support due to limited denominational networks or donor fatigue in churches)

Medium Medium

Broaden outreach beyond the current denomination if appropriate, reaching out to like-minded churches or faith groups not yet connected to TCM. Use personal appeals: have current supporting pastors share testimonials with prospective partner churches. Offer flexible partnership options (financial support, in-kind drives, volunteer teams) so churches of various sizes can participate. Implement the peer-referral and “Vision Dinner” strategies, but monitor results – if certain regions or approaches aren’t yielding interest, adjust course (perhaps focus on fewer but larger church partners, or emphasize specific projects a church can “adopt” to make support tangible). Provide prompt acknowledgement and periodic updates to every church that joins so they feel deeply connected to the mission, aiding retention.

<p>Advocacy backlash or inertia (TCM's increased advocacy role results in controversy or yields little policy change)</p>	<p>Low</p>	<p>Medium</p>	<p>Select advocacy issues carefully, focusing on broadly supported improvements for children (to avoid polarizing debates). Work within coalitions of other children's homes and Christian organizations to amplify influence rather than acting alone. Prepare clear, faith-aligned messaging to explain why an issue matters, in case of any public scrutiny. Set realistic expectations that policy change is slow – success may be incremental. Celebrate and communicate small wins (like participating in a task force or getting a meeting with legislators) to keep momentum. If one advocacy avenue stalls, pivot to alternative methods (e.g. publishing an op-ed or hosting a roundtable with stakeholders) to keep pressing for improvements in child welfare.</p>
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Goal 10: Operational Excellence and Accreditation

Objective: Enhance internal systems and attain external validation of high standards.

Risk	Impact	Likelihood	Mitigation Strategy
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<p>Staff resistance to new systems(employees are slow to adopt new operational processes or client management software)</p>	Medium	Medium	<p>Involve staff in the development of updated procedures to increase buy-in; clearly communicate how changes (like digitized records or new intake protocols) will make their jobs easier and improve care. Provide hands-on training and transition periods for new software, and identify “super-users” or champions on staff who can help peers. Offer continued support and adjust the implementation pace if staff are overwhelmed – better to go slightly slower than to have poor adoption.</p>
<p>Data integrity and privacy issues(collecting and handling more data on children and alumni raises risk of errors or confidentiality breaches)</p>	Medium	Low	<p>Establish strict data management policies and train staff on confidentiality (especially with new client databases and outcome tracking). Use secure, reputable software for case management and regularly back up data. Limit access to sensitive information to authorized personnel only. Conduct periodic audits of records to catch mistakes or missing information. Additionally, consider seeking feedback from external experts or accrediting bodies on TCM's data practices to ensure they meet high standards, which will be important for any validations or impact reports.</p>

Inability to measure long-term impact

(challenges in tracking alumni outcomes or producing the 10-year impact study by 2029)

Low

Medium

Begin gathering alumni contact information and outcomes as early as possible, even if incomplete. Leverage social media and alumni events to stay connected with former residents. Consider partnering with a university or research group to help design surveys and analyze impact data, lending credibility and expertise. If response rates are low, use incentives for alumni participation (small gift cards or an alumni reunion event that doubles as a data-gathering opportunity). For the Impact Report, if comprehensive data is hard to obtain, supplement with qualitative success stories and case studies to illustrate TCM's influence. The key is to demonstrate some measurable outcomes and learnings, even if not every data point is available, to satisfy stakeholders and guide improvements.

Goal 11: National Model of Excellence

Objective: Establish TCM as a benchmark institution in faith-based child care by 2036.

Risk

Impact

Likelihood

Mitigation Strategy

<p>Lack of external recognition(TCM does not receive anticipated awards or national attention)</p>	Low	Medium	<p>Understand that awards are competitive – apply for multiple relevant accolades (faith-based charity awards, child welfare excellence awards) to increase chances. Document innovations and outcomes rigorously so that any applications or nominations are strong. Meanwhile, continue sharing TCM's best practices through conferences, articles, and networks regardless of formal awards. Recognition might come indirectly (e.g. invitations to speak at events) even if a specific award isn't won. The focus should remain on excellence in service; if that is achieved, recognition often follows.</p>
<p>Benchmark outcomes not met (TCM's child outcomes fail to significantly exceed national averages as aimed)</p>	Medium	Medium	<p>Regularly review key performance indicators (academic performance, permanency, etc.) and compare with available benchmarks. Identify areas where TCM is falling short and implement quality improvement plans (for example, if reading levels lag, invest in tutoring or reading programs). Maintain lower staff-to-child ratios as planned to give more individualized attention, and keep enhancing trauma-informed care to improve outcomes. If some outcome targets prove too ambitious, adjust them to realistic yet aspirational levels and be transparent about the challenges. Continuous improvement is key – even if 90% of kids at grade level is hard, showing steady improvement year over year will still support TCM's reputation for excellence.</p>

Limited uptake of TCM's model by others (the training/resource center and outreach to other ministries do not result in other programs replicating TCM's practices)

Low

Medium

Proactively market the Training and Resource Center: reach out to denominational offices, Christian alliances (like CAFO), and state agencies to offer TCM's training services. Develop a strong curriculum (webinars, on-site training, manuals) showcasing TCM's approach. Offer a few free pilot trainings to key partner ministries to build word-of-mouth. Track how trainees implement what they learn and follow up to gather success stories. If initial interest is low, find pain points that other child care providers face and tailor TCM's shared expertise to those needs (for example, a workshop on "Implementing Trauma-Informed Care in Faith-Based Settings" might draw attention). Over time, even informal mentoring of other homes can count toward this goal, so document all outreach.

Goal 12: Legacy and Continuity

Objective: Secure TCM's long-term future through leadership development and financial security.

Risk

Impact

Likelihood

Mitigation Strategy

<p>Leadership succession gap (no prepared successor or sudden departure of key leaders without a plan)</p>	High	Low	<p>The Board should formalize a detailed succession plan by 2030 as intended and revisit it annually. Identify potential internal candidates for each leadership role and provide them with mentoring, cross-training, and incremental leadership opportunities. Also, maintain an external network (e.g. within the UPCI or Christian childcare field) to source talent if an unexpected vacancy occurs. For emergency preparedness, designate interim leaders for critical roles (who can step in on short notice). Communicate the existence of a succession plan to staff and major stakeholders so they are confident continuity will be maintained through any leadership changes.</p>
<p>Long-term financial shortfall(unable to achieve full financial sustainability goals – e.g. 12 months reserves and \$2M endowment by 2033)</p>	High	Medium	<p>Treat the long-term financial goals as a continuation of Goal 7’s efforts: after 2030, launch a follow-up campaign to push the endowment from \$1M to \$2M, highlighting the legacy impact for donors. Continue growing the monthly sponsor program and multi-year pledges to increase the proportion of predictable income. Perform scenario planning for worst-case economic conditions to ensure TCM could weather downturns (this might include arranging a line of credit or identifying expense cuts in advance). If by 2033 the reserve or endowment targets fall short, prioritize reaching the reserve target first (as it directly safeguards operations), and extend the timeline for the endowment growth rather than compromising operating stability.</p>

Deferred campus needs persist(major campus modernization projects are delayed past 2036 due to funding or new urgent needs)

Medium Medium

Develop the campus master plan by 2033 with a clear priority ranking of projects (what must be done vs nice-to-have). Start preliminary work (designs, cost estimates) on high-priority projects early so TCM can act quickly when funding is available or when a building shows signs of failing. Explore funding through grants or partnerships for specific infrastructure needs (e.g. technology upgrades might attract foundation grants). Keep a portion of capital campaign efforts ongoing even after 2028–2030 repairs – perhaps a “legacy construction fund” fed by estate gifts for continuous improvements. If certain large projects cannot be afforded by 2036, devise interim solutions (e.g. heavy maintenance to extend a roof’s life instead of full replacement) and include those in a revised long-term plan. The goal is to avoid any critical facility being unusable; modernization can be phased as long as safety and functionality are maintained.

Goal 13: Generational Impact and Outreach

Objective: Multiply TCM’s impact beyond the campus to benefit more children and communities.

Risk	Impact	Likelihood	Mitigation Strategy
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<p>External partnership difficulties(efforts to help start or mentor another children’s home stall due to lack of suitable partners or resource constraints)</p>	Low	Medium	<p>Identify potential partner communities or ministries early (leveraging TCM’s church network to find interest in other regions). Offer scalable assistance – if founding a new home outright is too ambitious, start by consulting for smaller initiatives (like a church starting a foster family support program). Document a “Mansion model blueprint” that can be shared freely to seed interest. If one attempt doesn’t materialize (e.g. a partner backs out), analyze why and pursue a different approach or location. Keep the board informed that this goal may require patience and multiple tries.</p>
<p>Minimal influence on policy(advocacy doesn’t result in noticeable policy changes or initiatives by 2031)</p>	Low	Medium	<p>Focus advocacy on realistic, well-defined objectives (for instance, pushing for a specific state-level support program for aged-out youth). Join forces with established advocacy groups to increase clout. Even if a law doesn’t pass, measure interim impact (such as raised awareness, new relationships with policymakers, or small wins like inclusion in a task force). Be ready to shift focus if one avenue is unfruitful – for example, if state policy isn’t budging, emphasize local community initiatives where TCM can have a direct hand in creating a new program. Document all advocacy activities so that even without a big “win,” TCM can show engagement and leadership in conversations about child welfare.</p>

Alumni engagement falls short (by 2036, fewer than expected TCM alumni are involved in “giving back” roles)

Low

Medium

Strengthen the alumni relations effort well before 2036: maintain a dynamic alumni database and keep communication lines open (regular newsletters, social media groups for alumni). Invite alumni to campus events and create volunteer or mentorship roles specifically for them so they have structured ways to give back. Consider forming an “Alumni Advisory Council” to encourage leadership among former residents. Highlight stories of alumni who do go into helping professions or volunteer at TCM to inspire others. Recognize that life circumstances will vary – even if the number 20 isn’t reached, emphasize the meaningful contributions of those who do engage. The narrative of generational impact can be told qualitatively if needed, showcasing individual examples of the Mansion’s legacy in action.

OKLAHOMA  **DISTRICT**
UNITED PENTECOSTAL CHURCH INTERNATIONAL

To Whom It May Concern,

It is my honor to affirm the full support and endorsement of the Board of Directors of Tupelo Children's Mansion for the Mansion's 2026–2036 Strategic Plan.

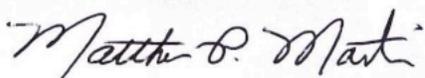
For nearly seven decades, Tupelo Children's Mansion has remained steadfast in its Christ-centered mission to offer hope and healing to children in crisis and to prepare them for successful, faith-filled futures. This new strategic plan reflects not only a vision for the next ten years but a reaffirmation of that sacred calling.

As Chairman of the Board, I am confident in the leadership team's ability to execute this plan with wisdom, accountability, and prayerful stewardship. The initiatives outlined within will strengthen the Mansion's foundation of excellence, expand its capacity to serve, and ensure long-term sustainability for generations to come.

I encourage pastors, churches, partners, and friends of the Mansion to join us in this vision through faithful prayer, generous giving, advocacy, and volunteer engagement. Together, we can make an eternal difference in the lives of children and families who need it most.

On behalf of the Board of Directors, I express our full confidence in the Mansion's leadership and our unwavering commitment to the mission and ministry of Tupelo Children's Mansion.

With sincere appreciation,



Matthew P. Martin, Chairman of the Board



UPCI

UNITED PENTECOSTAL CHURCH INTERNATIONAL

November 7, 2025

Tupelo Children's Mansion
PQ Box 167
Tupelo, MS 38802

Dear Brother Parker and the Tupelo Children's Mansion:

It is my honor as general superintendent of the United Pentecostal Church International to affirm our organization's long-standing endorsement of Tupelo Children's Mansion. As the oldest of our Endorsed Ministries, TCM holds a special place in UPCI history and in our hearts. For decades, TCM's efforts to serve children and families in crisis has provided hope, healing, and practical care to the most vulnerable members of society.

TCM's 10-Year Strategic Plan reflects your continuing commitment to this mission. The plan's emphasis on evangelism, discipleship, compassionate care, and wise stewardship aligns with the UPCI's principles and priorities. Your intentional focus on ministering to the whole person, including spiritual, emotional, and physical needs, reflects the example set by Jesus and the New Testament church.

I urge all UPCI constituents to pray for TCM staff members, administrators, and leadership, and especially for the children and families you serve. I also encourage pastors and churches across our fellowship to continue contributing to TCM financially, through volunteer service, and by advocating for TCM's mission. The work you are doing is important and deserves our full support.

The UPCI has full confidence in the leadership and governance of Tupelo Children's Mansion. Your board and administrative team have consistently demonstrated accountability, transparency, and faithful stewardship of the resources God has provided. As you implement this strategic plan, the Lord will honor your faithfulness and multiply the fruit of your labor.

May God continue to bless TCM as you fulfill His call to minister to children in need. The UPCI stands with you in prayer, support, and partnership.

Sincerely in Christ,

David K. Bernard
General Superintendent
United Pentecostal Church International

David K. Bernard
General Superintendent

Scott Graham
General Secretary

Stan O. Gleason
Assistant Superintendent

Darrell Johns
Assistant Superintendent