

Winter, 2015

MCH: PEOPLE FIRST

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Mission Statement

Macon Citizens Hab-
ilities advocates for
and protects the
rights of individuals
with intellectual and
developmental dis-
abilities.

MCH provides com-
prehensive residen-
tial and community-
based services.

MACON CITIZENS HABILITIES, INC. PO BOX 698, FRANKLIN, NC 28744
WWW.MACONCITIZENS.ORG mch@maconcitizens.org 828-524-5888

From the Director...

Anne Bradstreet once wrote " If we had no winter, the spring would not be so pleasant." In my youth, winter seemed to last forever, but now I find that Christmas seems to come right after July, and before I turn around twice, it's July again. In other words, time just flies! We at MCH hope that each and every one of our friends and associates had a special and warm holiday season and are looking forward to those crocuses and daffodils springing up soon. Things never slow down at MCH, and the holidays and early winter were no exception. FHS put on another fantastic Christmas party for the persons we serve at MCE and brought 4 bus loads of students and teachers. A special thanks goes to Michelle Brooks for coordinating the party! The persons we serve look forward to this event for a whole year, and I still don't know who enjoys it the most...the clients or the students who come. We certainly appreciate all the organization it takes for FHS to bring so many students and the time and effort each student puts into selecting special gift. THANK YOU once again.



One of the FHS buses arriving at MCE and group picture of students and clients



A special time with Santa

Saying goodbye to long-time friends is never easy when life events require they move to different levels of care. Those we serve become like family and many of us know the heartache of having to place a family member in a skilled nursing facility for reasons which vary from family to family. MCH must ensure health and safety foremost, and when we reach a time that is not possible, we are mandated to help find appropriate placement which can meet the individual's needs. Legal guardians are always involved in the process and make final decisions. However, staff and housemates still grieve when these changes occur.

Reform and all the changes associated with mental health/intellectual and developmental disabilities/substance abuse services continue to impact MCH. While we can make a referral and submit a level of care for an empty bed, we no longer have the final say in who we serve in our residential programs since all services must now be authorized by an MCO. This has for the past year created the most days of empty beds we have experienced in almost 27 years of service delivery. There

Thank You

Anonymous donor – shower chair
Jack DeBetta
Gene Krouse
Wal-Mart of Franklin for greenhouse
David Silverstein, DDS
Charles and Carol Grise
First Presbyterian Church of Franklin
Adele Doering
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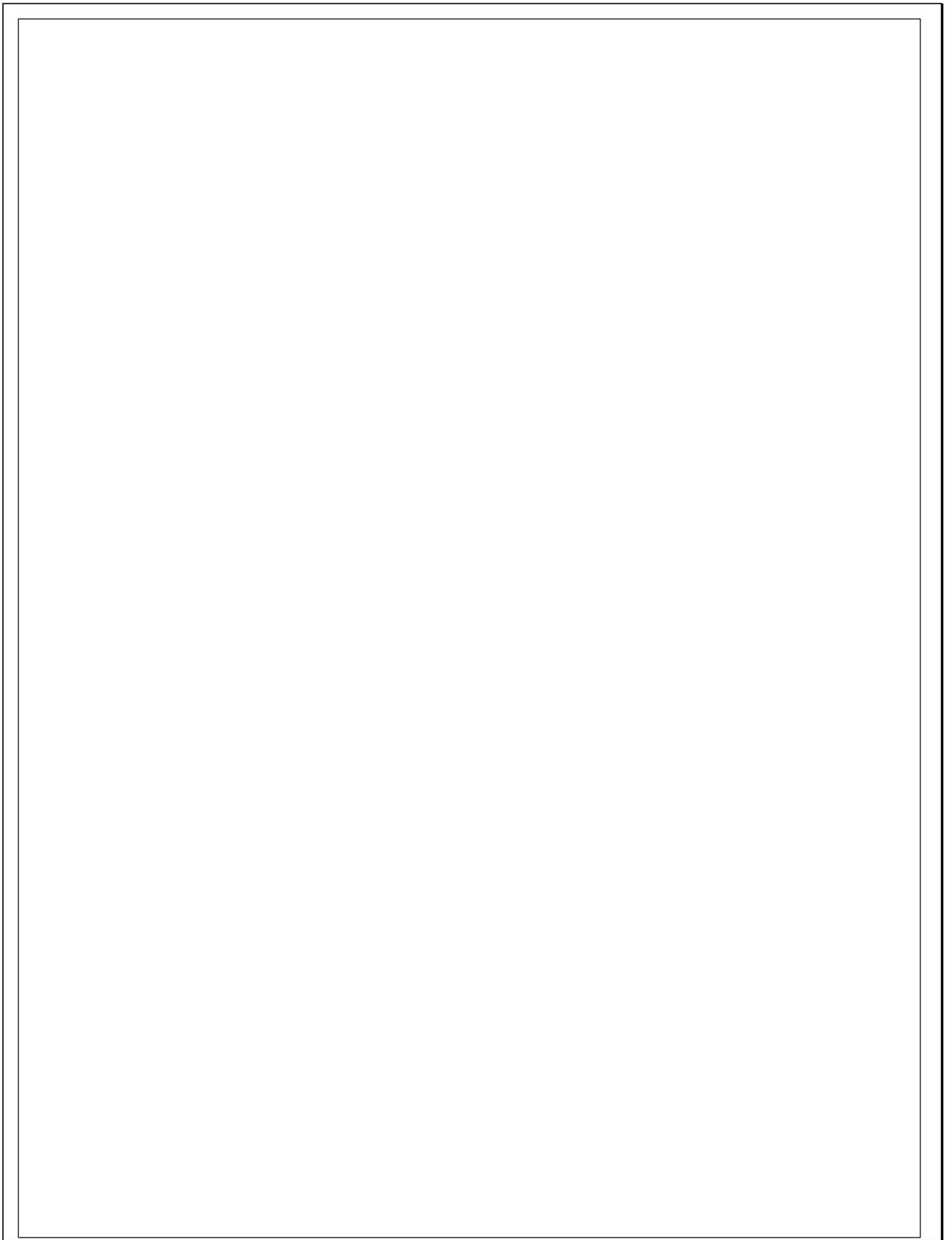
**Thank you very much for
your acts of kindness!**



EMPLOYEE OF THE YEAR

Congratulations to Dylan Ortiz, MCH Employee of the Year. Dylan works at the Webster Group Home in Jackson County and comes to MCE each day with the young men who live at Webster. He has been employed with MCH just over a year and has proven to have a natural talent for working with persons with intellectual and developmental disabilities. His calm demeanor and pleasant personality have fit in very well with both the persons served and the staff at MCH. We are very pleased to have Dylan on the MCH team.

“There are only four kinds of people in this world—those who have been caregivers, those who currently are caregivers, those who will be caregivers and those who need caregivers.” Former First Lady Rosalynn Carter



CONTRIBUTIONS

I want to contribute to MCH, a private, non-profit organization. My contribution is tax deductible. I understand that I will be sent documentation to use for income tax deduction purposes.

Please make contributions payable to:

MCH
PO Box 698
Franklin, NC 28744

Complete the following information so that MCH can acknowledge your donation with a receipt for tax purposes.

Name: _____

Address: _____

Amount of Donation: _____

In memory/honor of: _____

Please include the name and address of any persons who should be notified if the gift is in memory or honor of someone.

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Thank You!

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