2018/2019 Strategic Plan

Jasper Mountain

Introduction

Jasper Mountain is 35 years old! The organization has changed in many ways over the last three and a half decades but our focus on helping children has not changed. From an organization that started locally and put its focus on the local community, it now has an international impact and helps children coming from all over the United States. The organization has avoided any tendency to rest on past accomplishments and continues to work every day to achieve its potential. We receive much feedback that Jasper Mountain leads the field of turning around the lives of the most damaged young children. But we know we can be better than we are now and this document in one way to do so. One of the important ways Jasper Mountain looks to the future is through a strategic planning process. We have combined all aspects of: agency design, implementation, employee job satisfaction, consumer satisfaction, goals & objectives, systemic quality improvement, program outcomes and employee utilization to develop a strategic plan that drives the long-term goals (3 years) and short-term objectives (1 year) and the development of the budget for the next fiscal year.

The planning process itself is both a process and a product. Planning is a dual process of reviewing the objectives for the present fiscal year while projecting into the future to develop new objectives. Planning entails multiple important steps and a solid planning process, all taking a considerable period of time. In general, the fiscal year involves a planning process that begins specific components in September and concludes in February. The budgetary process begins in February and concludes in June. In actuality, however, planning and implementation of the agency's long-term goals and short-term objectives and their tracking goes on every day of the year. We are implementing objectives while we are both evaluating our organizational effectiveness and developing new objectives for the coming fiscal year. Each quarter we review the status of all objectives.

The planning process concludes with a product--a strategic plan for the organization. We work to have a balance between the planning process and the planning product. The overall purpose of this continuous year-long effort is to review where we have been, where we are currently, and where we want to go. To best answer these questions we must take into consideration our mission, input from many sources in the organization and community, our past efforts, our current progress on objectives/work plans, and then develop new plans for the organization's future in both the short and the long term.

Process

The Strategic Planning Process overlaps several other agency initiatives. Systemic quality improvement efforts result in data that is incorporated into the planning process. A human resources assessment is completed and the data is used in the strategic plan. Other information comes from utilization reviews, program evaluations (both internal and external), and the strategic plan is the basis for budget development. The interplay of all these efforts is considered overall to be the Quality Assurance Plan for the organization. The complex combination of each of these efforts is specified in the Quality Assurance Plan as outlined in the Agency's Policies and Procedures Manual.

Planning Procedure

Information on issues external to the organization and internal data are obtained throughout the year and the strategic plan is formally monitored all year long. The next Strategic Planning Process starts in earnest in September, (see Strategic Planning Process timeline) and concludes with the development and final approval of the next fiscal year budget in June.

Step 1: Review of the Mission Statement

The first step in the process is to insure that the organization has a clearly defined Mission Statement that still speaks to the internal and external environment in which the organization operates. It is important that one primary purpose is used to guide the organization in everything it does.

Action Taken: The last time the mission statement was reviewed by management and the Board was in 2016. Management did not suggest changes at that time. We do not make frequent changes to something as broad as our mission and the last time major changes were made was in December of 2007. The current mission statement is: "Jasper Mountain's mission is to bring hope and healing to traumatized children and their families, and to enhance the physical, emotional and spiritual health of its clients and staff."

Step 2: Review of External Information Related to Agency Services

Over our 35 years the geographical focus has changed significantly. In the early years we worked with our local city and county. Soon afterward our focus broadened to the State of Oregon. We continue to have services that are primarily designed for our local community but over the years we expanded to a regional focus for our intensive services. It was not long before we began doing work nationally in the areas of services, consultation and training. Over the last fifteen years work in other countries expanded our focus and today we have considerable international reach on issues related to our target population. Despite the work we do in other

countries our primary focus continues to be the United States. We must be aware of the major trends that take place on a national, regional and local level. Last year the issue of a new Oregon law was discussed. Although the adverse ramifications have declined somewhat, there are still vulnerabilities to all organizations and individuals who are attempting to help troubled children. Attempts to make meaningful legislative change was thwarted in 2017 and the problems continue. Additional vulnerability relates to the local mental health system being literally sold to the highest bidder, being a national insurance company. The result of this sale has bring the profit motive into our system, restricted intensive mental health care, much more bureaucracy and poor payment processes for mental health providers. Our organization's diversified funding continues to help us on one level, not being vulnerable to any one funding source, but continues to be massively complex to get paid and at times we have been owed as much as $2,000,000 due to slow payment. There will always be challenges to help the most difficult children and the system continues to be one of the main sources of these challenges.

There are a variety of organizations that track national, regional and local trends and needs. Jasper Mountain is affiliated with national, state and local planning organizations. Information from these resources, as well as other internal and external data, is used to review the relevance of the agency's services. The agency Management Team reviews every step of the strategic planning process. Data from external sources is obtained through our affiliations with national organizations (Child Welfare League of America, Council On Accreditation, Association of Children's Residential Centers), as well as from our review of reputable national sources. Some of the data reviewed has been considered in previous plans because the data is obtained periodically. Not all information represents the identical picture for a variety of reasons. The following reflects information deemed significant to our agency's mission and its services during this planning process:

National Trends

- The Children's Bureau reported this year:
  - Children in their first year of life had the highest rate of victimization at 24.2 per 1,000 children of the same age in the national population.
  - The majority of victims consisted of three races or ethnicities—White (43.2%), Hispanic (23.6%), and African-American (21.4%).
  - More than 90 percent (93.3%) of victims were found to be victims in one report, and fewer than seven percent of victims (6.7%) were found to be victims in more than one report.

- The Harvard Center on the Developing Child reported that toxic stress that comes from trauma and abuse can have life-long impacts on an individual's learning behavior and health. Without buffering this impact by a caring adult, the child brain architecture can be negatively changed. Supportive and responsive relationships with supportive adults can prevent and reverse the damage from stress.

- The American Society for the Positive Care of Children recently reported over the last decade more than 20,000 children died of abuse at the hands of their parents, this is more than four times as many soldiers who died fighting in Iraq and Afghanistan. Death rates from abuse are triple those of Canada and eleven times the rate in Italy.

- The National Children's Alliance reported that 75% of maltreatment in the US is neglect, 17% physical abuse, and 8% sexual abuse. 78% of founded abuse comes from the child's parent(s).

- Childhelp reported that over the last year there were 3.6 million reports of abuse involving 6.6 million children. That is a report made every ten seconds. Abused children have long-term physical and mental health difficulties. In one study 80% if twenty-one year olds had at least one psychological disorder. The majority of parents in substance abuse treatment report abusing or neglecting their children.

- The Center for Disease Control reported that in the most recent year:

    - There were 683,000 victims of child abuse and neglect reported to child protective services (CPS).

    - The youngest children are the most vulnerable with about 24% of children in their first year of life experiencing victimization.

    - CPS reports may underestimate the true occurrence of abuse and neglect. A non-CPS study estimated that 1 in 4 children experience some form of child abuse or neglect in their lifetimes.

- The Ark of Hope for Children reported this year information on sexual abuse:
    - Child rape occurs every two minutes
    - 1 in 3 girls will be sexually molested before the age 17
    - 1 in 6 boys will be sexually molested before the age 17 (1 in 5 in Canada)
    - A sex offender will molest an average of 120 victims, most of whom do not report it
    - 90% of molesters abuse children they know

- Reported last year

- The Harvard University Center on the Developing Child reported that the absence of basic interactions with a developing child can produce serious physiological disruptions that lead to lifelong problems in learning, behavior and overall health. Neglect can impact the developing brain and it alters the stress responses of the developing child, impairs immune systems, and can lead to abnormal physical development, behavioral and relationship problems.

- The American Society for the Positive Care of Children reported data this year:

    - One in four girls and one in six boys will be sexually abused before reaching eighteen.

- 58,000 children were sexually abused last year.
- Most sexual abusers are males (96%) and most abusers are adult age (77%).
- 325,000 children each year are at risk for commercial sexual exploitation.
- The average age of first time female victimization from prostitution is 12.

- The Children's Bureau of the US Department of Health and Human Services released a report in 2016 on child abuse and neglect in the United States. The report includes data on the following. Child abuse investigations increased 7% over the last four years but known victims increased only 1% over this time. Neglect continues to the be the top category of abuse with 75% of cases, with physical abuse 17% and sexual abuse 8%. Fatal abuse accounted for 2.13 per 100,000 children, somewhat lower than the last report.
- In 2015 the Office of Juvenile Justice and Delinquency Prevention reported that Internet crimes against children continue to be a major concern. Last year the OJJDP task force on ICAC conducted more than 54,000 investigations with 61,000 forensic exams. These investigations resulted in more than 8,500 arrests for allegations of targeting children with internet crimes.
- The Center for Disease Control reported that in the most recent data year, there were 702,000 victims of child abuse and neglect. Very young children continue to be most vulnerable to abuse with 27% of cases under the age of 3 years. The CDC reports that 1,580 children were known to have died from abuse and neglect. They estimate that one in four children are victims of abuse or neglect in their lifetime.
- The US Department of Health and Human Services in its most recent report to Congress indicated the following: child abuse rates dropped slightly (from 9.3 to 9.1 per 1,000), of these cases nearly 80% were neglect, 18% were physical abuse, 9% were sexual abuse and 9% were for psychological abuse. The report offered only an estimate of deaths due to abuse and neglect and set that number at 1,520 for the last reporting year.
- The National Council on Child Abuse & Family Violence is now considering child abuse in America to be a national epidemic with 2.5 million reports of abuse each year. Abuse impairs the ability of the children to develop normally, harms relationships with adults, impairs psycho-social and often results in children with low self-esteem, Abuse also harms neurological development and these negative effects can last a lifetime.
- The National Child Traumatic Stress Network released a report outlining 12 key factors for effectively understanding and treating child abuse. Here are some of the twelve: Safety is key, protective interventions can reduce the long-term harm of abuse, and developmental neurobiology is key to trauma responses and recovery. These factors are important considerations in our treatment of children.

- The Children's Defense Fund reported that population changes in ethnic and racial are rapidly occurring with the majority of children under age 2 being children of color in the US. People of color form the majority of the population in ten states. Poverty remains high with 1 in 5 children living in poverty in America and 1 in 3 children of color. Guns represent a threat to our children with 2,694 child deaths by guns in the most recent year and a child in America is 17 times more likely to die by a gun than children in 25 other developed countries.
- Child Trends forward research on positive protective factors for helping children. Five domains were reported 1. Physical health, development and safety, 2. Psychological and emotional development, 3. Social development and behavior, 4. Cognitive development and education and 5. Spiritual development. These domains form the foundation of our treatment at Jasper Mountain.

State Trends

- The US Department of Health and Human Services reports that the abuse rate in Oregon has recently increased to 12.2 per 1,000, which is well above the national average of 9.1 per 1,000. Of 46,904 children involved in child abuse investigations 10,836 were substantiated child abuse.
- The State of Oregon Department of Human Services has not released a new report this year but here is information for 2016:
    - There were 7,677 founded abuse cases with 11,843 children.
    - 43% were maltreatment and 41% were threat of harm, physical abuse 8% and sexual abuse 7% (Oregon uses different abuse types than other states)
    - The younger the child the higher the abuse rate.
    - Racial make up is very different: Native American is the highest, then African American, then white, then Hispanic and finally Asian American. Native American children have six times the abuse rate as Asian American children
    - 19 children died of abuse
    - A member of the family was the abuser in 94% of the cases.
- The DHS report above indicated that only 68 children on average were served in residential treatment in the State on any one day. This number has dropped each of the last ten years. To put this in perspective, if all Jasper Mountain's children were from Oregon we would make up the majority of these cases in just our program. Clearly psychiatric residential treatment services have declined mainly due to State of Oregon actions including handing over the mental health system to for-profit corporations. The result is that for-profit corporations decline to provide expensive mental health services whether needed by the child or not. The current number of Oregon children in intensive

mental health treatment in psychiatric treatment program has been reduced by over 90% in ten years. The current state of affairs for the system of care in Oregon is universally considered a failed and broken system.

- Children First of Oregon released a report on the overall health of Oregon children and the overall message is not positive. Here is what the report indicated:
    - Poverty continues to be an important influence on children in Oregon with the most impact in rural parts of the State.
    - Families actually had lower incomes statewide than before the great recession in 2009, while expenses have grown considerably.
    - One in five children live in families below the poverty level.
    - More children today have health insurance with uninsured children half what it was in 2008
    - Half of African American children in Oregon live in poverty.
    - There were improvements in immunizations, and lower teen pregnancy, infant mortality, and food insecurity, unemployment, and referrals to juvenile justice. There were improvements in prenatal care, and insured children
    - Deterioration was found in: rate of abuse and neglect, proficiency scores in math and English, and number of homeless children.

Local Trends

- Live Healthy Lane is a partnership of government, United Way, Trillium Health Plans and Peace Health. A state of the health in Lane County included the following:
    - Lane County was rated 12th out of 36 Oregon counties in quality of life indicators.
    - The County rated 9th in health factors.
    - Negative factors to a health County were identified in this order: drug and alcohol abuse, affordable housing, lack of health care, poverty and child abuse.
    - 76% of respondents rated themselves as healthy or very healthy.
    - 90% of respondents said Lane County is a safe place to live.
- Children First of Oregon reported the following:
    - The poverty rate in Lane County is the same as the Oregon average.
    - Most health indicators improved

- Child abuse rates increased this past year and is above the State average.
- Most financial indicators improved including a lower number of children living in poverty and lower unemployment.
- Homelessness was one of the highest rates in Oregon
- The rate of homeless children was somewhat lower as were referrals to juvenile justice.

- According to the Oregon Health Authority
  - Lane County's growth rate 2.6% is well below the State average of 4.1%
  - The poverty rate in Lane County 20.4% is higher than the State average of 16.7%
  - The population on Medicaid is higher than the State average by 2%.
  - The County has more children with a mental health condition than the Oregon average by 2.1%
  - In a telling statistic, Oregon children outside Lane County are eight times more likely to receive the most intensive mental health treatment than children living in Lane County.

The following is a brief editorial from the perspective of Jasper Mountain written in 2016 on decisions made by the State of Oregon and Lane County government in providing mental health care to the poorest Oregonians:

The State of Oregon has often viewed itself as a leader in the US and an innovator ahead of the curve on issues such as ecology, practical government and health care. The Oregon Health Plan has been one example. Oregon developed its own direction with health care and gradually eliminated federal approaches to have local methods of providing physical and mental health care. The State chose a local model by providing local communities with the funds to solve their own local problems. Some would argue this has been a success but one population has been disadvantaged and that is children with the most intensive needs who require the most expensive care. In a system that acknowledges that some care must be rationed to serve more individuals, each time the State system has changed, the increased administrative expenses must be made up by restricting care to the most serious needs in the State.

First the County put together a managed health organization—LaneCare. The day LaneCare began, the child intensive mental health providers received a 50% cut in funding, but administrative costs went up 8%. Five years later intensive mental health services went from the State to the local level and all of Jasper Mountain Center's funding went to LaneCare but was not returned in contracts and within a year LaneCare stopped sending children to Jasper's most intensive services. A decade after LaneCare was formed, it joined a for-profit physicians organization to create a community care organization called Trillium Health Plan. Once again

administrative overhead went up and for the first time the profit motive entered the picture. Providers were assured that profit was not a goal of the new organization. Within two years the same individuals who were providing assurances that funds to help the areas poor would not go to profits, were found to be making back room deals resulted in the Trillium system being sold to a national for-profit corporation for $130,000,000. The two key Trillium administrators who assured providers profit was not a priority facilitated the sale and promptly retired sharing over $10,000,000 between them. All of this was secretly going on while Trillium has repeatedly rationed intensive services to the most needy children. As we move into the next phase of government funding for mental health services for poor children, there are even more concerning factors. First the national for-profit that purchased Trillium will certainly want to make back the sale price of 130 million. There are only two ways to make money on health care—more efficient care with less waste or denying care. We have not seen signs of the former. The second concern is a new presidential administration that so far has made good on outlandish pronouncements and putting radical individuals into the administration, including the federal agency that oversees mental health services. While these events have been taking place over principally the last decade, Jasper Mountain has diversified and served populations far from Oregon and this move has allowed our organization to actually thrive as the Oregon system of care is currently in crisis and may be more broken than is currently being recognized. We will continue to serve children and meet their needs while speaking out to have the system of care do the same.

2017 Update

Since the above comments were written most of the areas of concern have not improved. The for-profit national insurance company that has purchased the local mental health system has merge with another corporation and has grown much larger and less responsive to local issues. Data management has been poor and paying claims locally has been a critical problem. Frustration levels are high with a mental health system that was formerly excellent. While some issues have shown some improvement the Oregon system overall has been in crisis over the last year. A change in leadership at Oregon Health Authority followed a scandal. The system of care for children started the last year with a new law that nearly brought the system to a standstill due to investigations, the loss of placement resources and children being placed in inappropriate settings by the State resulting in lawsuits. While some of these problems have shown some improvement more recently, from the perspective of our organization and our focus on the most damaged children in the system, over the last 10-15 years there has been one change after another in Oregon that has further disadvantaged the available care young children need. Although legislative advocacy and local and statewide efforts to improve the system have been ineffective, we will continue to speak out for children with the highest level of needs that are the responsibility of our local and state organizations to serve. Late in 2017 several DHS department heads issued a concept paper indicating their view that the system of care is broken and needs rethinking. Some of their ideas have been those Jasper Mountain has recommended for years such as having the State take responsibility for the highest needs children to insure they get expensive or long-term care that they need. Yet another new DHS director in 2017 will review the recommendations.

Demographics of Oregon and Agency Consumers—The Oregon population has grown to 4,093,465 which is a five year increase of 6.8% from the census in 2010. Oregon is growing at a faster rate than US population. Oregon has a slightly older population than the national average with a slightly lower percentage of children under 18 and slightly higher rate of seniors over 65 than the national average. The minority population in the US is 38% but lower in Oregon at 23%. Oregon has the following minority residents: Caucasian 76.7% (higher than US), Latino 12.7% (under US), African American 2.1% (1/6 of US average), American Indian 1.8%(above US), Asian 4.4% (below US), Pacific Islander .4% (double US), with the remaining percentage multiple races. Lane County has a population of 362,895. It has grown at a slower rate than the Oregon and United States average. The County has a somewhat older population than the rest of the State (and the Country) with a lower percentage of the population under 18 and a higher percentage above 65. Where Oregon has a lower minority population than the US, Lane County has a lower minority population than Oregon. In Lane County 84% of the population are Caucasian. Latinos make up 9%, Asians 3%, American Indian 1.5%, African American 1.1%, Pacific Islanders .3%. The minority population in Oregon has been increasing over a 10-year period.

When the population of the primary service area of the Agency (State of Oregon) is compared to the consumers of Agency services there are both similarities and some differences: a. income – the income level for the State of Oregon is somewhat lower than the national average and Lane County is lower than the overall State. The income level of our consumers is understandably lower than the State average; b. gender – gender is evenly balanced with the State and males and females are somewhat evenly balanced with slightly more males than females; c. age – Oregon's mean age has been getting older for two decades, but the Agency intentionally has a focus on our youngest citizens; d. Education – Oregon has a higher educational attainment than the US and Lane County is higher than the State's average educational level; e. Racial identity of Oregon's children is Caucasian 68%, Latino 11.7%, Asians 3.7%, African American 1.8%, American Indian 1.4%, multiple races 3.8% and Hawaiian/Pacific Islander .3%. The shift in diversity is mainly from Caucasian to Latino. Diversity is rapidly changing with a 52% increase in minority populations over a recent ten-year period. Minority children are disproportionately represented in the system of care. With less than 2% of the Oregon population African American, 8% of the children in foster care are black. Only 1.4% of the State population is American Indian, but they represent 10% of the foster population. Minority student enrollment in Oregon schools went up 155% with Caucasian enrollment down 12% during the same ten- year period. The overall growth rate in Oregon is much higher for Latino populations. Birth rates per 1,000 are 24 Latino, 18 African American, 16 Asian, 12 Caucasian. Jasper Mountain serves a higher minority population, which could be expected. Although 77% of Oregon residents are Caucasian, 70% of our intensive treatment program's consumers are Caucasian, 5% are African American, 10% Latino, and 5% Native American and 10% Eastern European. For all agency programs it is difficult to determine the precise ethnic mix due to many of the children having very brief contact (crisis cases), but the number of children treated by the Agency has a higher percentage of Caucasians due to the ethnic population of Lane County where the children originate. In Oregon the fastest growing minority group is also the highest minority population—Latinos

(11%); e. Oregon has the fourth fewest residents with a religious affiliation in the U.S. Most of the affiliated residents identify with being Christian, and Catholic is Oregon's largest Christian denomination. Among Agency consumers the majority of the consumers identify with being Christian or no affiliation; f. more than 95% of Oregonians speak English, and child consumers all speak English.

The percentage of ethnicity for our staff is somewhat less diverse than that of Oregon overall. We have 92% Caucasian, 2.4% Latino, 4.8% African American, and .8% Asian.

Action/Position Statement: Since our organization serves challenging children from a national catchment area, we work to follow local, regional and national trends. It has been extremely difficult to anticipate actions on the federal level this year and Oregon has not been much easier. While we cannot address many of the community needs mentioned, we have persevered in consistently meeting the needs of children with serious problems despite the changing priorities of governments and the larger mental health system. We continued to our best to speak out and advocate for a system of care that works for everyone. We realize that our focus on the complex children with significant emotional and behavioral disturbances means our population is expensive and inconvenient and difficult to address but it is important that we do so. We continue to provide a wide range of service options for children in a wide range of need. After reviewing the national, state and local needs, the Management believes that our current array of services and our current programs meet our main focus areas.

There has been a growing divide between the demand for our intensive services among families and funding sources. Nationally managed care has made priority to 'provide more efficient care,' which all too often means less expensive care. As many funding sources (notably the State of Oregon Mental Health System) have moved to restrict intensive mental health services, the result has been more demand for what Jasper Mountain does. It is fair to say there is a lack of interest (and referrals) from our local mental health system for intensive mental health treatment for traumatized children. However with the State of Oregon in a crisis for placement resources for substitute care, Jasper Mountain is approached daily not for treatment but for a place to put children. At the same time our organization has never had the long waiting list we currently have. It is not our intention to address the needs of children based solely on what services are in vogue with the funding sources. Because intensive residential services are currently not valued by some community care organizations, many other providers have reduced or eliminated their capacity with the result being more need in Oregon for services rather than less need. For example, since intensive residential treatment was changed from State to locally managed, the number of provider programs has gone from 8 to 3. We continue to hear the catch phrase "trauma informed treatment," but its implementation lacks an understanding of the intensive needs of traumatized children very early in life. Oregon children are primarily being authorized for short-term interventions and we have programs that fit this model. At the same time, our intensive treatment is sought after by multiple states for children who have not been helped with managed care and short-term models. This past year an average of 65% of the children at the Jasper Mountain Residential Program were from other states (our other programs are solely

Oregon and local children). We continue to focus on a very difficult, but important segment of the child welfare system and based on the data we have obtained, our agency responds as well as, if not better than, other community resources to meet the needs of young seriously traumatized children and provide them with what we view as true trauma informed care. We will continue to speak out for the intensive mental health needs of young children and females who are underserved in our system of care.

Step 3--Review of the Current Agency Long and Short-Term Goals

The Board approved new long-range (three year) goals for the organization in 2017. Goals are developed every three years. In 2020 the Board will be setting goals for the next three-year period. The new goals are the following:

Goal 1 Services: Interject new energy and enthusiasm for excellence into all Service areas. Adjust to funding and billing changes in the present system.

Goal 2 Facilities: Expand our services and facilities and keep the buildings and grounds in excellent condition.

Goal 3 Staff Support: Promote the health, job satisfaction and professional growth of all staff and provide wage increases. Ensure through continual training that all staff have a working knowledge of our philosophy.

Goal 4 Outreach Regionally, Nationally and Internationally: Offer new information to meet our mission through new publications and online resources and speaking out as the conscience of the system of care.

Action: The Board developed long-term goals (three year) in 2017. While there were similarities to previous long-term goals, an additional area of focus was included. The organization continues to make positive efforts in these important areas of focus and these goals will be the organization's road map until 2020.

Following implementation of the strategic plan with annual objectives, the agency reviews its progress with the measurements applied to each goal. For the last fiscal year plan (2016-2017) the overall grade was "A" with a completion rate of 93%. This is very similar to the last two years. While this reflects excellent progress on defined objectives, it is important to note that completion rated by themselves, whether high or low, are not the best indicator of progress toward meeting the agency mission. There may be years with more conservative objectives that

are easier to reach and other years with more challenging objectives that do get completed. Overall the past year was among the more successful years in completion of short-term objectives. Mid-way through our current fiscal year (2017-2018) we are showing good progress with 46% of the objectives completed, 41% in process and 13% yet to be addressed.

Step 4--Program Action Plans

Action plans have been developed by program for the next fiscal year. These action plans include: Administration/Organization, Intensive Residential, SAFE Center, Community Based Services, Jasper School, Fiscal Office. The new action plans are for the 2018/2019 fiscal year have been determined (see Step 8).

Action: Program action plans have been developed for the 2018/2019 fiscal year.

Step 5--Review Internal Data

During the fall, internal data was reviewed in the following areas:

- Consumer Input (Parents, Caseworkers, CASA's, Attorney's and Funding Sources)
- Staff Input
- Child Input

Results:

Consumers: Formal consumer feedback was received from 100 consumers which provides a broad range of comments from all consumer groups—parents, caseworkers, advocates, funding and sources. Feedback has been received for the four programs—Jasper residence, SAFE residence, Day Treatment, and Treatment Foster Care. As with all previous years, the feedback is overwhelmingly positive. In reviewing the feedback this year it will be broken down by program and then by type of consumer since we have multiple consumers and not all have the same priorities. This year's responses were very similar to last year and represent the most positive feedback to date. Here are some of the questions asked of consumers:

- ✓ I received prompt attention from agency staff.
- ✓ I feel respected by agency personnel at all levels.
- ✓ Staff helped me understand treatment choices and included me in planning and the treatment process.
- ✓ The services I have received have helped improve our situation.
- ✓ I experienced smooth communication and coordination with the agency.
- ✓ I feel the information I have shared is handled confidentially.

The answers to the above questions were consistently positive. Of the 109 respondents this past year 96% were positive (Excellent 80% and Good 16%), 3% were neutral and 1% were negative.

In addition to the specific questions we ask of clients they are encouraged to offer comments, which were overwhelmingly positive.

Very positive feedback from consumers has been the norm since we have collected data for decades. Most consumers are very pleased that we accept challenging children, that we don't give up on any of them, and for the most part the children get better, at times much better. It is important to point out that receiving 97% positive consumer reviews is particularly high given we must at times address negative patterns in families and all parents are not pleased to hear some issues. We also must transition clients when caseworkers would like us to keep the child longer, or recommend a longer stay when funding sources want shorter stays. Given these multiple priorities for consumers (sometimes competing agendas), the very positive rating are impressive. Overall, consumers appreciate the end result which according to the feedback is progress with the children in nearly all cases. No consumers gave an overall negative rating this year to any of the services they received and 46% of all consumers gave the highest possible rating.

The above questions were scored and divided up by program with the following averages (out of a possible high of 5.0):

- Day Treatment 4.8 out of 5.0
- Treatment Foster Care 4.6
- Jasper Residential 4.5
- SAFE Residential 4.3

Once again the overall picture this presents is very positive. In past years we have separated the feedback by four groups: 1. Parents, 2. Court Appointed Special Advocates, 3. Caseworkers, 4. Funding sources, Attorneys and all other feedback. Each year there are minor changes but overall the patterns emerge. Here are the ratings by type of consumer:

- Caseworkers 4.8 out of 5.0
- Court Appointed Special Advocates 4.7
- Parents 4.4
- Funding sources and others 4.2

As in the past, the lowest scores were provided by funding sources and this is true each year we have divided the scores by source. Not all consumer categories have the same priorities. For example, in general, funding sources want shorter treatment to reduce cost and caseworkers want longer stays to keep the child stable and getting intensive help. The one group in the above list that has only one priority, which is to get the child the help needed regardless of money or length of stay is the Court Appointed Special Advocates. Predictably CASAs provided the second highest rating this year but over time the highest ratings. Parents were very positive but rating in third in part because treatment must expose some sensitive issues and a few parents

gave lower ratings. However, 18 of the parents gave the highest possible score. Most of the parents were very pleased with the services and with the results with their child and family.

Staff: Over, each of the last 23 years, our staff have been asked to provide detailed information concerning their views of their job and the organization as a whole. The scores and majority of the comments in each of the 23 years have been very positive with some years reflecting higher scores that others. Like staff turnover rate, in years where the job market it tight we have less turnover and higher job satisfaction scores. We have made adjustments in the process over the 23 years, but currently we asked for scores and comments in 17 areas of job satisfaction. Here are some results from this year's responses:

- The overall scores are quite high and reflect excellent job satisfaction. Averaging all scores on a 10 point scale yielded a score above 8.5 (8.57).
- The highest scores included understanding the agency philosophy (9.5), interactions with your supervisor reflect that you are valued (9.2), communication with your supervisor (9.0), receiving regular supervision (8.9), and openness by your supervisor to new ideas (8.9).
- One of the top aspects of job satisfaction involves the supervisory relationship and all ratings in this area were very high.
- When average scores were broken down by very high (90+), high (80+), medium (50+) and low (>50) the results were very high 19%, high 62%, medium 19% and low 0%.
- In the areas shown in research to be most critical to job satisfaction (feeling valued, support from supervisor, teamwork, relationship with co-workers, etc.) all 8 areas scored high or very high.
- The 2017 scores are higher than many prior years and compared to last year the scores are: higher 18%, the same 24%, somewhat lower 58%.
- The lowest average score was for comparing wages with comparable non-profits.

Staff were encouraged to make comments throughout the questionnaire. The overall comments were divided into positive and negative. All of the positive comments are areas that correlate to strong job satisfaction. Wages and communication were once again the majority of the negative comments. Communication is always mentioned and can always be improved. Wages are also mentioned each year. However the paradox that has occurred in the past came out again this year that when staff receive higher wage hikes (5% increase this year) there are more negative comments than in years with lower pay increases. Despite high overall job satisfaction, that does not mean every employee is pleased with the work he or she does for Jasper Mountain. Every year a number of people offer negative reflections of their work and some leave soon afterward. This work is not for everyone and you have to do the work to find that out. However we linked job satisfaction with supervision to do our best to keep our quality employees. The scores were broken down by role in the organization and by category the highest scores came from office staff, then teachers, then managers and therapists. Somewhat lower scores were given by treatment staff and support services, but overall averages were still high for all jobs. Our mission statement addresses our commitment to our staff and that includes a positive work experience.

Children: We changing the process this year to consider feedback from young people who used to reside at Jasper Mountain. The following comments come from interviews of past residential children over the last five years. We felt older children coming out of the program would have some thoughts about what helped them in their time with us. Here is what they said:

What the children over the last five years found helpful at Jasper Mountain Residential?

1. Support and help from staff (15 responses)
2. Learning how to self-manage and be calmer (11)
3. Communicating with adults to ask for help (6)
4. The ability to cope with challenges in life (5)
4. Social skills to get along with others (5)
4. Program structure and adult firmness was helpful (5)
7. Skills to control and handle my anger (4)
8. Leaning how to cooperate with others (3)
9. I learned from family meeting (2)
9. Everything (2)

What do you do today that you learned at Jasper?

I use calming and relaxation skills (10)
I talk to adults now (5)
I use my people skills (5)
I follow rules (4)
I accept support from others (4)
I now am close to friends and family (2)
I stay in good physical shape (2)
I express my feelings (2)
I can cope with problems (2)
I don't argue (2)

What are your plans for the future?

Graduate from college (9)
Get married and have a family (8)
Be good at sports (5)
Be a good person (4)
Be happy (4)
Serve God and help others (4)
Be an artist (4)

Serve in the military (3)
Be wealthy (3)
Be successful (2)
Reconnect with my biological mother (2)
Have a nice car (2)
Write a book (2)
Have horses (2)

Things most helpful to prepare me for a successful future

Staff support and encouragement (6)
Hugs (3)
Activities (3)
Being responsible (2)
School (2)
Taking a deep breathe
Ask for what you want
Counseling
Rules
Learning to be helpful
Learning how to be happy
Being safe
Being tidy
Respecting others
Tell the truth
Cooperate with others
Family meeting
Positive feedback
Group therapy
Accept help from others
Follow directions
Don't shut down or isolate yourself
Learning from peers

Comments on Client Feedback: Providing help to difficult children and their families creates something of a bind regarding consumer reaction. Few children want to do what it will take to be more successful since that is why they are in our care. Similarly many families have patterns that do not meet the needs of all family members and often have little interest in making the changes we recommend. So we expect young consumers as many families to dislike the

demanding treatment process. Acknowledging this, like any business we want to provide our consumers both what they want and also what they need. Clients are more pleased when they get what they want and less so with what they need. However in reviewing comments from all adult consumers the comments are overwhelmingly positive. For example no consumer gave low ratings this year although some were much higher than others. It may seem odd to list staff as consumers but we mention our staff in our mission to enhance the physical, emotional and spiritual health of staff so in a real way we also provide an environment and service to our employees. Staff also had very positive reviews of their jobs and their work for Jasper Mountain. Finally come the primary focus of our services—the children. This year we asked what helped former graduates in their time with us. Once again the comments were not only positive but also reflect the type of change we want to see in the children we serve.

Step 6--Combining Consumer Input with Action Plans

Action: A review of all of the data we review leads us to consider if we continue to provide the most impactful services in the right way to our target population. As we do each year, we have made some conclusions when combining all the above data. We complete this annual review of national and local themes as well as responses to the services we provide in order to determine if our services continue to meet important unmet needs among our target population. Once again based upon the input received from internal and external sources, as well as the agency programs and goals, the Management Team concluded that current programs continue being effective in meeting both our mission and short and long-term goals. We find it ironic that as the State of Oregon and the Federal government deemphasize residential treatment, we continue to receive more referrals than at any time in the past. It seems clear that as resources shrink, available resources are more needed. Oregon currently is doing all it can to promote residential beds on the heels of restricting residential beds for the past five years. We continue to de-emphasize outpatient therapy in order to link children up with community therapists who can continue with the child. On the other hand we want to increase our treatment foster care services over the next year.

Overall the data we have reviewed indicates we should continue with a focus on these services – psychiatric residential, crisis intervention/crisis respite, day treatment, and treatment foster care. Our outcome data continues to show that our residential services lead to the greatest treatment gains of all programs and are therefore our most effective programs related to improvement in children and one of the most needed components of the system of care.

Step 7--Human Resources Assessment

A The Management Team conducts a Human Resources Assessment every year, and this was completed in December and January for 2018. Most of the adjustments are designed for mid-fiscal year and revolved around the transition of leadership. Overall we continue to move toward a business team and a clinical team, maximizing the strengths of our staff to play important roles.

We continue to have good results with our annual review of how we place our employees in various roles in the organization.

Action: We will continue to prepare for the major changes in January of 2019. We do not yet have all bases covered but this will be a work in progress over the next year.

Step 8—Risk Assessment Annual Review

Perhaps the biggest risk to the organization is the overemphasis of the State of Oregon on "keeping children in substitute care safe." This is everyone's goal, but Oregon has gone about this in a manner that makes children less safe. A new law was implemented in 2016 that immediately increased investigations of issues that were not child abuse. Programs were closed, and others were not allowed to take new children right at a time that fewer beds were available. This event threw the system into chaos and children were sleeping in DHS offices and motels. In the fall of 2016 a number of changes were made to address the overreaction to "keeping children safe." The risk is the State could take unnecessary action, which will hurt our ability to help children, as it did for several other programs this last year. Since 7/1/16 we have had 21 investigations and none found abuse. We currently have two open investigations and have been told one will be coded for no abuse. There continues to be a risk working within the Oregon system that according to a 2018 audit is poorly managed, poorly operated and needs a complete overhaul.

The organization does ongoing risk assessments in many ways throughout the fiscal year. We review risks formally on a monthly basis and informally on a continual basis. The Quality Assurance Committee reviews risks on a monthly basis. There are other steps taken by Management to review risks on an annual basis to form the conclusions mentioned here:

- Financial Audit – the annual audit reflected strong internal controls, no corrections and no material weaknesses. The auditors said on every measure the audit results were noteworthy for a non-profit of our size.
- Insurance Review – a review was conducted of all insurance coverage protecting the organization and adjustments were made to insure against risks of all kinds.
- Investment Monitoring – we have hired a new firm to manage our investments.
- Grievances both internal and external – we had no grievances this year and complaints are frequent but grievances are very rare. We have been able to resolve all internal grievances on the staff level except one that went to the Board level 25 years ago. We have not had an external (client) grievance for seventeen years. By giving attention to matters that could turn into grievances or those that do get as far as a grievance, we have been able to minimize the risk of common lawsuits that could pose a risk to the organization.
- Safety Committee – the Safety Committee continues to meet regularly to identify risks on the property. The Committee has also worked closely with OSHA to minimize risks leading to a very strong safety record over the last year. We had fewer staff injuries over the last year.

- Staff Suggestion process – we have several ways that staff can provide suggestions that may address potential risks within the organization. This also gives employees the message that their input is wanted, considered by management and acted upon.
- Medication Administration – a great deal of training goes into insuring that medication administration is handled well within the organization. We have implemented an electronic Medication Administration Record. This has helped with fewer errors and significantly increased compliance with all documentation. We had the fewest medication errors of any previous year in 2017.
- Behavior Management Review – two types of risks arise from behavior management. The first is the risk of injury if violent children are not protected from self-harm or harming others. The second risk is if staff do not prevent violence by following agency policy. All staff are annually trained by four in-house Crisis Prevention Institute trainers conducting trainings throughout the year. This has helped establish an excellent safety record for interventions over the past several years. External investigations that have been routine in previously years have been rare in the past two years.
- Transportation – perhaps the greatest risk to our clients is when they are in vehicles on the roads and highways. We continue to monitor offsite activities closely and insure that proper transportation is provided by staff who have been trained and have excellent driving records. This past year we again had excellent safety on the highways.

Step 9--Agency action plan with goals and objectives

Since planning must occur simultaneously with the implementation of the present year's objectives, both the present and next fiscal year must be considered. The results to date of the current fiscal year strategic plan for agency programs are included here as a mid-year evaluation of program objectives for 2017/2018. At the mid-way point of this year, the progress is moving ahead toward reaching this year's objectives. At of the end of the second quarter (the half way point) 46% of the objectives had been accomplished, 41% were partially completed and 13% have not been addressed at this point in the year. The rate of progress reflects significant movement toward completion of the full year's objectives but at a slower rate than previous years.

Jasper Mountain
Budget Action Steps For FY 2017/2018

A – Residential, B – SAFE, C – School, D – CBS, E – Fiscal, F – Administration, G – Overall Treatment

National and International Outreach

N F.2. Develop a new website for publications.
Y F.5. Publish a new book.

Y F.7. Provide consulting to international organizations requesting help.
Y F.8. Host guests for our Training Institute for international guests.

Optimize Program Effectiveness

I A.2. Ensure supervision documentation is meeting licensing standard
Y A.3. Have a functioning equestrian program
N A.4. Organize and staff the recreation program
Y A.5. Have a specific ISSP goal for each child, which explains and measures their NRT plan. The goal will be discussed at monthly clinical meetings.
Y B.1. Smooth transition to new leadership and clarifying of roles and duties
I C.1. Reading and math data into the annual review
I C.2. Teamwork with treatment and teaching staff.
I C.3. Physical Education Program in the school.
Y C.4. Training regarding treating traumatized children in the classroom.
Y C.5. Science units for the classroom.
Y D.1. Implement the PRIDE competency curriculum
Y D.2. Stabilize funding for the TFC program
N D.3. Recruit two new TFC families
Y D.4. Review, evaluate and revise the policies, procedures and forms for the TFC Program
N D.6. By the end of 2017, the program will be serving at least 10 TFC children
I E.1. Initiate electronic billing for all appropriate public and private insurance contracts.
Y E.2. Develop effective system for timely and complete submission of billable fee-for-service notes.
Y E.3. Continuing monitoring residential contracts for meeting current rate.
I E.4. Explore in-network enrollment for agency with more common private insurance Providers
Y F.4 Set new long-term goals.
I F.6. Full implementation of the Business and Clinical Teams.
I G.1. NRT Goals are on each child's (Jasper and SAFE) treatment plan within 60 days of admission
I G.3. Focus on quality of treatment for children

Staff Support

I A.6. Hold two social events for treatment staff during the year.
Y D.5. Have monthly TFC support meetings and improve their attendance
Y E.5. Address minimum wage changes by incremental increases to wages agency-wide.
Y F.3. Implement the 2017 Employee Utilization Plan.
I G.2. Identify and train lead staff positions
I G.4. Expand and improve training team

Facilities Improvement

Y A.1. Finish the sandbox and add other play options for younger children in the program.
I B.2. Finish outdoor projects at SAFE (Water tower, pipe fittings, landscaping)
Y B.3. Remodel kitchen floor
I B.4. Unifying of treatment at SAFE Center
I B.5. Upgrade the outdoor playground equipment at SAFE
Y F.1. Complete Castle remodel.

Agency Action Plan with Program Objectives for 2018/2019

CD--Completion Date PI--Performance Indicator
RP--Responsible Person EM—Evaluation Measure

A. Intensive Residential -- Jasper Mountain

1. Organize and implement the therapeutic recreation program.
   - CD: 7/1/18
   - RP: Therapeutic Recreation Coordinator
   - PI: Recreational activities are consistently planned and followed in the program; therapeutic goals identified for each child in residence.
   - EM: A calendar is created and maintained each month

2. Develop a calendar of trainings for staff meeting, with topics pertaining to working with emotionally disturbed children.
   - CD: 7/1/18
   - RP: Residential Directors/Training Team
   - PI: A calendar is created
   - EM: Trainings occur at every staff meeting, whether at SAFE or Jasper.

3. Put together a description of how treatment staff advance through the 4 tiers of leadership.
   - CD: 10/1/18
   - RP: Residential Directors
   - PI: Identify treatment staff that are in training for leadership roles.
   - EM: Staff are advancing through the tiers

4. NRT Goals are maintained on treatment plans for all children at Jasper, and children who have been at SAFE longer than six months. All children at Jasper will have an initial NRT and a formal NRT within 60 days of admission.
    CD: 9/1/18
    RP: Residential Director/SAFE Director
    PI: NRT Protocols occur weekly (Staff meeting, clinical meetings)
    EM: Current point sheets will contain NRT plans for each child

5. Identify and train lead staff positions
    CD: 8/1/18
    RP: Residential Director
    PI: Identify three staff members who can fulfill the job of lead staff
    EM: Train three staff members to the point they are in the lead staff role

6. Integrate and improve communication between therapists and treatment staff.
    CD: 8/15/18
    RP: Residential Director/SAFE Director
    PI: Attendance at staff meeting improved and therapeutic documents are passed back and forth (communication in log book, daily logs, etc.)
    EM: Both clinicians and training staff will work in a more integrated manner for the treatment of children.

7. Improve training team performance in all their roles.
    CD: 8/1/18
    RP: Program Manager/SAFE Director
    PI: Trainers are consistently providing training on shifts and supervision outside of shifts.
    EM: Trainers meeting the requirements for supervision levels.

8. Two workbooks for children to use in therapy and discuss being adopted will be written and available to agency therapists
    CD: 06/30/19
    RP: JMC Clinical Supervisor
    PI: Both workbooks will be printed and available to agency therapists
    EM: Printed copies available

B. The SAFE Center

1. Smooth transition to new leadership and clarifying of roles and duties
   - CD: 1/1/19
   - RP: SAFE Director/Executive Director
   - PI: New positions will be filled and the SAFE Center will continue to function
   - EM: Plan is implemented

2. Provide lighting to the SAFE driveway entrance.
   - CD: 9/1/18
   - RP: SAFE Director/Maintenance
   - PI: Electricity will be installed at the end of the driveway.
   - EM: Signs and lights will be installed

3. Assess the condition of the laundry appliances for repair or replacement.
   - CD: 8/15/18
   - RP: SAFE Director
   - PI: Purchase new, heavy duty washers and dryers
   - EM: New machines will be in use

4. Integrate the business team with the SAFE Center more.
   - CD: 8/15/18
   - RP: SAFE Director/Business Manager
   - PI: Billings, authorizations and accounts receivable at SAFE Center will be more unified and easy to track
   - EM: A member of the business team will be based at SAFE Center to handle business matters.

5. Expand the crisis response program.
   - CD: 10/15/18
   - RP: SAFE Director
   - PI: Make changes to the current program such as on-call teams, unified trainings at all agencies, etc.
   - EM: The CRP will be structured to meet current regulations and function smoothly.

6. Complete an internal program review of the crisis response program.
   - CD: 1/1/19
   - RP: SAFE Director/Review Team
   - PI: A review team is developed and duties are assigned.
   - EM: A final report is provided to the Management Team and the Board.

C. Jasper Mountain School

1. Continue to integrate reading and math data into the annual review process demonstrating how the data was utilized to drive instructional decisions and actions.
   CD: Quarterly
   RP: School Leadership Team
   PI: Changes to curriculum are considered based upon data
   EM: Curriculum is adjusted and evaluated as needed.

2. Ongoing work to strengthen teamwork and collaboration between treatment team and teachers in the classroom.
   CD: Reviewed quarterly
   RP: Principal and Executive Director
   PI: Obtain a rating of 3.5 or higher on measures.
   EM: Rating are reviewed by the Management Team

3. Develop and implement an organized physical education program in the school including the Presidential Fitness Award program for all students.
   CD: September 2018
   RP: Training Team and Executive Director
   PI: Plan reviewed by School Leadership Team
   EM: PE plan is implemented in early 2018/2019 school year

4. Develop and Implement a training regarding treating traumatized children in the classroom.
   CD: October 15, 2018
   RP: Executive Director and Principal
   PI: Training developed
   EM: Training is presented to teachers and treatment staff

5. Maximize the census in both Jasper and SAFE classrooms.
   CD: October 1, 2018
   RP: District Liaison
   PI: Districts are contacted with openings
   EM: Full numbers in both locations

6. Have a teacher representative at most treatment team staff meetings at both SAFE and Jasper
   CD: Ongoing
   RP: Principal
   PI: Teachers select a representative to attend
   EM: Teacher representative helps with communication to and from the school.

D. Community Based Services Program

1. Use the PRIDE competency curriculum in monthly TFC Trainings.
   - CD: Ongoing
   - RP: TFC Coordinator
   - PI: TFC leaders will be trained in curriculum and then train our TFC families
   - EM: All TFC families who have a TFC child from our agency or who wish to will be trained.

2. Maintain full funding for the TFC program
   - CD: Ongoing
   - RP: TFC Director
   - PI: Insure full funding on every TFC child
   - EM: Review of budget reveals that every child in a TFC home is fully funded

3. Recruit four new TFC families
   - CD: 12/31/19
   - RP: TFC Director
   - PI: Four new families will be certified and will begin taking children
   - EM: Each quarter, take stock of recruitment efforts and number of homes we have gained.

4. Review, evaluate and revise the policies, procedures and forms for the TFC Program (in preparation for COA)
   - CD: 12/31/18
   - RP: TFC Director
   - PI: Review all policies and templates to insure they meet current ISSR and that templates and forms are effective and user-friendly
   - EM: All TFC policies and templates/forms will be updated

5. Hold monthly TFC support and training meetings and improve their attendance.
   - CD: Ongoing
   - RP: TFC Coordinator
   - PI: Implement attendance plan at monthly meetings. Poll TFC families for training topics they want.
   - EM: Meeting attendance sheets will demonstrate evidence of attendance at meetings

6. By mid-2019, the program will be serving at least 10 TFC children
   - CD: 6/30/19
   - RP: TFC Director
   - PI: 10 TFC children will be in a JMC TFC home by the end of the year
   - EM: TFC data on children in program

E. Fiscal Office

1. Conduct an annual review of fees the agency utilizes.
    - CD: 11/15/18
    - RP: CFO
    - PI: A formal review of all fees will be assessed for the different programs of the agency.
    - EM: The Management Team will receive a report on the current fees.

2. Fee for service notes will be billed in a timely manner.
    - CD: 10/1/18
    - RP: CFO
    - PI: 90% of fee for service notes will be billed within 30 days of clinical documentation being made available
    - EM: A report of the timeline for billing services will be made available to the Management Team for review

3. Stabilize job duties and roles in the financial office
    - CD: 10/1/18
    - RP: CFO
    - PI: Job descriptions will be developed for the employees working in the business office
    - EM: Members of the business office will be responsible for specific tasks and roles

4. Reducing the overall amount of Accounts Receivable to the goal of under a million.
    - CD: 3/15/19
    - RP: CFO
    - PI: Updates of the Accounts Receivable will be made available on a monthly basis to management and the Board of Directors
    - EM: Accounts Receivable will be below 1 million

5. Assess the accounting software to see if it meets our needs.
    - CD: 7/1/18
    - RP: CFO
    - PI: An assessment will be provided to the Management Team for a decision.
    - EM: Decision is made to continue with or switch software

6. Work toward as much electronic billing as feasible
    - CD: 11/15/18
    - RP: CFO
    - PI: A report of billing that is currently not done electronically will be compiled and reported on to the Management Team.
    - EM: A decision is made regarding a move to all electronic billing

F. Administration/Organization

1. Crystal Creek expansion.
   CD: Ongoing in 2018/2019
   RP: Executive Director
   PI: Approvals are obtained
   EM: Construction started

2. Revise website to promote publications
   CD: 11/1/18
   RP: Executive Director and QA Coordinator
   PI: The website components are determined
   EM: Revisions are in place

3. Implement the 2018 Employee Utilization Plan.
   CD: 7/1/18
   RP: Executive Director
   PI: Position changes are in place
   EM: Management Team reviews plan for full implementation

4. Leadership Transition is Implemented
   CD: 1/1/19
   RP: Board of Directors/Executive Director
   PI: Recommendations are given to the Board
   EM: The Board takes formal action in October

5. Publish a new book.
   CD: 11/15/18
   RP: Executive Director and staff
   PI: Cover is developed
   EM: Book is printed and available

6. COA preparation and review
   CD: 3/1/19
   RP: Management Team and staff
   PI: Self-study completed and onsite review completed
   EM: Reaccreditation is achieved

7. Provide consulting internationally to organizations requesting help.
    CD: Ongoing
    RP: Executive Director
    PI: Consulting is provided and information is shared
    EM: Reports of consulting are provided to the Quality Assurance Committee

8. Host guests for our Training Institute for international guests.
    CD: Ongoing
    RP: Executive Director and staff
    PI: Onsite training is provided to individual's upon request
    EM: Reports on institute guests is provided to the Quality Assurance Committee

9. Repaint the office in the Ranch House.
    CD: 2/1/19
    RP: Executive Director and Maintenance staff
    PI: Review dates for least impact on the office
    EM: Painting is completed

Step 10--Integrate all data into a proposed budget for the 2018/2019

The final step in the strategic planning process is to incorporate consumer input, outcome and follow up data, the progress toward reaching goals and objectives for the current year, the human resources assessment and the combined agency goals and action plan for the next fiscal year (long-term goals, annual goals, action plans for programs, and action plans for committees). This combination of data will influence the development of a proposed annual budget for the Board of Directors to consider, adjust and approve. The information will be reviewed in March, the Board will set the priorities for the budget, a budget for the next fiscal year will be built in March, April and May. The final step in the strategic planning process is for the Board to formally approve the fiscal year budget in June.

Jasper Mountain
Budget Action Steps For FY 2018/2019

A – Residential, B – SAFE, C – School, D – CBS, E – Fiscal, F – Administration, G – Overall Treatment

Regional, National and International Outreach

A.8. Two workbooks for children to use in therapy and discuss being adopted will be written and available to agency therapists
F.2. Revise website to promote publications
F.5. Publish a new book.
F.7. Provide consulting internationally to organizations requesting help.
F.8. Host guests for our Training Institute for international guests.

Enthusiastic and Excellent Services

A.1. Organize and implement the therapeutic recreation program.
A.4. NRT Goals are maintained on treatment plans for all children at Jasper, and children who have been at SAFE longer than six months. All children at Jasper will have an initial NRT and a formal NRT within 60 days of admission.
A.6. Integrate and improve communication between therapists and treatment staff.
B.1. Smooth transition to new leadership and clarifying of roles and duties
B.4. Integrate the business team with the SAFE Center more.
C.1. Continue to integrate reading and math data into the annual review process demonstrating how the data was utilized to drive instructional decisions and actions.
C.3. Develop and implement an organized physical education program in the school including the Presidential Fitness Award program for all students.
C.6. Have a teacher representative at most treatment team staff meetings at both SAFE and Jasper
D.1. Use the PRIDE competency curriculum in monthly TFC Trainings.
D.2. Maintain full funding for the TFC program
D.4. Review, evaluate and revise the policies, procedures and forms for the TFC Program (in preparation for COA)
E.1. Conduct an annual review of fees the agency utilizes.
E.2. Fee for service notes will be billed in a timely manner.
E.4. Reducing the overall amount of Accounts Receivable to the goal of under a million.
F.6. COA preparation and review

Support Staff Through Professional Growth and Training

A.2. Develop a calendar of trainings for staff meeting, with topics pertaining to working with emotionally disturbed children.

A.3. Put together a description of how treatment staff advance through the 4 tiers of leadership.
A.5. Identify and train lead staff positions
F.3. Implement the 2018 Employee Utilization Plan.
F.4. Leadership Transition is Implemented
A.7. Improve training team performance of all their roles
C.2. Ongoing work to strengthen teamwork and collaboration between treatment team and teachers in the classroom.
C.4. Develop and Implement a training regarding treating traumatized children in the classroom.
D.5. Hold monthly TFC support and training meetings and improve their attendance.
D.7. Develop a functioning crisis team with an implemented training program.
E.3. Stabilize job duties and roles in the financial office
E.5. Assess the accounting software to see if it meets our needs.
E.6. Work to ensure all billing can be done electronically

Expand Services and Facilities

B.2. Provide lighting to the SAFE driveway entrance.
B.3. Assess the condition of the laundry appliances for repair or replacement.
B.5. Expand the crisis response program.
C.5. Maximize the census in both Jasper and SAFE classrooms.
D.3. Recruit four new TFC families
D.6. By mid-2019, the program will be serving at least 10 TFC children
F.1. Crystal Creek expansion.
F.9. Repaint the office in the Ranch House.