

2019/2020 Strategic Plan

Jasper Mountain

Introduction

Jasper Mountain will face some of the most significant leadership challenges in its 37 year history over the next fiscal year. This is due to the fact that new executive leadership will be installed for the first time in its history. The founders of the organization will step down after providing the overall leadership for nearly four decades. Certainly the history of Jasper Mountain is impressive as it has risen to a short list of the top trauma treatment centers for young children in the world. But now it faces a new challenge and one that all organizations must face as the vision of its founders is handed off to the next generation of leaders. For many such organizations this challenge brings with it a steady decline and ultimately collapse, but for others it is a time of positive change and new energy. Jasper Mountain is blessed to have very consistent leadership not only at the executive level but at the program level as well. As the top leadership changes the next level of leaders have over 20 years of experience. This executive leadership change has progressed in an optimal manner and has been planned and implemented over the last ten years. In addition the former executive leaders will remain in other roles and will be consulting into the future. The organization is in excellent shape to enter this phase of its development. All aspects of the organization are doing very well: programs are more defined and operating better than at any previous time, the respect and reputation of the organization has never been higher, we have excellent employees in key positions, more children are referred to our programs than we could ever reasonably serve, and our financial health has never been stronger. However, an excellent organization does not look into the past but into the future and excellence comes from the care, service and attention the mission every day of the year.

As the organization looks to the future, a critically important component is our strategic planning process. This report will outline why the organization exists, where it is headed in the long and short term, what are its strengths and weaknesses, what consumers say about what they receive and how we will measure improvement. 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 strategic 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 execution. 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 most recent review of the Mission Statement by the Management Team and Board of Directors was in 2019. It was found at that time to be current and relevant.

Management did not suggest changes following its review of the Mission Statement and has not suggested changes since it was last amended 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."

We are proud that our mission statement focuses not only on the clients we help but also on our staff who are the helpers. We hold an important value within our organization that our staff need to model the health and development we wish to see in our consumers. This puts the responsibility on our staff to continually work to be healthy in body, mind and spirit.

Step 2: Review of External Information Related to Agency Services

Over nearly four decades 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 two decades we have worked 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.

It is not unusual for threats to the best interests of children to arise in our system of care. The recent major recession brought an increase in poverty to families predictably resulting in stress to children. Not all new legislation is helpful to children. For example in 2016 and ill-advised new Oregon law significantly harmed efforts for children throughout the State. Significant legislative work to revise the poor law have met a political brick wall. However, new efforts will be made this year and in the years ahead. While the political and legislative improvement have been for the most part unsuccessful, there have been significant improvements in the implementation of the law. This is very important because the impact of the poor law was exacerbated by the poor job the Oregon Department of Human Resources did to implement the law. The result was to drive away foster families, many young programs closed down, the result of fewer placements resulted in a State with no place to house its most vulnerable children. At the height of this self-imposed chaos, children were being placed in hotels every night sometimes for weeks or even months at a time. The State agency reported spending over a million dollars per month to inappropriately place children who could not live with their parents in unsafe environments only to be placed by the State in completely inappropriate settings. These events were not lost on attorneys representing the children and the lawsuits began to mount.

The status of conditions for children in Oregon has improved due to recognition by the State agency that change had to happen. Sadly, too many factors are behind many of the changes made in the

system of care of children—first a crisis and second lawsuits. Oregon has had both since the new law was implemented. Although implementation of the law has improved, there is much more that needs to be done and Jasper Mountain is leading the way on both legislative change and engaging with the State to improve implementation of the law before it can be amended.

One other example of how changes in the system responsible for the care and treatment of children can actually harm the children it should be helping is our local mental health system. In the past it had been considered to top mental health care in the State of Oregon and some viewed our system as one of the top systems in the Country. No more! Poor decisions on the State level to “block grant” funds from the State to the local level did not have the desired results. When funds to provide mental health treatment for the State’s children living in poverty was provide to local communities, it was not long before money corrupted the system. On the first day of implementing local mental health decision making the funding for actual mental health care was cut in half. The available funds were not cut in half, it was services that were slashed. The result throughout the State was local governments building up huge reserves while mental health care to children suffered. Most recently, poor oversight of the local system by the State agency responsible (Oregon Health Authority), resulted in local communities becoming for-profit businesses! Currently in most areas of Oregon the profit motive is impacting the mental health treatment of the State’s poorest children. Large national insurance companies have moved into the State purchasing parts of the system. Locally the results have predictably resulted in a serious deterioration of a system that should solely focus on the needs of children and not profits for investors.

The views stated above are those of our organization and others, particularly in at the State level and in the for-profit businesses would argue differently. However, it would be hard for anyone to show that children are receiving better mental health care today than in the past and each year signs of deterioration continue. The two examples listed above reflect that our work to advocate for the best interests of children are not always met with praise or even collaboration. The most challenging children in our communities are difficult and expensive to help. Organizations like Jasper Mountain that focus on these children are sometimes viewed much like their clients as irritating and unwanted. However we are not in the business of helping the most challenging children to get accolades, the improvement of the children is what makes this work worthwhile. The battles mentioned above continue and more will come our way. We will need resolve, a positive reputation forged from success with children, and we will need collaboration with other community partners to make our systems for children closer to what they children deserve.

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

- Children's Bureau of the US Department of Health and Human Services reported the following in their most recent national report:
 - 4.1 million children nationally were the subject of an abuse investigation
 - 3% increase of confirmed victims of abuse over the last four years
 - Neglect continues to be the most common abuse (75%)
 - 1,750 children died of abuse in this reporting year
 - Native American and Native Alaskan children had the highest abuse rates
 - Children in the first year of life have the highest abuse rate
- The Harvard University Center on the Developing Child reported that a child's brain develops over early years of life. It is primarily built upon the relationships of the child. Abuse and particularly neglect can produce toxic stress that damages the brain and can have life-long negative impacts. A healthy developing brain is essential for self-regulation and executive functions. The three paths to healing traumatized children are 1. Reduce stress, 2. Developing positive relationships and 3. Improve skill development.
- The National Council on Child Abuse & Family Violence reported this year that the majority of runaways, child prostitutes and juvenile delinquents are victims of child abuse and the majority of adults convicted of violent crimes were abused as children.
- Child Trends reported in 2018 that children made gains in economic well-being but had mixed results in health, education, family and community domains. The teen birthrate has dropped to an all-time low but children in single parent households has increased. Elementary reading rates dropped but high school graduation rates improved nationally. The largest gain was found in children with health insurance.
- Child Help reported this year:
 - A report on child abuse is made every 10 seconds
 - The United States has one of the highest rates of child abuse of all industrialized nations
 - Confirmed abuse victims would fill that average professional football stadium ten times

- 80% of abuse victims met the criteria for at least one psychological disorder
- 80% of abuse fatalities were children too young for kindergarten
- 2/3 of adults receiving substance abuse treatment were abused as children
- An abused individual is 9 times more likely to get involved in criminal activity
- American Society for the Positive Care of Children reported:
 - Most abuse victims are neglected with 19% physical abused, 9% sexually abused and 7% emotionally abused
 - Five children die each day in the US of child abuse
 - Abuse victims are 25% more likely to be teen parents
 - 30% of abuse victims will go on to abuse their children
- Reported last year but still important factors:
- 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
- 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 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.

State Trends

- The State of Oregon Department of Human Services released information on 2017 (most recent data):

- There were 80,683 abuse reports with 7,063 confirmed abuse cases
 - Most cases were neglect 46% and threat of harm 39%
 - Abuse reports have increased each of the last five years
 - 70% of confirmed abused children stay in their home and 30% are removed
 - The largest number of abuse cases involve children under age 1 and the numbers decrease each year to age 17 with the oldest children four times lower than the youngest children.
 - Abuse rates are highest for Native American and Native Alaskan, next African American, Caucasian, Hispanic and the lowest is Asian. Asian rates of abuse are 1/7th of American Indian populations.
 - There were 30 fatalities caused by abuse in 2017, this is the highest number of fatalities in over six years.
 - 93% of abuse cases were caused by one or both of the child's parents
- The DHS report that on average only 50 children were in psychiatric residential care on a given night. This is a fraction of the number of children receiving intensive residential treatment compared to ten years ago. It also means that most of the Oregon population receiving this care could be served by Jasper Mountain alone. It also means that there were nights where more children were placed in hotels than in psychiatric residential care.
 - The Kids Count 2018 report listed Oregon as number 30 of 50 states.
 - Economic well-being 28
 - Education 43
 - Physical health 16
 - Family and community 19
 - Children First of Oregon reported that suicide rates for teens is going up and has doubled over the last nine years.

Local Trends

- DHS reported that Lane County had 8,300 abuse reports and 683 coded as abuse. This is the second highest confirmed abuse cases of any county and the highest outside Portland (Multnomah County). The abuse numbers and rate of abuse has slightly increase but has mostly remained the same. More foster homes left the system than entered the system.
- Children's First of Oregon reported the following this year:

- Food insecurity for Lane County 22% was higher than the Oregon average
 - Unemployment rates were low compared to other counties
 - The poverty rate in Lane is 22% and close to the Oregon average
 - The abuse rate in Lane is higher than the State average
- ***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.
- 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.

Demographics of Oregon and Agency Consumers – The most complete demographic data comes from the national census every ten years. The next census will be conducted in 2020. In years when there is not a formal census, the State of Oregon has a process to estimate demographic information, which is the source of the following. The Oregon population has grown to 4,199,563 which is a ten percent increase since the 2010 census. This makes Oregon 9th in area among the 50 states and 27th in population. The median age in the State is 39 years. 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 gender balance is 50.5% females and 49.5% males. The minority population in the US is 38% but lower in Oregon at 23%. Oregon has the following minority residents: 72.4% Caucasian, 12.7% Latino, 4.4% two or more races, 4% Asians, 3.1% other races, 1.9% African American, and 1.5% Native American. Lane County has a population of 374,748. It is the 4th largest county in population with 9% of State population. 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, 55% of our intensive treatment program’s consumers are Caucasian, 15% are mixed race, 10% are African American, 10% Latino, and 5% Pacific Islander and 5% 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 other than the intensive program 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 (12%); e. Oregon has the fourth fewest residents with a religious affiliation in the U.S. Most of the affiliated residents identify with being Christian 61%, and Catholic is Oregon’s largest Christian denomination. Seven percent of the population are

non-Christian affiliated. Non-affiliated residents in Oregon are 31% of the population. Among Agency consumers the majority 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 93% Caucasian, 3% African American, 2% Latino and 2% Asian.

Action/Position Statement: Our work has components of both local and national issues that impact what we do. As was the case last year it has been extremely difficult to anticipate actions on the federal level this year and Oregon has not been much easier. While we cannot be all things to all clients, many of the community needs mentioned have a connection to our services. Despite the chaotic status of federal efforts for children and continuing serious concerns about the Oregon system of care, 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. Somewhat different than in previous years there have been some measurable improvement in how we have impacted our State system. Our input has been requested and considered by parts of the system (child welfare). However at the same time other aspects of the system have been even less responsive (mental health). 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.

We are facing a growing tension in one of our important service areas—treatment foster care. Although there have been some very recent encouraging signs of improvement in State issues impacting this service, our important treatment foster program has never served fewer children. The primary reason for this is the unnecessary stress placed on foster families by the Oregon state departments lack of support for families. It is nearly impossible to recruit families under the present climate. We have hope that this can improve but that will be determined in the future. Meanwhile many children who need this service are not receiving it.

Overall Jasper Mountain continues 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) a year ago 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 (2017-2018) the overall grade was "B" with a completion rate of 84%. This rate of progress is somewhat lower than the last two years. While this reflects good 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 progress this past year reflected ongoing challenges to meet objectives for our community based services. This is primarily due to the current state of the Oregon system of care. Mid-way through our current fiscal year (2018-2019) we are showing good progress with 32% of the objectives completed, 54% in process and 14% 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 2019/2020 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 76 consumers which provides a broad range of comments from all consumer groups—parents, caseworkers, advocates, and funding 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 76 respondents this past year 86% rated the service as excellent, 14% rated it good and only one was negative or statistically a fraction of a percent. In addition to the specific questions we ask of clients they are encouraged to offer comments, which were also 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 nearly unanimous 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 ratings are impressive. Overall, consumers appreciate the end result which according to the feedback is progress with the children in nearly all cases. Only one anonymous individual gave an overall negative rating this year to any of the services they received and 86% 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 4.8
- ❖ Jasper Residential 4.8
- ❖ SAFE Residential 4.4

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
- Parents 4.8
- Funding sources and others 4.7
- Court Appointed Special Advocates 4.6

Somewhat different than in past years we did not receive the lowest scores from the funding sources. 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. This year both groups seemed pleased. Although quite positive, the advocates this year had the lowest rating. The reason for this is not entirely clear, however the single negative response came from an anonymous advocate who was "fired" by the parent and this brought down the average. Parents and caseworkers tied for the highest ratings. This may be due to both groups being happy to have a placement for their child when placements have been a scarce commodity in Oregon for the last two years. Most of the parents were very pleased with the services and with the results with their child and family. Consumers overall indicated being very pleased with the help they received. Many offered superlative comments like: "Jasper Mountain is my favorite organization to work with." "You saved my

son's life!" "Every staff member has been outstanding to work with, you provided our family with a chance to heal and to believe in the possibility of a better tomorrow." Overall the scores this past year were higher than the year before with 6 of the above 8 scores being higher this year.

Staff: In each of the last 24 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 24 years have been very positive with some years reflecting higher scores than others. Like staff turnover rate, in years where the job market is tight we have less turnover and higher job satisfaction scores. We have made adjustments in the process over the 24 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 8.4 nearly identical to last year.
- The highest scores included understanding the agency philosophy (9.4), interactions with your supervisor reflect that you are valued (9.1), communication with your supervisor (8.9), and feeling valued by co-workers (8.8). The top three scores are the same top three as last year, so this is a consistent trend.
- 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 (9+), high (8+), medium (5+) and low (>5) the results were very high 13%, high 73%, medium 13% 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.
- One of the lowest scores each year is the perception of staff that agency wages do not compare well with other non-profits. The Board has a pay policy to ensure wages in the top 25% of comparable non-profits and wage studies confirm we meet the policy. Although staff perceptions do not match the data, this year the staff rating was somewhat higher than last year.

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 even stronger than usual this year that when staff receive higher wage hikes (12.5% increase over the last two years with inflation up only 4.8%) 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 managers, then therapists, office staff, administration and support staff. Somewhat lower scores were given by direct care treatment staff, 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: In gaining input from the children it makes a difference when you ask them and how you ask them. This year the children were asked during the summer to mention what activities they liked best and liked least. Asking them to discuss activities often results in eliciting more ideas from them. Regarding when they are asked, if it was two weeks before Christmas then Christmas parties would likely lead the list rather than swimming.

Summer activities the children liked:

- Swimming (13)
- Going to the river (8)
- Gymnastics (6)
- Camping (3)
- Water Balloons (3)
- Track (2)
- Bean bags (2)
- Basketball (2)
- Football (2)
- Store
- Mentor relationship
- Soccer
- Wrestling
- Going to Bounce
- Cooperation Club
- Trampoline

Summer activities the children disliked

- Football (4)
- Running Program (4)
- School (3)
- Track (3)

Losing games (2)
Math (2)
Having low points (2)
Tofu
Cooking class
Living here
Science
Reading
History
Homework
Writing
Not having longer school days
Not earning the camping trip
Activity
Mondays
Being active
Wearing slippers
Chores
Getting sick
Exercising
Following directions

The input from children tends to be similar from year to year. Their likes and dislikes are not significantly different than what would be expected of any group of children. Some activities had a split opinion such as playing football and the running program were liked by some children and disliked by others. We have learned from interviewing the children years after leaving the program that they tend to remember the good times more than the bad. Children in general like special events, field trips, active sports, holidays and birthdays as well as special foods. They tend to not like structure, discipline and getting into trouble. There is little in the feedback from children that points to program changes but it is important to gauge what they are thinking and make adjustments to some summer activities. For example, after reviewing the frequency and prominence of football in the program (primarily due to interest of staff) we have eliminated this competitive activity until further notice.

Comments on Client Feedback: The context of consumer feedback is worth mentioning. Our program expects difficult changes in our clients. Neither children or often their parents like to make difficult changes. We also consider referral sources and payment services as consumers as well. Some referral sources want the children to stay longer in the program (often regardless of how they have been in the program) and the payment organizations often have a bias for less

treatment, which costs less. In this context, we would expect that many of our consumers would not offer favorable reviews. However year after year this is not the case. This is not to say that everyone appreciates the help we provide. But this year is a good example, although it is unusually positive, when there was only one person who anonymously reflected unhappiness with our organization. I would not have been surprised to have many more than one.

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 they provided a predictable array of what they liked and disliked. This is not to dismiss their opinions but for many years we have heard the tone of more ice cream and fewer vegetables and more freedom and fewer rules.

Step 6--Combining Consumer Input with Action Plans

Action: It is not the intention of the organization to be all things to all clients. Over the years we have taken a more direct focus in our services of both preventing and repairing the damage of child abuse. To effectively do this we have had to develop specializations such as treating trauma, repairing attachment, understanding sexual abuse and how to treat the impacts, and others. Our prevention work has focused on the time in a child's life when there is a high incidence of abuse—in a family crisis. Our Crisis Response Program helps children and their families 24 hours a day, 7 days a week. For treating the impacts of trauma and abuse we have intensive services that children would likely not receive if we did not provide them. Our SAFE Center helps assess the needs of children while starting the process of meeting those needs. Our Jasper program is designed to meet the most complex needs of our population. Our data from all our programs indicates that we are being successful to a high level.

When we review the data we collect for our strategic planning we consider trends in needed service. When the needs of children are considered, many come up but for children who have been the victims of trauma, receiving the help they need is critical for life-long happiness. Working to prevent trauma in the first place is also important. 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. 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 15 years. We continue to de-emphasize outpatient therapy in order to link children up with community therapists who can continue with the child. Unfortunately our goal to

increase our treatment foster care services is unlikely with the barriers put up by our system of care.

In conclusion 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 – Employee Utilization

A The Management Team conducts an Employee Utilization review every year, and this was completed in December and January 2018/2019. This review takes into consideration both structural elements of the staff as well as maximizing the strengths of individuals. Most of the adjustments are designed for mid-fiscal year and revolved around the transition of leadership. The most significant changes in the employee utilization this year were for executive leadership. Changes at the top will necessitate changes in other positions. Because this review involves personnel decisions, it is a confidential document the Management Team uses to make adjustment early in 2019 as well as during the next fiscal year. **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

Not all risks can be avoided in our challenging mission. However, we do our best to anticipate and prevent many issues that can be addressed early to avoid a situation becoming a serious problem. Perhaps the biggest risk to the organization continues to be the impacts of legislation by the State of Oregon designed to “keep 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 excessive action, which can hurt our ability to help children, as it did for several other programs since the new law was passed. Since 7/1/16 Jasper Mountain has had 30 investigations and 96% were coded as unsubstantiated, meaning the staff were cleared of any wrongdoing. While this is a positive outcome it also points to a system that is investigating too broadly. This current year we have been involved in two major initiatives to maintain safety for the children but also to protect our staff from unwarranted jeopardy by staff investigators. The first is legislative action to address the flaws in the 2016 bill. We have submitted legislation each of the past two years that have not found enough support. We believe this year will have better outcomes. The second

initiative is to work with the state agency that implements the law to improve how this is carried out. We have had better success in this effort than in the legislative efforts. We are submitting a proposal to the State to include in investigations a finding of substandard care that would require a plan for improvement but not be a finding of child abuse on the part of staff simply due to a mistake. We are optimistic that both initiatives can reduce the risk to both the organization and its staff.

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 many informal complaints but formal complaints and 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 did not meet for part of this year after the long term leader of the committee retired. It is now meeting once again 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 many fewer errors and significantly increased compliance with all documentation. We had the fewest medication errors of any previous year in 2018.
- 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 includes reviewing the driving records of all staff and restricting driving on business to staff with good driving experience. 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 2018/2019. At the mid-way point of this year, the progress is moving ahead toward reaching this year's objectives. At the end of the second quarter (the half way point) 32% of the objectives had been accomplished, 54% were partially completed and 14% 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.

Jasper Mountain Budget Action Steps For FY 2018/2019

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

National and International Outreach

N F.2. Revise website to promote publications

Y F.5. Publish a new book.

I F.7. Provide consulting internationally to organizations requesting help.

Y F. 8. Host guests for our Training Institute for international guests.

Optimize Program Effectiveness

I A.1. Organize and implement the therapeutic recreation program.

Y 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.

Y A.6. Integrate and improve communication between therapists and treatment staff.

I A.8. Two workbooks for children to use in therapy and discuss being adopted will be written and available to agency therapists

- Y B.4. Integrate the business team with the SAFE Center more.
- I B.5. Expand the crisis response program.
- I B.6. Complete an internal program review of the crisis response program.
- Y 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.
- I C.3. Develop and implement an organized physical education program in the school including the Presidential Fitness Award program for all students.
- I C.5. Maximize the census in both Jasper and SAFE classrooms.
- I C.6. Have a teacher representative at most treatment team staff meetings at both SAFE And Jasper
- I D.1. Use the PRIDE competency curriculum in monthly TFC Trainings.
- I D.2. Maintain full funding for the TFC program
- N D.3. Recruit four new TFC families
- Y D.4. Review, evaluate and revise the policies, procedures and forms for the TFC Program (in preparation for COA)
- N D.6. By mid-2019, the program will be serving at least 10 TFC children
- N E.1. Conduct an annual review of fees the agency utilizes.
- I E.2. Fee for service notes will be billed in a timely manner.
- I E.4. Reducing the overall amount of Accounts Receivable to the goal of under a million.
- Y E.5. Assess the accounting software to see if it meets our needs.
- I E.6. Work toward as much electronic billing as feasible
- I F.6. COA preparation and review

Staff Support

- I A.2. Develop a calendar of trainings for staff meeting, with topics pertaining to working with emotionally disturbed children.
- Y A.3. Put together a description of how treatment staff advance through the 4 tiers of leadership.
- I A.5. Identify and train lead staff positions
- Y A.7. Improve training team performance in all their roles.
- I B.1. Smooth transition to new leadership and clarifying of roles and duties
- Y C.2. Ongoing work to strengthen teamwork and collaboration between treatment team and teachers in the classroom.
- N C.4. Develop and Implement a training regarding treating traumatized children in the classroom.
- I D.5. Hold monthly TFC support and training meetings and improve their attendance.
- I E.3. Stabilize job duties and roles in the financial office
- Y F.3. Implement the 2018 Employee Utilization Plan.
- I F.4. Leadership Transition is Implemented

Facilities Improvement

- N B.2. Provide lighting to the SAFE driveway entrance.
- Y B.3. Assess the condition of the laundry appliances for repair or replacement.
- I F.1. Crystal Creek expansion.
- I F.9. Repaint the office in the Ranch House.

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, implement monitor the therapeutic recreation program.
 - CD: 7/1/19
 - RP: Therapeutic Recreation Coordinator/Residential Directors
 - PI: Recreational activities are consistently planned in advance by the Coordinator and followed in the program; identify key staff members to work with the coordinator to implement the recreation calendar
 - EM: A calendar is created, maintained and utilized each month

2. Identify and train lead staff positions while assessing the current structure for leadership on shifts.
 - CD: 12/1/19
 - RP: Residential Director
 - PI: Identify three staff members who can fulfill the job of lead staff; assess staff members ability to move through the treatment team I-IV tier system
 - EM: Train three new staff members to the point they are in the lead staff role

3. Integrate and improve collaborative communication between therapists and treatment staff.
 - CD: 7/1/19
 - 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.); pertinent trainings to both therapists and staff members are presented at staff meetings
 - EM: Both clinicians and training staff will work in a more integrated manner for the treatment of children.

4. Utilize space in the Castle more effectively, including creating space for the children that is inviting and incentivizing.

CD: 3/1/20

RP: Residential Director

PI: Current rooms/space in the Castle are assessed and modifications are made to enhance the physical space

EM: Children and staff are better able to use the space in the Castle to enhance treatment goals

B. The SAFE Center

1. Assess best scenario for clinical supervision at SAFE Center.

CD: 4/15/20

RP: SAFE Director and Clinical Supervisor

PI: The current supervision structure will be assessed and modified if need be to ensure the best model

EM: The appropriate amount of communication and supervision for the clinical team is being maintained at SAFE Center

2. Substantial repair of faulty plumbing in the women's restroom above the school.

CD: 8/1/19

RP: SAFE Director and Maintenance

PI: A thorough assessment and repair plan will be occur.

EM: The toilet will be consistently fully functioning.

3. Make the front office reception area more organized, functional and presentable.

CD: 12/1/20

RP: SAFE Director

PI: Develop a plan to better organize of the front office reception area

EM: Implement the plan with the front office more organized

4. Conduct a safety audit of the children's bedrooms, kitchen area and living room to ensure current items and layout can maintain a level of safety for treatment to occur.

CD: 3/1/20

RP: SAFE Director/SAFE Assistant Director

PI: Current furniture, commonly used items and room layouts will be assessed for safety goals

EM: Any safety upgrades that are found to be needed, will be changed and fully implemented

5. Assess the feasibility of a large, commercial grade playground.
 - CD: 11/1/19
 - RP: SAFE Director and Management
 - PI: A thorough assessment will be completed, including the best location/type/timing for a large playground at SAFE Center
 - EM: A plan will be developed based on the assessment process and presented to the management team

C. Jasper Mountain School

1. Ongoing work to strengthen teamwork and collaboration between treatment team and teachers.
 - CD: Reviewed quarterly
 - RP: Principal and Manager (DO or ED)
 - PI: Obtain a rating of 3.5 or higher on measures and better utilize morning planning time, have teachers attend staff meetings and ensure staff members are communicating with teachers regarding treatment needs
 - EM: Ratings are reviewed by the Management Team
2. Develop and implement an organized physical education program as a part of therapeutic recreation in the school including upgrading equipment to be utilized during school hours.
 - CD: 10/1/19
 - RP: Principal and Manager
 - PI: Plan reviewed by School Leadership Team
 - EM: PE equipment is purchased by early 2019/2012 school year
3. Maximize the census in both Jasper and SAFE classrooms.
 - CD: 10/1/19
 - RP: District Liaison
 - PI: Districts are contacted with openings
 - EM: Full numbers in both locations
4. Maintain full instructional staff at both sites
 - CD: 8/15/19
 - RP: Principal and Manager
 - PI: Candidates are interviewed and the best applicant is offered a job
 - EM: Each classroom has a dedicated teacher

5. Implement more ways to measure a student's success and progress in the program.
 - CD: 10/1/19
 - RP: Principal and Teachers
 - PI: Habits of the Mind will be utilized in the classrooms to measure student growth
 - EM: Results of Habits of the Mind will be shared with management team

6. Continue to implement data teams to assess effectiveness of teaching curriculum.
 - CD: 10/1/19
 - RP: Principal and Teachers
 - PI: Data is being obtained ongoing
 - EM: Adjustments are made in instruction based upon obtained data

D. Community Based Services Program

1. Hold quarterly TFC support meetings and train using the PRIDE competency curriculum.
 - 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; TFC families will attend three out of the four trainings offered per year

2. Explore ways to attain full funding for the TFC program, including researching BRS funding.
 - CD: 12/1/19
 - RP: TFC staff
 - PI: Insure full funding on every TFC child
 - EM: Review of budget reveals that every child in a TFC home is fully funded, with the possibility of BRS funding included

3. Recruit or renew four new TFC families.
 - CD: 3/1/20
 - RP: TFC staff
 - PI: Four new or returning families will be certified and will begin taking children
 - EM: Each quarter, take stock of number of homes we have gained.

4. Identify the needed staffing for TFC program.
 - CD: 7/1/19
 - RP: TFC staff
 - PI: Essential functions and their corresponding FTE will be identified
 - EM: Produce written document of roles with descriptions of FTE

E. Fiscal Office

1. Conduct an annual review of fees the agency utilizes.
 - CD: 11/15/19
 - 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: 10/1/19
 - RP: CFO
 - PI: 90% of fee for service notes will be billed within 30 days of clinical documentation being made available; the clinical documentation will be tracked and made available for billing in a timely manner
 - EM: A report of the timeline for billing services will be made available to the Management Team for review

3. Create a three-year projection of the expenses and revenues based on an increase of fees, the minimum wage impact, and the addition of Crystal Creek.
 - CD: 12/1/19
 - RP: CFO
 - PI: A projected budget for the next three years based on several potential changes to the agency will be created.
 - EM: The outcome of the projection will be shared with the management team

4. Reducing the overall amount of Accounts Receivable to the goal of under one million.
 - CD: 8/1/19
 - 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 consistently be lower than 1 million

5. Explore becoming in-network providers with several of the larger insurance companies.
 - CD: 12/1/19
 - RP: CFO Business Manager
 - PI: The pros and cons of becoming in-network providers with insurance companies will be explored
 - EM: A report will be presented to the management team regarding becoming in-network providers

6. Timely and accurate financial information and reports to the Board of Directors and Management Team.

CD: 7/1/19

RP: CFO

PI: A schedule of reports going to the Board is developed and followed.

EM: The Board has confidence the reports will be on time and accurate.

F. Administration/Organization

1. Crystal Creek facility expansion.

CD: Ongoing in 2019/2020

RP: Management

PI: Move forward with construction process

EM: Construction started

2. Identify staffing needs for Crystal Creek expansion.

CD: Ongoing in 2019/2012

RP: Director of Operations/Management team

PI: Assess the agency needs regarding roles, tasks and FTE to guide the employee expansion to add an additional program

EM: The assessment is completed and presented to the Management team

3. Rework website with the goal of increasing information and publication access for Families and professionals

CD: 4/30/20

RP: Director of Operations and QA Coordinator

PI: External website services identified, goals and direction provided for enhancements, maintains our ability to update website information internally

EM: Website provides more helpful and easily accessible information

4. Implement the 2019 Employee Utilization Plan.

CD: 1/1/20

RP: Management Team

PI: Position changes are in place

EM: Management Team reviews plan for full implementation

5. Host guests for our Training Institute for international guests.

CD: Ongoing

RP: Management

PI: Onsite training is provided to individual's upon request

EM: Reports on institute guests is provided to the Quality Assurance Committee

6. Increase quality, quantity and documentation of supervision for Treatment Team staff.

CD: Ongoing

RP: Program Managers/Treatment Team Supervisors

PI: Reorganization of supervision system, with clear written expectations, coaching and training for supervisors and monthly accountability tracking of supervision

EM: Written description of approach by 7/1/19, with quarterly reporting regarding implementation, showing at least 90% compliance with system expectations for all staff

7. Provide consulting internationally to organizations requesting help.

CD: Ongoing

RP: Agency Psychologist

PI: Consulting is provided and information is shared

EM: Reports of consulting are provided to the Quality Assurance Committee

Step 10--Integrate all data into a proposed budget for the 2019/2020

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 employee utilization 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 plan will be submitted to the Board before the budget is developed for the next fiscal year. 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 2019/2020

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

Regional, National and International Outreach

- F.3. Rework website with the goal of increasing information and publication access for Families and professionals
- F.5. Host guests for our Training Institute for international guests.
- F.7. Provide consulting internationally to organizations requesting help.

Enthusiastic and Excellent Services

- A.1. Organize, implement monitor the therapeutic recreation program.
- A.3. Integrate and improve collaborative communication between therapists and treatment staff.
- B.4. Conduct a safety audit of the children's bedrooms, kitchen area and living room to ensure current items and layout can maintain a level of safety for treatment to occur.
- C.1. Ongoing work to strengthen teamwork and collaboration between treatment team and teachers.
- C.2. Develop and implement an organized physical education program as a part of therapeutic recreation in the school including upgrading equipment to be utilized during school hours.
- C.3. Maximize the census in both Jasper and SAFE classrooms.
- C.4. Maintain full instructional staff at both sites
- C.5. Implement more ways to measure a student's success and progress in the program.
- C.6. Continue to implement data teams to assess effectiveness of teaching curriculum.
- D.2. Explore ways to attain full funding for the TFC program, including researching BRS funding.
- D.4. Identify the needed staffing for TFC program.
- 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.3. Create a three-year projection of the expenses and revenues based on an increase of
- E.4. Reducing the overall amount of Accounts Receivable to the goal of under one million.
- E.5. Explore becoming in-network providers with several of the larger insurance companies.
- E.6. Timely and accurate financial information and reports to the Board of Directors and Management Team.

Support Staff Through Professional Growth and Training

- A.2. Identify and train lead staff positions while assessing the current structure for leadership on shifts.
- B.1. Assess best scenario for clinical supervision at SAFE Center.
- D.1. Hold quarterly TFC support meetings and train using the PRIDE competency curriculum.

- D.3. Recruit or renew four new TFC families.
- F.2. Identify staffing needs for Crystal Creek expansion.
- F.4. Implement the 2019 Employee Utilization Plan.
- F.6. Increase quality, quantity and documentation of supervision for Treatment Team staff.

Expand Services and Enhance Facilities

- A.4. Utilize space in the Castle more effectively, including creating space for the children that is inviting and incentivizing.
- B.2. Substantial repair of faulty plumbing in the women’s restroom above the school.
- B.3. Make the front office reception area more organized, functional and presentable.
- B.5. Assess the feasibility of a large, commercial grade playground.
- F.1. Crystal Creek facility expansion.