

2020/2021 Strategic Plan

Jasper Mountain

Introduction

Since Jasper Mountain began in 1982, there has been consistent leadership at the top of the organization from the founders of the agency. This consistency, along with the vision, perseverance, commitment and overall work ethic of the founders has led to Jasper Mountain being recognized as one of the top trauma treatment centers in the world for young children. Over the past 38 years, Jasper Mountain's various programs have served thousands of children and their families and provided a sense of hope and healing in situations that were far too often viewed as impossible. The founders of Jasper Mountain created and maintained a unique environment where healing and growth was put above all else, and as they have transitioned out of their leadership roles this past year, the next generation of leaders have been charged with the task to continue that legacy of hope and healing into the future.

As the agency continues to serve children and families, it is now doing so after a major change in the executive leadership level for the first time. Dave Ziegler, Ph.D., an agency founder and Executive Director since the organization's beginning, transitioned to the role of psychologist on January 1st, 2020. In his new role, Dave is providing clinical training and consultation throughout the organization, as well as offering advice and support to the new Executive Director, Beau Garner, M.Ed., LMFT. The transition in the Executive Director position from Dave to Beau was the culmination of a process that has been ongoing for the past ten years, with the Board of Directors finalizing the change on January 1st, 2020.

As Beau has stepped into the role of Executive Director, he has made it clear to the Board of Directors and the agency managers that his focus over the next several years is to ensure that Jasper Mountain can continue to function at a world-class level. There will remain an emphasis on always putting the needs of the children first, focusing on the small details that make Jasper Mountain unique, ensuring conveniences do not interfere with the mission, and supporting children, families and employees to grow. By understanding and embracing the journey it has taken to build Jasper Mountain into the organization it is today, Beau and all the current leaders will continue guiding the agency on the positive path that has been created over the past 38 years.

Even though Jasper Mountain has proven to be one of the best treatment centers in the world, there is no doubt that over the course of the next several years the agency will be faced with many of the typical challenges that go along with this type of work. It will always require perseverance to work with youth and families that are often in desperate need of help, and the nature of the supports that Jasper Mountain offers will always be sought after. Although there will be issues and difficulties that arise during this time of leadership transition, it is also helpful to recognize that Jasper Mountain is currently in exceptional shape to enter this next phase. The

overall health of the agency remains excellent. The daily operations of the various programs continue to be well defined and highly sought after by referral sources. The financial health of the agency is in tremendous condition, and the reputation of Jasper Mountain as a leader in the field of providing treatment to children has never been better.

Besides the changes in executive leadership this year, Jasper Mountain is also taking on the enormous task of almost doubling the residential capacity at the Jasper Mountain Center campus. For the past several years, the Board of Directors and agency managers have been working to create a new 15-bed residential building to be able to meet the high demand for placements in the most intensive level of care that the agency offers. The new building, affectionately called Crystal Creek, and named after a small stream on the property that children have enjoyed finding crystals in for many years, will allow more youth and families to take advantage of the services that Jasper Mountain offers.

Much like the planning that went into the executive leadership change, the decision to greatly expand services was not taken lightly. The idea of adding 15 more beds to the Jasper Mountain campus was thoroughly discussed, debated, and argued about, but ultimately the Management Team with the full support of the Board of Directors agreed that the ability to impact more youth and families was worth the effort and cost. To be able to provide more clients with the services that Jasper Mountain offers is worth all the hard work, difficult decisions, and money to make such a massive project a reality.

As the organization is dealing with so many large changes, it is critically important to continue with our Strategic Planning Process. The Strategic Planning Process has helped to organize and guide the agency throughout its history, providing both a process and a product that is utilized by the Board of Directors, agency managers, and outside reviewers to help capture the ongoing progression of where the agency started, is currently at, and would like to be. This report will also outline why the organization exists, what are the current strengths and weaknesses, what feedback has been received by consumers, children and employees, and identify potential risks for the future, all while considering the current long-term (three years) and short-term (one year) goals that have been previously developed. After all aspects of the agency have been examined, the process will conclude with the development of the financial 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 steps and an organized process. In general, the fiscal year involves a planning process that begins with specific components in September and concludes in February. The budgetary process begins in February and concludes in June. 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.

The end goal of the planning process is to produce a document that will be utilized throughout the year to help guide, focus, measure, and hold accountable the agency as it continues its mission. The overall purpose of this process and plan is to ensure a year-long effort of 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 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 of each year.

The current Strategic Plan contains the following steps, and this outline can be used to help more quickly locate information throughout this document:

- Step 1: Review of Mission Statement
- Step 2: Review of External Information Related to Agency Services
- Step 3: Review of the Current Agency Long and Short-Term Goals
- Step 4: Program Action Plans
- Step 5: Review Feedback Data
- Step 6: Combining Consumer Input with Action Plans
- Step 7: Employee Utilization
- Step 8: Risk Assessment Annual Review
- Step 9: Update on Progress of Current Fiscal Year Goals and Objectives
- Step 10: Agency Action Plan with New Goals and Objectives for next Fiscal Year
- Step 11: Integrate all Data into a Proposed Budget for 2020/2021

Step 1: Review of the Mission Statement

The first step in the Strategic Planning Process is to ensure 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 establish everything the organization does, and the Mission Statement acts as that guide.

Action: The most recent formal review of the Mission Statement by the Management Team and Board of Directors was in early 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 was also shared and informally reviewed with the Board of Directors in December of 2019 and no changes were discussed at that time. The current mission statement reads: “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 employees 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

As Jasper Mountain has grown and changed over the years, so too has the ability to serve children and families from more geographic locations. When Jasper Mountain began, the children served in the program were mostly from the local community, with some of them coming from other parts of the state. As the services offered and reputation of the agency both grew, the ability to work with clients from around the country increased also. Over the years, the agency placed the highest priority on serving the children and families that needed services the most, while also working to maintain programs and services with a focus on the local community.

Being able to serve the most vulnerable children from around the country remains a foundational pillar of Jasper Mountain’s treatment philosophy, but it also means significantly increasing the amount and complexity of rules, regulations and financial guidelines that must be followed. On one hand the ability to remain diversified regarding clients served allows Jasper Mountain to not be beholden to any one system who might attempt to force us to change our approach. On the other hand, it means constantly working to ensure we are in compliance with federal, state and local laws that impact children from all parts of the country that we may be serving.

As Jasper Mountain continues to work with children and families from a wide range of geographic locations, it is important to understand what the current data and trends are indicating about vulnerable populations and victims of abuse on a national, state and local level.

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 and often kept apprised of new data throughout the year as it becomes available to consumers. Information from these resources, as well as other internal and external data, is used to review the relevance of the agency's services each year, ensuring the mission and vision of Jasper Mountain remains in alignment with the current needs of the clients we serve.

The agency Management Team reviews trends in data on the national, state and local level throughout the year. That data is combined in the Strategic Plan document once a year and the finished product is shared with the Board of Directors. Some of the data reviewed this year has been considered in previous plans because new data is obtained as it becomes available and not always updated on a yearly basis. Not all informational categories are reviewed every year, but a wide enough range of resources is utilized to ensure an accurate representation. The following categories of information reflect data deemed significant to our agency's mission on a national, state and local level this year:

National Data and Trends:

- Children's Bureau of the US Department of Health and Human Services reported the following in their most recent national report:
 - The national rounded number of children who received a child protective services investigation response or alternative response increased 10.0% from 2013 (3,184,000) to 2017 (3,501,000).
 - The number and rate of victims has fluctuated during the past five years. Comparing the national rounded number of victims from 2013 (656,000) to the national rounded number of victims in 2017 (674,000) shows an increase of 2.7%.
 - The 2017 data show three-quarters (74.9%) of victims are neglected, 18.3% are physically abused, and 8.6% are sexually abused. These victims may suffer a single maltreatment type or a combination of two or more maltreatment types.
 - For 2017, an estimated 1,720 children died of abuse and neglect at a rate of 2.32 per 100,000 children in the national population.
 - Of the 3.5 million children who were the subject of an investigation or alternative response in fiscal year 2017, an estimated 674,000 children were determined to be victims of maltreatment, down from 2016.
 - The number of child fatalities due to child abuse and neglect decreased in fiscal year 2017, after increasing steadily for several years.
 - Estimated referrals to Child Protective Services (CPS) for investigation response or alternative response increased by 15% from fiscal year 2013 (3,598,000) to 2017 (4,136,000).
- The Harvard University Center on the Developing Child reported that a child's brain develops over early years of life. However, strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance

abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support can result in toxic stress. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment well into the adult years.

- The National Council on Child Abuse & Family Violence reports the following statistics on child sexual abuse:
 - One in four girls and one in six boys will be sexually abused before they turn 18 years old.
 - 30% of women were between the ages of 11 and 17 at the time of their first completed rape.
 - 12.3% of women were age 10 or younger at the time of their first completed rape victimization.
 - 27.8% of men were age 10 or younger at the time of their first completed rape victimization.
 - More than one third of women who report being raped before age 18 also experience rape as an adult.
 - 96% of people who sexually abuse children are male, and 76.8% of people who sexually abuse children are adults.
 - 34% of people who sexually abuse a child are family members of the child.
 - It is estimated that 325,000 children per year are currently at risk of becoming victims of commercial child sexual exploitation.
 - The average age at which girls first become victims of prostitution is 12-14 years old, and the average age at which boys first become victims of prostitution is 11-13 years old.
 - Only 12% of child sexual abuse is ever reported to the authorities.
- Child Trends reports that younger children are maltreated at higher rates than older children; the rate for children ages zero to three is three times the rate for children ages 16 to 17 (15 and five per 1,000 children in 2017, respectively). Reflecting numerous factors, including poverty and institutional biases, non-Hispanic black, American Indian, or Alaska Native, and multiple-race children have higher rates of reported child maltreatment than other children.
- Child Help reported this year:
 - Every year more than 3.6 million referrals are made to child protection agencies involving more than 6.6 million children (a referral can include multiple children).
 - The United States has one of the worst records among industrialized nations - losing on average between four and seven children every day to child abuse and neglect.
 - A report of child abuse is made every 10 seconds.

- Individuals who reported six or more adverse childhood experiences had an average life expectancy two decades shorter than those who reported none.
 - Ischemic heart disease (IHD), chronic obstructive pulmonary disease (COPD), liver disease and other health-related quality of life issues are tied to child abuse.
 - Individuals who experience child abuse are at greater risk for health issues and risk factors such as substance abuse, depression, suicide attempts, early initiation of sexual activity, sexually transmitted diseases, unintended pregnancies, adolescent pregnancy and fetal death, and intimate partner violence.
 - 80% of 21-year-olds who reported childhood abuse met the criteria for at least one psychological disorder.
 - There is a long-term financial impact of abuse and neglect including lost worker productivity, health care costs, special education costs, child welfare expenditures, and criminal justice expenditures.
 - More than 70% of the children who died as a result of child abuse or neglect were two years of age or younger. More than 80% were not yet old enough for kindergarten.
 - Studies indicate significant undercounting of child maltreatment fatalities by some state agencies by 50% or more.
 - As many as two-thirds of the people in treatment for drug abuse reported being abused or neglected as children.
 - 14% of all men in prison and 36% of women in prison in the USA were abused as children which is about twice the frequency seen in the general population.
 - Children who experience child abuse & neglect are about 9 times more likely to become involved in criminal activity.
- American Society for the Positive Care of Children reported:
 - 4.1 million child maltreatment referral reports received.
 - Child abuse reports involved 7.5 million children.
 - 3.2 million children received prevention & post-response services.
 - 142,301 children received foster care services.
 - 74.9% of victims are neglected.
 - 18.3% of victims are physically abused.
 - 8.6% of victims are sexually abused.
 - 7.1% of victims are psychologically maltreated.
 - Highest rate of child abuse in children under age one (25.3% per 1,000).
 - Almost five children die every day from child abuse.
 - Boys had a higher child fatality rate than girls (2.68 boys & 2.02 girls per 100,000).
 - Estimated that between 50-60% of maltreatment fatalities are not recorded on death certificates.
 - Child abuse crosses all socioeconomic and educational levels, religions, ethnic and cultural groups.

- About 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse.
 - The financial cost of child abuse and neglect in the United States is estimated at \$585 billion.
 - More than a third of adolescents with a report of abuse or neglect will have a substance use disorder before their 18th birthday, three times as likely as those without a report of abuse or neglect.
 - Children exposed to opiates during pregnancy suffer from behavior and attention problems. Such children require therapy and often, specially licensed and trained foster families. However, states have indicated that they are struggling to recruit qualified foster families to home children with behavioral and attention issues.
- The National Children’s Alliance reports that nearly 700,000 children are abused in the U.S annually. CPS protects more than 3 million children. In their most recently obtained data, approximately 3.4 million children received an investigation or alternative response from child protective services agencies, with 2.3 million children receiving prevention services. The youngest children were most vulnerable to maltreatment, and children in the first year of their life had the highest rate of victimization of 24.2 per 1,000 children in the national population of the same age. Of the children who experienced maltreatment or abuse, three-quarters suffered neglect; 17.2% suffered physical abuse; and 8.4% suffered sexual abuse (some children are polyvictimized—they have suffered more than one form of maltreatment). About four out of five abusers are the victims’ parents, and a parent of the child victim was the perpetrator in 78.1% of substantiated cases of child maltreatment.
- The Center for Disease Control reports:
 - Child abuse and neglect are common. At least one in seven children have experienced child abuse and/or neglect in the past year, and this is likely an underestimate.
 - Children living in poverty experience more abuse and neglect. Rates of child abuse and neglect are five times higher for children in families with low socio-economic status compared to children in families with higher socio-economic status.
 - Child abuse and neglect and other adverse childhood experiences (ACEs) can also have a tremendous impact on broader lifelong health and well-being outcomes if left untreated. For example, exposure to violence in childhood increases the risks of injury, future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, reproductive health problems, involvement in sex trafficking, non-communicable diseases, lower educational attainment, and limited employment opportunities.
 - Chronic abuse may result in toxic stress and make victims more vulnerable to problems such as post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties.
- The Ark of Hope for Children reports that for every abuse/neglect report there are two more that go unreported, there are 61,000 reports to Child Protective services per week

(six per minute), and 85% of the estimated 1.5 million runaways each year are fleeing some form of abuse. They also report that the effects of untreated child abuse can lead to the following: 38% increase arrest rate for violent crimes, 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, 30% more likely to commit violent crime, 25% less likely to practice safe sex (putting them at a greater risk for STDs), 82% can grow up to be pedophiles themselves, and 80% meet criteria for at least one psychological disorder as adults.

- The Office of Juvenile Justice and Delinquency Prevention created the Internet Crimes Against Children Task Force Program (ICAC) in response to the increasing number of children and teenagers using the Internet, the proliferation of child sexual abuse images available electronically, and heightened online activity by predators seeking unsupervised contact with potential underage victims. In FY 2019, the ICAC task force programs conducted more than 81,000 investigations and 85,700 forensic exams. These efforts resulted in the arrests of more than 9,500 individuals.

- The Children’s Defense Fund reports the following:
 - Children remain the poorest age group in America, with children of color and young children being disproportionately poor.
 - About 3 million children live in families trying to survive on \$2 a day per person which rivals child poverty in some of the world’s poorest countries.
 - The youngest children are the poorest, with nearly one in five children being poor.
 - The income and wealth inequality gap continues to widen with low-income families and households with people of color falling further and further behind.
 - The lack of affordable housing and federal rental assistance means millions of children live in families that are homeless or at risk of homelessness, with children of color being disproportionately affected.
 - Millions of children live in food-insecure households, lacking consistent access to safe, sufficient and nutritious food.
 - Food insecurity increases the risk of obesity, a condition more prevalent among Black and Hispanic children than White children.
 - 95% percent of all children have health coverage but 3.9 million children under 18 still lack the coverage they need to survive and thrive.
 - The high cost of child care and lack of early childhood investments means many children do not receive quality care during critical years of brain development.
 - Many public-school children cannot read or compute at grade level and children of color are particularly behind in educational achievement.
 - Each day 1,854 children are confirmed abused or neglected.
 - Many children are incarcerated in the juvenile justice and/or adult criminal justice systems, placing them at risk of serious physical and psychological harm.
 - Once incarcerated children are at risk of serious harm, including physical and psychological abuse, sexual assault, suicide, inadequate educational instruction and solitary confinement.

- Every year gun violence cuts short the lives of thousands of children and teens, particularly children of color, with gun violence remaining the leading cause of death for African-American children and teens.

State Data and Trends:

- The State of Oregon Department of Human Services (DHS) released information pertaining to 2018 (most recent data):
 - During Federal Fiscal Year (FFY) 2018 (October 2017-September 2018), a total of 84,233 reports of abuse were received.
 - A total of 43,317 of received reports were assigned for CPS assessment.
 - A total of 36,460 CPS assessments were completed, which includes reports that were assigned in the previous year.
 - Of all completed CPS assessments, 8,167 were founded for abuse and involved 12,585 victims. Of those victims, 2,906 (23.1%) were removed from their homes.
 - Of all victims, 46.3 percent were younger than six years old.
 - Of all types of abuse incidences, neglect was the most frequently identified type of abuse (43.4 percent), followed by threat of harm (39.9 percent).
 - At 42.5 percent, alcohol and drug use represented the most common family stress factor when child abuse was present.
 - The next most common stressors were domestic violence (29.7 percent) and parent/caregiver involvement with law enforcement agencies (19.9 percent).
 - During FFY 2018, a total of 7,645 children received case management and safety services while being served in their homes.
 - Of the total served in-home, 40.2 percent received additional services.
 - A total of 11,445 children spent at least one day in some kind of foster care such as family foster care, professional treatment programs, psychiatric residential treatment, pre-adoptive placements, developmental disability placements, and independent living.
 - Of the total children served in foster care, 67.3% were White, 16.2% were Hispanic, 5.8% were Black or African-American, 4.8% were American Indian or Alaska Native, 4.5% did not have race recorded, and 1.4% were Asian or Pacific Islander.
 - A total of 1,351 youth received independent living program services.
 - Of all children leaving foster care, 59.7 percent were reunited with their families.
 - Of the 7,672 children in care on September 30, 2018, 60 percent (4,605) had two or fewer placements.
 - There were 26 children who died from causes related to abuse during FY 2018.
- Oregon DHS reported an average of 7,831 children were in foster care on a daily basis. Of these children:
 - An average of 5,773 children were in family foster care. Of those, 48.3 percent (about 2,787 children) were placed with relatives.
 - An average of 775 children were on trial home visits.

- An average of 311 children and young adults were served in treatment foster care through Child Welfare Behavioral Rehabilitation Services programs or Oregon Health Authority psychiatric treatment settings.
- The remaining 972 children were in other types of foster care placements such as developmental disability placements, pre-adoptive placements, and independent living.
- The Kids Count 2019 report listed Oregon as number 31 of 50 states:
 - Economic well-being: 29
 - Education: 41
 - Health: 20
 - Family and community: 20
- Children First for Oregon released a report on the overall health of Oregon children noting the following:
 - The rate of uninsured children has increased.
 - The rate of abuse/neglect victims has increased.
 - Foster care placement stability has decreased.
 - Unemployment rates have increased.

Local Data and Trends:

- DHS reported that Lane County had 9,007 abuse reports with 728 being founded for abuse and/or neglect. This number has increased from the year before. More foster homes left the system than entered the system.
- Children’s First for Oregon reported the following for the previous year:
 - Food insecurity for Lane County was at 20.2%, which is higher than the state average.
 - Unemployment rates for Lane County were slightly higher than the state average.
 - The poverty rate in Lane County is 18.4%, nearly 2% higher than the state average.
 - The abuse rate in Lane County is higher than the state average.
- Children’s First for Oregon reported the following this year:
 - Food insecurity for Lane County is 22% and higher than the Oregon average.
 - Unemployment rates were low compared to other counties.
 - The poverty rate in Lane County is 22% and close to the Oregon average.
 - The abuse rate in Lane County is higher than the State average.
- Live Healthy Lane is a partnership of government, United Way, Trillium Health Plans, and Peace Health. Their Community Health Status Assessment Summary for Lane County included the following:

- About 20% of Lane County’s population still lives in poverty, 22% of households receive SNAP benefits, and 52% of Lane County students participate in the Free/Reduced Lunch program.
- Oregon has one of the lowest on-time graduation rates in the nation, and Lane County’s rate, while improving, was even lower at 74% for academic year 2016-17.
- Rates of child abuse continue to be higher in Lane County than in the state overall and have risen slightly over the past several years.
- Lane County ranks 11th out of 35 counties (up from 16th in 2015) for overall health and quality of life.
- Rates of tobacco, marijuana and alcohol use in Lane County are generally comparable to the state overall, with slightly higher rates of adult tobacco and alcohol use.
- While percent of adults reporting ‘good’ mental health appears to be relatively stable, the percent of youth reporting that their mental health was “good” in the last thirty days has declined in the past few years.

Demographics of Oregon and Agency Consumers:

The most complete demographic data comes from the national census which occurs every ten years. The next national census will be taking place in 2020 and that information will be utilized in future strategic plans once it becomes available. 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 and can be found at www.worldpopulationreview.com.

The Oregon population has grown to 4,245,901, up from 4,199,563 the previous year and up 11% from 3,831,074 in the 2010 census. During the last year, Oregon showed a growth rate of 0.89%, which ranks 22nd in the country.

Oregon is the 9th largest state in terms of land area and ranks 27th in population, which means there is an average of 39.9 people living in every square mile of Oregon territory. Much of Oregon’s population can be found from Portland (the largest city in the state) moving southward down the Willamette Valley to Eugene. It is important to note where the areas of population are concentrated in the state, as Jasper Mountain is committed to maintaining a focus on serving children and families from rural parts of Oregon.

The median age in the state is 39.1 years old. The gender ratio in Oregon is 50.5% female and 49.5% male. Oregon has the following racial composition:

- 76.0% - White
- 12.8% - Hispanic
- 4.20% - Asian
- 3.70% - Two or more races
- 1.80% - Black or African American

- 0.90% - American Indian or Alaska Native
- 0.40% - Native Hawaiian and other Pacific Islander
- 0.20% - Some other race

Lane County has a population of 379,611, up from 374,748 last year. It remains the 4th largest county in population with 9.06% of the state population. It has grown at a slower rate than the entire state since 2010, with a growth rate of 7.87% during that time.

Lane County has the following racial composition:

- 81.5% - White
- 9.1% - Hispanic
- 4.6% - Two or more races
- 3.2% - Asian
- 1.6% - American Indian or Alaska Native
- 1.2% - Black or African-American
- 0.3% - Native Hawaiian and other Pacific Islander

Typically, Jasper Mountain serves a higher minority population compared to the state of Oregon. This year, the racial composition for children served by the agency showed the following:

- 70% Caucasian
- 11% Black/African-American
- 7% Hispanic
- 5% Alaskan Native
- 5% Native American
- 2% Asian

Historically, the racial composition for employees at Jasper Mountain shows a smaller minority population compared to the state. A snapshot of employee racial composition taken in November of 2019 showed the following:

- 94% Caucasian
- 2% Black/African-American
- 2% Hispanic
- 2% Classifies as two races

Action: As Jasper Mountain continues to serve clients from around the country, the state of Oregon and the local community, it is important to analyze and understand the data and trends on all three levels. As the current data indicates, the issues that impact vulnerable populations continue to occur on a federal, state and local level. While we cannot be all things to all people, many of the data points examined this year have a connection to our services. Jasper Mountain has persevered in consistently meeting the needs of children and families with serious problems despite the ever-changing rules and regulations within the larger mental health system and will continue to do so into the future.

We realize that our focus on the most complex children with significant emotional and behavioral disturbances means our population is expensive, inconvenient, and difficult to address and serve, but it is important that we continue to do so. Not only are we continuing to be a leader in this field, but in fact we are increasing our capacity to provide even more care to those who need it. As the overall population has increased steadily, it unfortunately means the number of children and families that need our services has also increased. With the anticipated addition of Crystal Creek this next year, Jasper Mountain will be able to provide the most intensive services for 15 more children and families, which is in direct response to the growing number of children and families requesting our services over the past several years. After reviewing all the data available, the Management Team believes that our current array of services and our current programs, with the addition of Crystal Creek this next year, will meet our Mission Statement and agency goals moving forward.

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

The Board approved updated long-term (three year) goals for the organization in 2017. Goals are developed every three years and adopted by the Board of Directors to help guide long-term planning. In 2020 the Board will review the current goals and then update goals for the next three-year period. The current goals developed in 2017 are as follows:

- **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 in 2017 and these have continued to guide the agency since that time. 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 they are formally reviewed in 2020.

The Strategic Plan also outlines annual objectives that are tracked and reported throughout each year. The agency reviews its progress with the measurements applied to each goal, with a final rating reported to the Board of Directors each year. For the last completed fiscal year plan (2018-

2019) the overall grade was “B-” with a completion rate of 81%. This rate of progress is somewhat lower than the last several years. While this reflects an overall indication of good completion on most defined objectives, it is important to note that completions 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.

During this reporting period, the progress for these goals reflected ongoing challenges to meet objectives for our community-based services. There is a combination of factors that have greatly impacted this program over the past several years, with the primary issue being the current status of the Oregon system of care. There continues to be unnecessary stress placed on treatment foster families by the Oregon State Department, resulting in many families stepping away from providing this service and also making it nearly impossible to recruit new families under the present climate. Of the 41 objectives identified and tracked across all programs in 2018/2019, eight of them showed no progress throughout the year, with five of those eight belonging to the community-based services program. The Management Team at Jasper Mountain continues to set goals designed to revitalize and improve the community based services program with the hope to be able to continue what is viewed as a very important treatment step for many of the children. However, the current system of care in Oregon, combined with the historic model that Jasper Mountain has used to fund this program, has led to several years in a row of this program reporting very low completion percentages on the annual objectives.

Step 4: Program Action Plans

Action plans have been developed by each agency program for the next fiscal year. These action plans include the following areas of focus: Administration/Organization, Intensive Residential at Jasper Campus, SAFE Center, Community Based Services, School, Treatment and Fiscal Office. The new action plans for the 2020/2021 fiscal year have been determined and are listed in detail later in this report (see Step 9).

Action: Program action plans have been developed and adopted by the agency managers for the 2020/2021 fiscal year.

Step 5: Review Feedback Data

For the year 2018/2019, feedback data was reviewed in the following areas:

- Consumer Input (Parents, Caseworkers, CASAs, Attorneys and Funding Sources)
- Staff Input
- Child Input

Consumer Input: Formal consumer feedback was received from 32 consumers during the 2018/2019 fiscal year. This number is much lower than previous years, and the Management

Team will be discussing ways to increase the amount of feedback that is received in the future. The feedback provides a broad range of comments from all consumer groups—parents, guardians, caseworkers, advocates, attorneys, guardian ad litem, funding sources and others. Here are the questions asked to each consumer:

- I received prompt attention from agency staff.
- I feel respected by agency personnel at all levels.
- Staff help me understand treatment choices and include me in the planning and treatment process.
- The services I have received from the agency have helped improve my situation.
- I feel that the information I have shared is handled confidentially by the agency.
- I experienced smooth communication and coordination with the agency.
- Did the agency help you arrange for services elsewhere if they could not provide something that you needed?
- Were there any barriers that hindered your receiving services, like transportation, or appointment hours, or other factors?
- Overall, how would you rate the agency?
- Would you recommend the agency to someone else?

Feedback has been received for four programs—Jasper residence, SAFE residence, Day Treatment, and Treatment Foster Care. As with all previous years, the feedback is overwhelmingly positive. Of the 32 respondents this past year, 31 rated the service as “excellent”, with one respondent rating it as “good”. All 32 respondents stated they would recommend the agency to somebody else.

The above questions were scored and divided by program with the following averages (out of a possible high of 5.0, with the higher number indicating a positive experience):

- | | |
|-------------------------|------|
| • Jasper Residential | 4.86 |
| • Treatment Foster Care | 4.78 |
| • SAFE Residential | 4.72 |
| • Day Treatment | 4.58 |

The questions were then divided by type of consumer providing the feedback and the same rating scale was utilized, producing the following results:

- | | |
|-------------------------------------|------|
| • Court Appointed Special Advocates | 5.00 |
| • Parents/Guardians | 4.80 |
| • Other | 4.79 |
| • Caseworkers | 4.76 |

In addition to the specific questions we ask of clients, they are encouraged to offer comments, which were also overwhelmingly positive. Here are several quotes from the feedback that was received:

- “Within just a few days, the staff already had amazing and thoughtful insight into the root cause of his behavior – addressing more than just the symptoms. He has made such incredible progress!”
- “Everyone at Jasper is amazing.”
- “Jasper Mountain has given us so much hope and help. Our son is doing so well in this structured environment. We are so happy Jasper exists in our community.”
- “Jasper is a God send.”
- “I am beyond grateful for Jasper. They are not just an RTC, they are family.”

As the data and statements from the feedback indicates, consumers overwhelmingly report a positive experience working with the agency. Across all programs and data points, consumers rated the services they received, their interactions with staff, and their ability to be involved in the treatment that was provided with very high scores. The narrative responses provided also indicate that Jasper Mountain for many of our consumers felt like much more than a treatment center and the sense of hope and healing for everyone is clearly felt.

Although very positive feedback from consumers has been the norm since we started collecting data, it is also important to take notice of any negative reviews or problem areas that are experienced. This past year, despite very high overall scores, several consumers indicated at times communication from the agency could have been more consistent. Working to provide consistent and effective communication both within and outside of the agency is something that is constantly being monitored and adjusted to and the Management Team will seek ways to continue to improve in this area.

Jasper Mountain must at times address negative patterns in families, disagree with funding sources about what children need and daily provide extraordinary support for some of the most challenging children in the country. These facts one may think would likely lend the agency to receiving more negative feedback. However, year after year, the feedback data indicates that Jasper Mountain is able to do the very difficult work required to make a difference in the lives of children and families in a way that is experienced as extremely positive by consumers.

Staff Input: In each of the last 25 years, our staff have been asked to provide detailed information concerning their views of their job and the organization. The scores and majority of the comments in each of the past 25 years have been very positive with some years reflecting slightly higher scores than others. For the most part, the data gathered during the staff questionnaire process has consistently indicated that employees enjoy their jobs, want to provide meaningful work that helps children, and feel supported in the work environment. Like the staff turnover rate, in years where the job market is more difficult in Oregon, Jasper Mountain has less turnover and higher job satisfaction scores. In years where the Oregon economy is very strong and employees can move between jobs more easily than typical, staff will tend to voice more

frustrations with issues of communication, feeling supported and not being paid enough. The questionnaire has changed somewhat over time, but for the past several years it has remained consistent, asking staff to score and comment in 17 areas that rate job satisfaction. Here are some highlights from this past 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 of 8.2, indicating that across the agency people are very satisfied with their jobs.
- The categories containing the highest scores included understanding the agency philosophy (9.3), interactions with your supervisor reflect that you are valued (9.0), communication with your supervisor (8.8), and teamwork (8.5). The top three scores are the same top three as last year, so this is a consistent trend, with teamwork showing a higher rating this year.
- 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 12%, high 47%, medium 41% 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 of those 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 the last time a wage study took place, this showed that the agency was following the pay policy. Over the past three years, the Board of Directors has authorized agency wide pay increases in response to the minimum wage increasing in Oregon, and although these increases have been at a much higher rate than what is typical, a new wage study is scheduled to take place during the next year to gain information about how other comparable non-profits have approached the minimum wage increase.

Staff were also encouraged to make narrative comments throughout the questionnaire. The overall comments were divided into positive and negative. This year, some of the highlights from the survey show the narrative responses throughout the entire agency spoke about the positive and rewarding work with the children and families that are served and the feeling of a meaningful job. In terms of areas of feedback or change that were commonly brought up across the agency, higher pay and pay based on performance, increased and better communication, clarifying of management structure and roles and more training for all positions were common themes.

Every year several people offer negative reflections of their work and some leave soon afterward. While this work can be extremely rewarding, it is also very difficult and not for everyone. Over the past several years, the data from the staff questionnaire has been broken down and sorted depending on employees' roles in the agency. When the scores were broken down by role in the

organization and by category the highest scores regarding overall job satisfaction came from therapists, then managers, administration, support staff, teachers and then treatment team. Somewhat lower scores were given by treatment team members, 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 which the Management Team strives to maintain.

Child Input: Each year the children are asked to give an opinion or input about some element of the program they are experiencing at Jasper Mountain Center. At various points in the past, the children have been asked what might be considered more typical childhood questions, such as what their favorite activity is, what they like to learn in school or what they like about the holidays. During those times it is refreshing to see the children in the programs respond in typical manners, demonstrating that they enjoy many of the common elements of childhood. Then, at other times, if the children are asked to reflect on their experiences at Jasper Mountain regarding the treatment aspect of the program, the responses often show a glimpse into the world of our clients that are unique to children who require this level of care and support, as was the case this year.

This fall during a school day the children were asked “What have you learned at Jasper Mountain and what has been helpful to you?” As can be seen by the responses, like many children, whatever the child is currently doing or experiencing will often be what they are likely to comment on right then, so a school theme emerged this year.

- “I like doing Art and Prodigy.” (Math game on iPad)
- “Not blowing out all the time and keeping my cool.” “Take deep breaths and pretend to be a fluffy cloud.”
- “Talk about my feelings.”
- “Learned Prodigy and nothing else. It helps me to learn my numbers.”
- “Hugs help me.”
- “Allowed to share your feelings.”
- “Trust staff and my friends.” (help when struggling)
- “To know that I’m not the only one to have bad things happen or do bad things.”
- “When I get a redirection, it doesn’t mean they hate me.”
- “To be more safe.” “Less getting set up by peers.”
- “Using coping skills and my favorite is ‘finger touches’.”
- “If people try to make you mad you ignore them and let staff handle it.”
- “Usually talking about it helps.”
- “I learned some coping skills like EMDR with my therapist.”
- “Using my fidgets. If you just keep doing the same things over and over again, they get boring and it just makes trouble.”
- “How to read.”
- “Get smarter and everyone helped my imagination grow.”
- “To be safe.”

- “Being nice.”
- “Staff. When I would get in trouble, they would be strict with me but, afterwards let me try again and tell me it was ok.”
- “My therapist, one-on-one and staff.”
- “Having support from people that love me and want to help me.”
- “That people can’t make you angry without your invitation.”

The input from children tends to be similar from year to year, in the sense that the way they answer questions and give input about Jasper Mountain indicates that they feel safe, thankful and appreciative (sometimes reluctantly) about their experiences in the program. Their likes and dislikes are not significantly different from what would be expected of any group of children, but their ability to reflect and show insight into their social and emotional needs indicates hope that they can continue to learn and grow and make progress on their therapeutic issues. We have learned from interviewing the children years after leaving the program that they tend to remember the good times and positive experiences more than the negative. Children in general like special events, field trips, active sports, holidays and birthdays as well as special foods. They tend to complain about structure, discipline and not getting their way. There is little in the feedback from the children that points to any needed program changes, but it is important to gauge what they are thinking and experiencing in the program.

Comments on Client Feedback: The context of gathering and analyzing consumer feedback is worth mentioning. Our program is designed to elicit changes in our clients, and like most experiences that lead to growth, this can be a difficult process for our children and their families at times. It is challenging for people to make difficult changes, and this can lead to tension, disagreements, and difficulties in communication between our program and our clients when that is the end goal. 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 generally all consumers that interact with our agency usually feel overall positive about the experience.

By gathering feedback from external consumers who engage with our services, staff and employees who internally experience the agency, and finally the children for whom the programs are designed, the agency is better able to assess its ongoing mission from all angles. Although Jasper Mountain has developed a very consistent model of providing services, that is not to say that the agency is shutoff to evolving and changing based on feedback, and this aspect of the Strategic Planning Process will continue to be vital moving into the future.

Step 6: Combining Consumer Input with Action Plans

Action: While Jasper Mountain wishes we could help all the children that could benefit from our services, that is simply not feasible to tackle such a global problem. As the current national, statewide and local statistics indicated, there is currently an undeniable need for our services, and it will undoubtedly continue to be that case in the future. However, instead of becoming

overwhelmed by this enormous job, we must continue to focus on what we have learned to do well and ensure we are able to provide those services at the highest level.

To effectively do this at the Jasper Mountain Psychiatric Residential Treatment program we have developed specializations such as treating trauma, repairing attachment, understanding sexual abuse and helping children integrate into family settings in a healthy manner. The Jasper Mountain Center program is designed to meet the most complex needs of our population. At the SAFE Center, we provide assessments for children while starting the process of meeting those needs and providing stabilization. Many children leave the SAFE Center and can continue to make changes and growth which may lead to them not needing the intensity of services they might otherwise have been heading for. Our Crisis Response Program helps children and their families 24 hours a day, 7 days a week. This program can be a frontline intervention for many children and families and for some it is their first interactions with mental health services. The Treatment Foster Care program has been at its lowest census numbers this past year. Although the program is currently very small, the treatment that it offers for children is considered very important to help children generalize the gains they have made in the more restrictive programs to a family setting. Finally, the school settings at both campuses specialize in integrating mental health issues into an educational setting and providing children with the opportunity to make gains academically where they have failed in the past.

When we take into consideration the ongoing needs for children who have been the victims of trauma, receiving the right help at the right time is critical for life-long happiness. Jasper Mountain continues to provide a variety of programs to address the needs of some of the most vulnerable children and families and reviewing the current data leads us to consider if we continue to provide the most impactful services in the right way to our target populations. 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 to be effective in meeting both our mission statement and short and long-term goals.

In conclusion, the data we have reviewed indicates we should continue with a focus on these services – psychiatric residential, stabilization and assessment, crisis intervention/crisis respite, day treatment, and treatment foster care. Our outcome data continues to show that our services for all programs lead to positive outcomes and growth for a majority of our children, with psychiatric residential services leading to the greatest treatment gains, and therefore our most effective program related to improvement in children. The eventual addition of Crystal Creek will not detract from these current goals, but instead allow Jasper Mountain to work with more children and families at the level of support and services that has consistently been shown to have the greatest positive impact.

Step 7: Employee Utilization

The Management Team conducts an Employee Utilization review every year, and this year it was completed in December 2019. This review takes into consideration both structural elements of

the staff as well as maximizing the strengths of individuals. The most significant changes in the employee utilization this year were for executive leadership positions. Changes at the top of the organization have necessitated changes in other positions throughout the agency, causing a ripple effect throughout many of the upper and mid-management levels. Some of the adjustments that are to be put into place this next year were designed to take place at the beginning of the calendar year (January 2020), while others will be implemented near the beginning of the next fiscal year (July 2020). Because this review involves personnel decisions made by the Management Team specific details of the proposed changes will not be disclosed in this document.

Action: We will continue to implement and adjust to the major personnel changes that have already taken place and the others that will be implemented throughout 2020/2021. Many of the changes that are still to come this next year include employees that are already with the agency and have been training for the positions they will be moving into. Other changes will require the agency to create positions that will be filled by hiring new employees without a work history at Jasper Mountain.

The Management Team and Board of Directors realize that it is no small feat to make a transition at the executive level of leadership in the agency while also preparing for the addition of a new program at the highest level of service Jasper Mountain offers, and therefore a great deal of planning and support continues to be placed on employee utilization. Specific plans are being developed to outline steps that need to happen in a timely manner to ensure that the agency will have the appropriate workforce ready to contribute as the need arises. Because an estimated 67% of the expenditures of the agency are accounted for in payroll, it becomes clear that as positions shift and are created due to the addition of Crystal Creek, the overall budget is going to have major increases in both expenditures and revenue. The Management Team has created budgetary projections based on the anticipated change in revenues and expenses based on the addition of Crystal Creek and will continue to monitor and make adjustments based on the actual timeline and events as they unfold.

Step 8: Risk Assessment Annual Review

Risk is inherent in the nature of the services that Jasper Mountain provides and there is no way that it can be completely avoided in our challenging mission. Despite this, we do our best to anticipate and prevent as many risk factors as possible with the hopes of situations not becoming a serious problem. When thinking about how risk can impact the agency, two major categories emerge. The first category of risk can be classified as internal, which would include areas that are part of the daily, weekly and yearly running of the agency. Examples of internal risk the agency faces include grievances, safety issues for both children and employees, insurance and financial monitoring and transporting children in vehicles. When internal risk has been identified in the past, the agency has responded with safeguards to help monitor and avoid areas that are known to contain risk.

The second major category of risk is classified as external and includes items that could impact the agency outside of our daily operations. Examples of this type of risk would include changes in federal and state law, adjustments made by licensing bodies and regulators, changes in clients' ability to access healthcare, the public's perception in providing intensive care for young children and how well the overall economy is performing. When tracking and dealing with issues in the external risk classification, the agency is often in a position of gathering information and formulating longer-term plans to help lessen the impact of changes that are typically external to the organization but could nonetheless have a large impact.

Internal Risk Issues:

The organization does ongoing internal risk assessments in many ways throughout the fiscal year. We review internal risks informally on a continual basis as they arise and formally on a monthly basis during the Quality Assurance meetings. The Quality Assurance Committee, made of program managers, administrators, medical staff and members of the community, review risks on a monthly basis. There are also other steps taken by the Management Team to review risks as they arise throughout the course of the year. The following list shows the ongoing internal risks that that agency monitors, as well as results from the past year:

- **Financial Audit** – The annual audit reflected a strong financial picture, but did identify several deficiencies in internal controls, and several corrections needed to be made before the audit could be finalized. They also made several recommendations to correct these weaknesses which were immediately put into place (many of which were already there after the new controller came on board subsequent to fiscal year-end). This was the first audit in many years that reflected concerns, and the auditors presented this information to the Board of Directors and discussed in detail what they based their findings on. They also acknowledged that the agency replaced the CFO during the middle of the fiscal year, as well as implemented new financial software, both of which had impacts on the overall audit. Despite the challenges the agency faced with the changes during the past year, the auditors shared that the overall financial health of the agency remains very strong for a non-profit agency of this size.
- **Insurance Review:** Due to changes in the system of care in Oregon over the past several years, the liability insurance carrier that Jasper Mountain had been utilizing stated that they were no longer covering agencies that work with children in state custody. As a result of this news, the agency switched to a new liability insurance carrier. However, the new carrier stated that due to Jasper Mountain Center and the SAFE Center's rural locations in forested areas, they were not willing to provide fire coverage. Therefore, the agency needed to find a separate company that would be willing to provide only fire coverage, and we were able to do so.
- **Investment Monitoring:** Throughout the past year, the agency has been working with investment advisors Roehl and Yi to manage the agency investments. Jasper Mountain also hired a new Controller to oversee the agency financials, including maintaining an ongoing relationship with the investment advisors.

- **Grievances both internal and external:** In January of 2020, Jasper Mountain received a formal grievance that was passed along to the Board of Directors to handle. This was the first grievance that reached the level of Board intervention in the past 26 years. It is extremely rare for a situation to evolve to the point of a formal grievance, as the agency has typically been able to give attention to matters that could turn into grievances before rising to that level. Although it is never ideal to receive a grievance, this situation gives the Management Team and the Board of Directors the opportunity to deal with a situation and follow a process that is very rarely utilized.
- **Safety Committee:** The Safety Committee, comprised of employees from various programs throughout the entire agency, met on a monthly basis this past year to identify safety risks on the properties. The Committee continues to work with OSHA to minimize risks leading to a very strong safety record over the last year.
- **Staff Suggestion process:** We have several ways that staff can provide suggestions that may address potential risks within the organization, including conversations with supervisors, a staff suggestion box, and an annual staff questionnaire. This also gives employees the message that their input is wanted, considered by management and acted upon, and positive staff morale can lead to a safer work environment.
- **Medication Administration:** A great deal of training goes into insuring that medication administration is handled well within the organization. We implemented an electronic Medication Administration Record several years ago and this has resulted in almost perfect medication administration compliance. Data for the entire year of 2019 showed:
 - Jasper Mountain Center administered 31,058 doses of medication with three errors, resulting in a correctly administered dosage rate of 99.99%.
 - The SAFE Center administered 19,365 doses of medication with 13 errors, resulting in a correctly administered dosage rate of 99.93%.
- **Behavior Management Review:** Two types of risk 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 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.
- **Transportation:** Another ongoing risk to our clients is when they are in vehicles on the roads and highways. We continue to monitor offsite activities closely to ensure as little exposure as possible to children in vehicles. The agency also works to ensure 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.

Perhaps the greatest internal risk that Jasper Mountain is facing this next year is the addition of Crystal Creek. Although the data indicates that increasing the organization's capacity to serve children at the highest level of care we offer is greatly needed, it is a very difficult, complex and expensive endeavor. Current projections to complete the new building are estimated around

four million dollars, but this number has the potential to increase throughout the course of the project. Even though this is by far the most expensive building project Jasper Mountain has ever been involved with, the agency is also in a very strong financial position to support the expansion. Thanks to years of proactive money management by the Board of Directors, Jasper Mountain is currently on course to complete the Crystal Creek expansion without the need of utilizing any long-term investments. However, if the expense of the project continues to grow, the Board of Directors will be involved in discussions regarding the use of long-term investments to complete the project. At this point, although building Crystal Creek is costing millions of dollars, the Management Team and Board of Directors continue to feel confident that the agency is in financial position to make this project a reality, which will ultimately positively impact more youth and families.

Beyond any potential financial risk that Crystal Creek poses for the agency, there is also risk involved in the need to recruit, train and retain roughly 30 more employees. It is not feasible to believe that the agency will be able to add that many employees in a short period of time right before the program is ready to open, but instead the Management Team is working on a plan to phase in the new employees at a rate that will support the program and be supported by the budget. Given this model of thinking, it is likely that when Crystal Creek is ready for use, some of the children that are currently living in the residential program at Jasper Mountain Center will transition to the new building with the appropriate amount of staff to maintain therapeutic ratios in both buildings. At that point both programs can begin to work toward full capacity while also continuing to hire and train new staff members. This model will be complicated and require a great deal of attention to maintain a therapeutic pace of growing the programs, but the end result will be both buildings with a full census and a team of adults that are trained and experienced to provide treatment.

External Risk Issues:

Although there is no formal process for identifying external risk, the organization has developed methods for gathering information and taking a proactive stance to understand changes that could impact the mission of the agency. There are several key resources that Jasper Mountain utilizes to gather information regarding external risk through memberships in various organizations that serve youth and families. Two of the most prominent of these organizations include the Oregon Alliance, which focuses on issues on a state and federal level, and the Community Behavioral Health Consortium which focuses on a local level. Jasper Mountain also maintains relationships with legislators and lawmakers to both gather information and provide advocacy regarding political actions and is often sought out for an opinion regarding the mental health of children in the state.

Over the course of the past year, Jasper Mountain has been monitoring two major external risk factors and continuing discussions with possible ways to address these areas. The first category of potential external risk that the agency has identified is federal legislation that has brought more stringent requirements to residential treatment for children. The Family First Prevention

Services Act was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in residential care.

One key element that the Family First Prevention Services Act is requiring for residential treatment centers is for them to be nationally accredited. This requirement has left many states, treatment centers and accrediting bodies scrambling to find a way to ensure programs can attain this goal in the allotted amount of time to be able to continue to receive funding. Jasper Mountain is not one of those programs dealing with an accreditation problem, as the agency has been continuously nationally accredited since 1999. In February of 2019, Jasper Mountain completed another reaccreditation cycle, which provides four years of coverage from the Council on Accreditation. Although the reaccreditation process occurs once every four years, Jasper Mountain continuously works to meet the outlined standards, and has always received exceedingly high scores during each accreditation visit. This past year, despite the accreditors visiting Jasper Mountain in February 2019 during an historic snowstorm that left most of the county crippled for days, the agency passed the process and did well to showcase our ability to provide a high level of care for children.

Although the new federal law is being implemented, the state of Oregon is not yet clear on how to fit these requirements into the system of care that already exists in this state and is struggling to find answers before advising providers on needed changes. Even though the details are not yet finalized by the state of Oregon, it is clear that Jasper Mountain will be impacted by changes in funding regarding the implementation of this federal law, but more information will be needed once it becomes available to understand the full impact.

The second major category of external risk the agency is monitoring is the historic level of employee turnover that has occurred this past year. The data for 2019 shows that the agency had its highest ever percentage of employee turnover. The data that was gathered throughout the year was broken into the following categories to be examined:

- Total Employee Turnover: 46% (124 current employees, 57 exits over the year)
- Treatment Team Turnover: 60% (47 current Treatment Team, 28 exits over the year)
- Night Shift Turnover: 100% (17 current night shift staff, 17 exits over the year)

As can be seen, the numbers indicate the highest recorded percentages of employee turnover for the entire agency as well as for the Treatment Team and Night Shift member positions this past year. Although these numbers are unprecedented, this issue is something that has been unfolding for several years. The largest factor for the high turnover rate is the strength of the federal and state economy, which has increased the demand for a skilled workforce and at times

resulted in more job openings than unemployed people on a state and federal level. The federal unemployment rate for December 2019 held at 3.5%, and the number of unemployed persons was unchanged at 5.8 million. A year earlier, the federal jobless rate was 3.9%, and the number of unemployed persons was 6.3 million. On a state level, Oregon reported at 3.9% unemployment rate in November of 2019. These numbers all indicate that the current employment market in Oregon makes it much easier for people to move jobs with little risk of not finding another position.

Jasper Mountain's response to the issue of staff turnover this past year has included a more structured and organized approach to providing support, training and ongoing supervision to all staff. Although it is known that the economy and money play a factor in employees leaving jobs, research has shown that providing a workplace where staff feel supported and receive regular supervision increases job satisfaction and leads to a higher retainment level. Striving to provide a work environment in which employees feel supported and connected will be something the agency continues to focus on this next year.

Also, in response to this issue, Jasper Mountain is planning on completing a comparative wage study before the budget is finalized the next fiscal year. The wage study will provide data to the Management Team and Board of Directors regarding what other similar agencies are currently paying their employees. This information will then be used to help guide the budgeting process, which could then have a positive impact on staff turnover in the future.

Action: Throughout the year, risk assessments and recommended actions occur in a variety of formats. Additionally, these are compiled annually in the Strategic Planning Process to provide the opportunity for any further strategy, budget issues or other considerations. Some of the events and assessments that are utilized for this process take place at different times of the year, but all risks from the past year are captured in the Strategic Plan, allowing the Management Team and Board of Directors a summary to review.

Over the course of the next year, the agency will continue to assess and monitor internal risks through the various systems that are already in place, and adjustments will be made throughout the year as risk arises. The organization will also continue to gather information and make plans for external risk factors that are already known and be watching and planning for any future problematic changes that could impact the agency.

Step 9: Update on Progress of Current Fiscal Year Goals and Objectives

Creating the next Strategic Plan takes place while the previous year's plan is still guiding the agency. Therefore, planning must occur simultaneously while still tracking and measuring the current plan. During the last Strategic Planning Process, goals were created and timelines for completion of those goals were established. Since it is only halfway through the current fiscal year, it would be expected that some of the goals that were established last year would not yet be completed. The follow data provides an update at the halfway point of the year on the progress

of the goals that were established during the 2019/2020 Strategic Planning Process. The information is presented by the specific program the goal was created for (A=Residential, B=SAFE Center, C=School, D=Community Based Services, E=Fiscal, F=Administration), the progress on that goal up to this point in the year (Y=Yes, N=No, I=In progress) and the long-term goal (Services, Facilities, Staff Support and Outreach) that is supported. More detailed updates on the progress of these goals are discussed by the Management Team on a quarterly basis throughout the fiscal year.

Current Progress for Program Objectives in Fiscal Year 2019/2020

(A=Residential, B=SAFE Center, C=School, D=Community Based Services, E=Fiscal, F=Administration)

Goal 1: Services

- A1 (I) - Organize, implement, monitor the therapeutic recreation program.
- C2 (I) - Develop and implement an organized physical education program as a part of the therapeutic recreation in the school including upgrading equipment to be utilized during school hours.
- C3 (I) - Maximize the census in both Jasper and SAFE classrooms.
- C5 (I) - Implement more ways to measure a student's success and progress in the program.
- D2 (Y) - Explore ways to attain full funding for the TFC program, including researching BRS funding.
- D3 (Y) - Recruit or renew four new TFC families.
- E1 (I) - Conduct an annual review of fees the agency utilizes.
- E2 (Y) - Fee for service notes will be billed in a timely manner.
- E3 (Y) - 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.
- E4 (Y) - Reduce the overall amount of Accounts Receivable to the goal of under one million.
- E5 (N) - Explore becoming in-network providers with several of the larger insurance companies.

Goal 2: Facilities

- A4 (I) - Utilize space in the Castle more effectively, including creating space for the children that is inviting and incentivizing.
- B2 (I) - Substantial repair of faulty plumbing in the women's restroom above the school.
- B3 (Y) - Make the front office reception area more organized, functional and presentable.
- B4 (N) - 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.
- B5 (I) - Assess the feasibility of a large, commercial grade playground at SAFE Center.
- F1 (I) - Crystal Creek facility expansion.

Goal 3: Staff Support

- A2 (I) - Identify and train lead staff positions while assessing the current structure for leaderships on shifts.

- A3 (I) - Integrate and improve collaborative communication between therapists and treatment staff.
- B1 (I) - Assess best scenario for clinical supervision at SAFE Center.
- C1 (N) - Ongoing work to strengthen teamwork and collaboration between treatment team and teachers.
- C4 (I) - Maintain full instructional staff at both sites.
- C6 (I) - Continue to implement data teams to assess effectiveness of teaching curriculum.
- D1 (N) - Hold quarterly TFC support meetings and train using the PRIDE competency curriculum.
- D4 (I) - Identify the needed staffing for the TFC program.
- E6 (Y) - Timely and accurate financial information and reports to the Board of Directors and Management Team.
- F2 (I) - Identify staffing needs for Crystal Creek expansion.
- F4 (I) - Implement the 2019 Employee Utilization Plan.
- F6 (I) - Increase quality, quantity and documentation of supervision for Treatment Team staff.

Goal 4: Outreach

- F3 (I) - Rework website with the goal of increasing information and publication access for families and professionals.
- F5 (I) - Host guests for our Training Institute for international guests.
- F7 (I) - Provide consulting internationally to organizations requesting help.

As can be seen, at the midway point of this year, progress is being made on most goals. Currently, it is reported that 62% of the goals are in progress, 24% are completed and 14% have made no progress. It also appears that at this point in the year, no goals have been identified as not likely having any chance to make progress before the end of the year, with many of those currently listed as “in progress” close to completion.

Step 10: Agency Action Plan with New Goals and Objectives for next Fiscal Year

After reviewing and monitoring the progress of the current year goals, the Management Team has developed new goals to be implemented for the next fiscal year. The creation of these goals follows the same process as the previous year, with the Management Team focusing on the various programs within the agency and working together to develop plans to make the goals attainable. At times goals can be carried over from one year to the next, either when a goal was not fully attained, or perhaps the previous year’s goal was only the initial step toward overall completion.

The data is being presented in a slightly different format this year compared to previous Strategic Plans. Although the goals are formatted differently, they still contain the same information as previous plans. After all the data is listed in detail, a summary statement about this year’s goals will be made to help further clarify what is being presented.

The following data contains the program objectives established by the Management Team for the Fiscal Year 2020/2021. The information is categorized by the specific program the goal was created for (A=Residential, B=SAFE Center, C=School, D=Community Based Services, E=Fiscal, F=Administration, and G=Treatment) and also states the long-term goal associated with the goal, if the budget will be impacted, the responsible person, the estimated completion date, the performance indicator and the evaluation measure.

A. Intensive Residential – Jasper Mountain

1. Assess staff members’ ability to move through the Treatment Team I - IV tier system.			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Business Manager/Exec. Director	Completion Goal	7/1/20
Perform. Indicator	Clear steps to define what step Treatment Team members should be assigned to will be established.		
Eval. Measure	All Treatment Team members will be placed on the proper tier.		

2. Integrate Crystal Creek and the Castle on the Jasper Mountain Campus			
Long Term Goal	Services	Budget Impact	Yes
Responsible Pers.	Residential Dir./Exec Director	Completion Goal	9/30/20
Perform. Indicator	Youth will be placed in both programs with services being provided for the entire campus.		
Eval. Measure	Both programs will be able to operate independently as well as sharing certain portions of the daily operations.		

3. The nutritional philosophy will be integrated into Crystal Creek and the program will have the proper amount of staffing and oversight.			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Business Manager/Exec. Director	Completion Goal	9/30/20
Perform. Indicator	The staffing needs to fully integrate the nutritional philosophy into Crystal Creek will be established.		
Eval. Measure	The appropriate amount of staff and employees will be in place.		

4. An assessment will be completed regarding the current agency vehicles used to transport children.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Residential Dir./Executive Dir.	Completion Goal	4/15/21
Perform. Indicator	An examination of the current vehicles that are used to transport children will be conducted.		
Eval. Measure	A recommendation will be made regarding the ongoing use of the current vehicles or the need to upgrade the equipment.		

B. SAFE Center

1. Transition to a Clinical Supervisor at the SAFE Center campus.			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	SAFE Director/Executive Director	Completion Goal	7/1/20
Perform. Indicator	A candidate will be selected from either outside the agency or a current employee.		
Eval. Measure	A Clinical Supervisor will be in place at SAFE Center.		

2. Update the playground with commercial grade equipment, including swings and four-square areas.			
Long Term Goal	Facilities	Budget Impact	Yes
Responsible Pers.	SAFE Director/Executive Dir.	Completion Goal	3/15/21
Perform. Indicator	Research will be done and outside funding sought (grant writing) to enable the start of the project.		
Eval. Measure	SAFE Center will have a new playground.		

3. Assess the condition of the dedicated water feature near the covered structure and update if needed.			
Long Term Goal	Facilities	Budget Impact	Yes
Responsible Pers.	SAFE Director/Executive Director	Completion Goal	9/30/20
Perform. Indicator	The condition and needs of the area will be assessed.		
Eval. Measure	Any changes to ensure the area is well maintained will be in place.		

4. An assessment will be completed regarding the current agency vehicles used to transport children.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	SAFE Director/Executive Director	Completion Goal	4/15/21
Perform. Indicator	An examination of the current vehicles that are used to transport children will be conducted.		
Eval. Measure	A recommendation will be made regarding the ongoing use of the current vehicles or the need to upgrade the equipment.		

5. Increase communication between transition/intake teams within programs.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	SAFE Director/Residential Dir.	Completion Goal	9/30/20
Perform. Indicator	Ways to increase communication and share information will be discussed.		
Eval. Measure	A system will be implemented that will increase communication between the two sites regarding the transitions of children.		

6. The space in the current media room and former Director's office will be more well-defined.			
Long Term Goal	Facilities	Budget Impact	No
Responsible Pers.	SAFE Director	Completion Goal	1/1/21
Perform. Indicator	The leadership at SAFE Center will establish goals for the two areas that will serve		

	the program.
Eval. Measure	The two spaces will be well-defined and utilized for specific purposes.

C. Jasper Mountain School

1. Maximize the census at both Jasper Mountain Center and SAFE Center.			
Long Term Goal	Services	Budget Impact	Yes
Responsible Pers.	SAFE Dir./Resident Dir/Day Tx Liaison	Completion Goal	12/1/20
Perform. Indicator	Adding residential youth in the Crystal Creek building will impact the school setting, and ongoing assessment will be needed to determine how many day treatment children can be served.		
Eval. Measure	The classrooms at both campuses will be full, including providing education for children in Crystal Creek.		

2. Maintain full instructional staff at both sites.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	Business Manager/Executive Dir.	Completion Goal	9/1/20
Perform. Indicator	Instructional positions, including the principal, will be advertised and interviews conducted.		
Eval. Measure	Teachers and principal will be hired.		

3. Continue to implement data teams to access effectiveness of teaching curriculum.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Executive Director/Teachers	Completion Goal	10/1/20
Perform. Indicator	Data will be gathered on all students served in the school setting ongoing.		
Eval. Measure	Adjustments to education will be made based upon obtained data.		

D. Community Based Services

1. Revise TFC Parent initial and annual training requirements and hold quarterly training support meetings.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	TFC Coord./Training Coord.	Completion Goal	10/1/20
Perform. Indicator	Trainings will be documented for all TFC families. Quarterly support meetings will be held and attended.		
Eval. Measure	TFC families will attend four trainings offered per year.		

2. Research and complete requirements to become funded by BRS.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	TFC Coordinator/Executive Dir.	Completion Goal	6/30/21

Perform. Indicator	Research will be done to determine exact requirements to become a BRS funded TFC program.		
Eval. Measure	TFC program will be fully funded.		

3. Recruit or renew four new TFC families.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	TFC Coordinator	Completion Goal	9/30/20
Perform. Indicator	Recruitment efforts will be maintained for the program.		
Eval. Measure	At least four families will be actively involved in the program.		

4. Identify SAFE Center infrastructure and FTE required to manage SAFE Center TFC children.			
Long Term Goal	Services	Budget Impact	Yes
Responsible Pers.	SAFE Director/TFC Coordinator	Completion Goal	6/30/21
Perform. Indicator	Essential TFC functions located at SAFE Center will be identified.		
Eval. Measure	Documents with roles and descriptions will be produced to show what the FTE needs for this role at SAFE Center will be.		

5. Determine the maximum number of TFC children that can be served in the school settings between both campuses.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	TFC Coord./Management Team	Completion Goal	6/30/21
Perform. Indicator	The maximum number of children that can be served at both campuses will be determined.		
Eval. Measure	The number of children served by both the TFC program and the school setting at either campus will be evaluated and discussed quarterly.		

E. Fiscal Office

1. Focus on and confirm that payroll is accurate, timely and reviewed.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Controller/Business Manager	Completion Goal	12/31/20
Perform. Indicator	Timesheets will begin being reviewed and signed by responsible staff		
Eval. Measure	The timesheets will be signed after being reviewed by the appropriate supervisor and maintained with payroll clerk as payroll is processed.		

2. Verify that the correct expenses are being applied to the correct programs.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Controller	Completion Goal	12/31/20
Perform. Indicator	Each expense will be reviewed to ensure that it is being applied to the proper program.		
Eval. Measure	A spreadsheet with the methodology used for each expense will be maintained by		

	the finance office.
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3. Verify employee payroll dollars are being applied to the correct program.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Controller	Completion Goal	9/15/20
Perform. Indicator	Review all employee files with the appropriate supervisor to determine if time is being allocated to the proper program.		
Eval. Measure	The breakdown of each shared employee will be recorded on a spreadsheet so as to be able to calculate a percentage spread, which can then be used yearly during the audit.		

4. Quarterly forecast updates for Managers and the Board of Directors.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	Controller	Completion Goal	7/1/20
Perform. Indicator	A fiscal year forecast will be created and updated with actuals monthly to keep focus on where the year is projected to end.		
Eval. Measure	The forecast will be presented and a printed copy will be given to each participant of the first Board meeting of each quarter.		

F. Administration

1. Crystal Creek Facility expansion.			
Long Term Goal	Facilities	Budget Impact	Yes
Responsible Pers.	Management Team	Completion Goal	10/1/20
Perform. Indicator	Continue with construction process.		
Eval. Measure	Crystal Creek will be built and children living in the building.		

2. Identify agency staffing needs for Crystal Creek expansion.			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Management Team	Completion Goal	7/1/20
Perform. Indicator	Assess agency needs regarding FTE for all positions related to Crystal Creek expansion.		
Eval. Measure	Employees are hired and trained to operate Crystal Creek.		

3. Implement the 2020 Employee Utilization Review			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Management Team	Completion Goal	7/1/20
Perform. Indicator	Positions needed to be filled are discussed and documented.		
Eval. Measure	Staff members are in appropriate positions and roles.		

4. Host guests for our Training Institute for international guests.			
Long Term Goal	Outreach	Budget Impact	No
Responsible Pers.	Management Team	Completion Goal	Ongoing
Perform. Indicator	Onsite training is provided upon request.		
Eval. Measure	Reports on institute guests is provided to the quality assurance committee.		

5. Provide consulting internationally to organizations requesting help.			
Long Term Goal	Outreach	Budget Impact	No
Responsible Pers.	Management Team	Completion Goal	Ongoing
Perform. Indicator	Consulting is provided and information is shared.		
Eval. Measure	Reports of consulting is provided to the quality assurance committee.		

6. Research Human Resources software that could be utilized to increase efficiency.			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Management Team	Completion Goal	1/1/21
Perform. Indicator	Information is gathered regarding Human Resources software that is compatible with the agency needs.		
Eval. Measure	If software is identified, it is installed and utilized.		

7. Remodel elements of the ranch house to increase office space and efficiency.			
Long Term Goal	Facilities	Budget Impact	Yes
Responsible Pers.	Management Team	Completion Goal	1/1/21
Perform. Indicator	Areas in the Ranch House that could be remodeled will be assessed.		
Eval. Measure	Changes will be made in the Ranch House to increase use and efficiency.		

8. Increase array of recruitment efforts to include local exposure at job fairs and university settings.			
Long Term Goal	Outreach	Budget Impact	Yes
Responsible Pers.	Business Manager/HR	Completion Goal	6/30/21
Perform. Indicator	Agency is represented at three university job fair opportunities.		
Eval. Measure	Five hires due to job fair exposures.		

9. Increase exposure of agency in higher education settings for the dual purpose of recruitment and communication of our treatment model and improved services for children with intensive mental health needs.			
Long Term Goal	Outreach	Budget Impact	No
Responsible Pers.	Business Man/HR/Exec. Dir.	Completion Goal	6/30/21
Perform. Indicator	Jasper Mountain staff present subjects in academic settings on at least three occasions.		
Eval. Measure	Positive engagement reflected by faculty and students regarding subjects presented, with two interns/practicum students placed.		

10. Maintain focus on effective supervision of staff toward enhancing support, performance and retention.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	Management Team	Completion Goal	6/30/21
Perform. Indicator	Monthly accountability tracking for supervision and increase training resources for supervisors to enhance their skills.		
Eval. Measure	Monthly supervision tracking shows 90% compliance with quantity of supervision meetings, supervisors are provided new training resources to enhance supervision skills.		

11. Focus on diversity, equity and inclusion trainings for agency staff.			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Business Man/HR/Exec. Dir.	Completion Goal	6/30/21
Perform. Indicator	Quarterly trainings or presentations are offered to Jasper Mountain staff.		
Eval. Measure	A wide range of topics regarding diversity, equity and inclusion are presented to staff members and events are attended		

G. Treatment

1. Research current clinical caseloads at both sites and potentially adjust current workloads or add a position that is focused on assisting with case management.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	Management Team	Completion Goal	12/31/20
Perform. Indicator	Discuss pros and cons of current system and potential changes.		
Eval. Measure	A decision regarding caseloads will be made.		

2. Renew commitment to and training in outcome measures for clinical cases.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Clinical Supervisor	Completion Goal	9/30/20
Perform. Indicator	Clinical teams at both sites are trained in assessments.		
Eval. Measure	Each quarter, review compliance with completion and pursue any lacking documentation from therapists.		

3. Develop focus of treatment at Crystal Creek with aim for a step-down feel for children transitioning out of the Castle or SAFE Center.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Residential Dir./Clinical Sup.	Completion Goal	7/1/20
Perform. Indicator	A focus of treatment for Crystal Creek will be developed.		
Eval. Measure	Staff members will be trained in unique treatment approaches for Crystal Creek.		

The following is an overview of the goals that have been developed for the next fiscal year:

- Total number of goals created – 36
- Total goals related to Services – 14
- Total goals related to Facilities – 5
- Total goals related to Staff Support – 13
- Total goals related to Outreach – 4
- Total goals that will impact budget – 15
 - A1 - Assess staff members' ability to move through the Treatment Team I – IV tier system.
 - A2 - Integrate Crystal Creek and the Castle on the Jasper Mountain Campus
 - A3 - The nutritional philosophy will be integrated into Crystal Creek and the program will have the proper amount of staffing and oversight.
 - B1 - Transition to a Clinical Supervisor at the SAFE Center campus.
 - B2 - Update the playground with commercial grade equipment, including swings and four-square areas.
 - B3 - Assess the condition of the dedicated water feature near the covered structure and update if needed.
 - C2 - Maintain full instructional staff at both sites
 - D4 - Identify SAFE Center infrastructure and FTE required to manage SAFE Center TFC children.
 - D11 - Focus on diversity, equity and inclusion trainings for agency staff.
 - F1 - Crystal Creek Facility expansion.
 - F2 - Identify agency staffing needs for Crystal Creek expansion.
 - F3 - Implement the 2020 Employee Utilization Review
 - F6 - Research Human Resources software that could be utilized to increase efficiency.
 - F7 - Remodel elements of the ranch house to increase office space and efficiency.
 - F8 - Increase array of recruitment efforts to include local exposure at job fairs and university settings.

Step 11: Integrate all data into a proposed budget for 2020/2021

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 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 and discussed by the Board of Directors and the Management Team in February and March, and then the Board will set the priorities for the budget for the next fiscal year. At that point the budget will be built in March, April and May, with the final step in the Strategic Planning Process culminating in a formally approved budget for the next fiscal year in June.

The Management Team has developed the above listed goals and presented them to the Board of Directors for consideration. The goals will now be discussed and clarified and if the Board of Directors is in support and agrees the agency is in position to delegate the appropriate funding, a budget will be finalized and put into place for the next fiscal year.

The Strategic Planning Process at Jasper Mountain is very extensive and considers the historical, current and future goals of the agency. This process was developed to help capture and integrate all the elements that make Jasper Mountain a world-renowned place of hope and healing for children and families, and it is vital that this process lead to the ability of the agency to continue its mission into the future.