

2021/2022 Strategic Plan

Jasper Mountain

Introduction

As Jasper Mountain began preparing to continue providing world-class treatment services moving into the year 2020, it was already a given that there would be two major events impacting the agency. The two changes the agency was facing had both been years in the making and had been carefully thought through and planned around, with a great deal of energy and attention to detail to ensure success with both endeavors. Making largescale changes to the agency is not something that happens often at Jasper Mountain, as for the past 39 years it has been the consistent approach to working with children, families, systems of care and employees that has led to ongoing success year after year. Therefore, going into the year 2020, the agency was already anticipating the need to be flexible, proactive, and deal with the inevitable unforeseen problems that were bound to occur in such a time of change. Perhaps it was this very mentality that ended-up playing a larger helpful role throughout the past year, as not only was Jasper Mountain faced with the known challenges, but also several large, unprecedented events that greatly impacted the agency, the state of Oregon and the entire world.

The first of the changes that was well-known and carefully planned for was in the executive leadership of the agency, as 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. The new Executive Director, Beau Garner, M.Ed., LMFT, then began leading the agency, working closely with the Board of Directors, the Management Team and continuing to consult with Dave in his new role. Given this was the first time that a change was occurring in the Executive Director role there were many unknowns about how the process should take place, but through careful planning and a great deal of teamwork at all levels of the agency, the transition from Dave to Beau went as well as could have been hoped for.

The second major event that the agency had been planning on occurring in 2020 was the completion of Crystal Creek. The addition of another 15-bed residential facility on the Jasper Mountain Center campus is something that has been in the works for the past five years, with support from the state of Oregon, the Board of Directors and the Management Team spurring this project forward. Like any major capital building project, the construction of Crystal Creek took a tremendous amount of planning, coordination and patience, but by October of 2020 the Certificate of Occupancy was granted. At that point, program managers could begin filling the building with all of the items needed to run a residential program for children, while the Management Team continued to push forward with various inspections and certifications that needed to be in place prior to the children moving into the space. On December 2nd, 2020, the first group of children transitioned into the Crystal Creek building, which was the culminating event in a five-year process that was designed to allow Jasper Mountain to impact and help even more children and families in the future.

The transition of Executive Directors and the addition of another residential program would already constitute a busy and somewhat unprecedented year for Jasper Mountain. However, 2020 had more in store for Jasper Mountain, as a global pandemic and extreme forest fires both tremendously impacted the agency. The worldwide COVID-19 outbreak impacted Jasper Mountain on every level, from the creation of the yearly budget, to greatly modifying the school and crisis response programs, staff and children wearing masks and Zoom meetings replacing group interactions. As the pandemic unfolded, Jasper Mountain had to remain vigilant, nimble and united to address the almost daily changes that were occurring, and through it all stay focused on the needs of the children.

Then, just as the employees, children and system of care seemed to be finding a new normal of operation during the pandemic, several extreme forest fires broke out around the entire Western United States. As a result of a local forest fire, children at SAFE Center had to evacuate the building for the first time in the agency's history and were then placed at the Jasper Mountain Center campus for a week. During this crisis it was amazing to see so many employees asking if they could do more, volunteering personal time and resources and offering ideas and encouragements along the way, all the time focusing on keeping the children safe.

Throughout whatever 2020 offered up to the agency, whether positive or negative, planned or unforeseen, the needs of the children always came first. Although there will always be issues and difficulties that arise given the nature of the work that is provided, it is also helpful to recognize that Jasper Mountain has a strong track record of persevering and fulfilling our mission. As we move into the next year of operation, it is important to stop and take note of the overall state of the agency, which at this time remains excellent. The daily operations of the various programs continue to be well defined and highly sought after by referral sources and completing Crystal Creek has allowed us to expand our ability to serve clients. The financial health of the agency is strong and provided a solid footing as we navigated the various events of the past year, and the reputation of Jasper Mountain continues to remain excellent in the field of working with children and families in need.

Process

As the organization has been impacted by so many changes this past year, it is important to not lose sight of the visionary aspects of the agency, which are captured in the yearly 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.

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 (Page 4)
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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 occurred in January of 2021. It was found at that time to be current and relevant, and both the Management Team and Board of Directors agreed to keep the current Mission Statement, which has been in place since 2007. 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.”

It is important to note that the agency intentionally speaks not only about the focus of helping children and families, but also all the staff and employees as well. While the agency’s reputation has been formed based on our ability to work with children and families, 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 agency to provide an environment in which staff can 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 in ability and reputation, we have been able to work with children and families from a wide range of geographic locations. As this has occurred, 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. Looking toward the future, people and agencies that track data related to the health and welfare of children and vulnerable populations are speculating that the COVID-19 pandemic will have a major negative impact for people that rely on the system of care for supports and protections. It is also likely that any negative impact for children and families might take several years to be fully tracked and understood, as is often the case when gathering data on such a large scale. Even though the data that was available during the completion of this year's Strategic Plan may not be able to fully capture the impact of the global pandemic, it is something that has been undoubtedly felt by both clients and employees of Jasper Mountain this past year.

The following categories of information have been captured as a reflection of 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 was 3,476,034 in 2019, up from 3,359,531 in 2015.
 - In 2019, there were nationally (rounded) 656,000 victims of child abuse and neglect.
 - On a national level, there were 8.9 victims of abuse or neglect per 1,000 children.
 - For 2019, an estimated 1,840 children died of abuse and neglect at a rate of 2.50 per 100,000 children in the national population. This is a 10.8 percent increase from 2015.
- The National Council on Child Abuse & Family Violence reports the following statistics on child sexual abuse:
 - Nearly one in five women (18.3%) and one in 71 men (1.4%) in the United States have been raped at some time in their lives, including completed forced penetration, attempted forced penetration, or alcohol/drug facilitated completed penetration.
 - More than half (51.1%) of female victims of rape reported being raped by an intimate partner and 40.8% by an acquaintance; for male victims, more than half (52.4%) reported being raped by an acquaintance and 15.1% by a stranger.
 - Approximately one in 21 men (4.8%) reported that they were made to penetrate someone else during their lifetime; most men who were made to penetrate

someone else reported that the perpetrator was either an intimate partner (44.8%) or an acquaintance (44.7%).

- An estimated 13% of women and 6% of men have experienced sexual coercion in their lifetime (i.e., unwanted sexual penetration after being pressured in a nonphysical way); and 27.2% of women and 11.7% of men have experienced unwanted sexual contact.
 - Most female victims of completed rape (79.6%) experienced their first rape before the age of 25; 42.2% experienced their first completed rape before the age of 18 years.
 - More than one-quarter of male victims of completed rape (27.8%) experienced their first rape when they were 10 years of age or younger.
 - Despite the increase in self-reports of rape and sexual assault, there was a decrease in reporting to police from 2017 to 2018. Forty percent (40%) of rapes and sexual assaults were reported to police in 2017, but only about 25% were reported to police in 2018.
- Child Trends reports that prior to the COVID-19 pandemic, as many as one in five children had a diagnosed mental health disorder. While research on the pandemic's effects on mental health is still in the early stages, current evidence shows a surge in anxiety and depression among children and adolescents since the pandemic began, including among young people of color and among lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ) youth. In addition, almost half of all parents report experiencing higher levels of stress during COVID-19, which increases their children's risk for experiencing family adversity (e.g., child abuse and neglect, domestic violence) and related mental health problems.
 - 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.
- The National Children’s Alliance reports the following:
 - Nearly 700,000 children are abused in the U.S each year. An estimated 678,000 children (unique incidents) were victims of abuse and neglect in 2018, the most recent year for which there is national data. That is about 1% of kids each year. However, this data may be incomplete, and the actual number of children abused is likely underreported.
 - More than 3.5 million children received an investigation or alternative response from child protective services agencies. An estimated 1.9 million children received prevention services.
 - Children in the first year of their life had the highest rate of victimization at 2.7% of all children that age.
 - In 2018, an estimated 1,770 children died from abuse and neglect in the United States.
 - Nationally, neglect is the most common form of abuse. Three-out-of-five (nearly 61%) of victims were neglected only, more than 10% were physically abused only, and 7% were sexually abused only. Yet the statistics indicate a more complex problem where children experience multiple forms of abuse. In 2018, more than 15% of kids were polyvictimized (suffered two or more forms of abuse).
- The Ark of Hope for Children reports the following:
 - Child rape occurs every two minutes.
 - 1 in 3 girls will be sexually molested before the age 17.
 - 1 in 6 boys will be sexually molested before the age 17 (1 in 5 in Canada).
 - Sex offenders have been known to molest as many as 120+ victims, most of whom do not report it.

- 90% of molesters abuse children they know.
 - Oftentimes, a sexually abused child is abused in other ways.
 - Every 10 seconds a child is abused or raped.
 - 3.3 million child abuse reports were made in 2010.
 - For every report 2 more go unreported meaning many millions are abused annually.
 - 61,000 reports to Child Protective services per week = 6 per minute.
 - Of 1.5 million runaways 85% are fleeing some form of abuse.
 - Abuse victims = about 48% male, 52% female.
 - Every race and religion experiences child abuse.
- 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.

State Data and Trends:

- According to Oregon Child Welfare Data Book During Federal Fiscal Year (FFY) 2019:
 - In Oregon, 89,451 screening reports were received.
 - Of those, a total of 46,587 of received reports were assigned for CPS assessment.
 - A total of 41,854 CPS assessments were completed, which includes reports that were assigned in the previous year.
 - Of all completed CPS assessments, 9,048 were founded for abuse and involved 13,674 victims.
 - Of those victims, 2,820 (20.6%) were removed from their homes.
 - Of all victims, 42.1 percent were 5 years old and younger.
 - Of all types of abuse incidences, neglect was the most frequently identified type of abuse (42.3 percent), followed by threat of harm (39.9 percent).
 - At 39.7 percent, substance use represented the most common family stress factor when child abuse was present.
 - The next most common stressors were domestic violence (30.7 percent) and parent/caregiver involvement with law enforcement agencies (19.4 percent).
- Oregon DHS reported a total of 10,887 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, 66.8% were White, 17.6% were Hispanic, 5.7% were Black or African American, 4.5% were American Indian or Alaska Native, 3.7% did not have race recorded, and 1.6% were Asian or Pacific Islander.
 - A total of 1,322 youth received independent living program services.
 - Of all children leaving foster care, 57.8% percent were reunited with their families.
 - An average of 7,435 children were in foster care on a daily basis. Of these an average of 5,314 children were in family foster care. Of those, 47.2 percent (about 2,511 children) were placed with relatives.
 - 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 Kids Count 2019 report listed Oregon as number 25 of 50 states:
 - Economic well-being: 29
 - Education: 41
 - Health: 4
 - Family and community: 21

Local Data and Trends:

- DHS reported that Lane County had 8,777 abuse reports with 4,456 being assigned. The overall number of reports was down compared to the previous year, but the number of founded cases was up to 812.
- Children’s First for Oregon reported the following for the previous year:
 - Food insecurity for Lane County was at 19%, down from last year.
 - Children in poverty in Lane County was 22.4%, worse than the state average.
 - 17.5 children out of 1,000 were victims of abuse/neglect in Lane County.
 - Per 1,000 children, 12.8 were in foster care, better 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:

State of Oregon: The most complete demographic data comes from the national census which occurs every ten years. The next national census is currently taking place in 2020 and once that information is compiled and made public, it will be utilized in future strategic plans. 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 4,301,090, up from 4,245,901 the previous year and up from 4,199,563 the year before that. During the 2010 census Oregon was reported to have 3,831,074 people living there, which would indicate a 12.3% increase over the past decade.

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, making Oregon the 39th most densely populated state. 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.

There is nothing to presently suggest that population growth in Oregon is set to slow down anytime in the foreseeable future. By the time of the completion of the 2020 Census, it's estimated that the population will exceed 4.3 million, which it has already done. By 2030, estimates show the population will reach 4.8 million, an increase of over 41% from the 2000 population, while Oregon will reach 5.42 million residents by 2040.

Oregon has one of the lowest population percentages of African Americans in the nation, ranking 41st out of 50 states. The majority of the population - as well as the majority of the state's diversity- is located around the Portland metro area. The state's foreign-born population exceeds 300,000 and accounts for almost 9% of the total population, according to data from 2004.

Oregon's Native American population, in terms of percentage when compared to the state's total population, is ranked as 10th in the nation. Oregon ranks 12th in its percentage of Asian

Americans when compared to the total population, and this percentage falls just short of the average of the US as a whole.

The largest ancestry groups in Oregon include German (22.5%), English (14.0%), Irish (13.2%), Scandinavian (8.4%), American (5.0%), French (3.9%), Italian (3.7%) and Scottish (3.6%). Portland is Oregon's most diverse area, while there are high concentrations of Mexican-Americans in Jefferson and Malheur counties.

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:

- 84.42% - White
- 4.74% - Two or more races
- 4.28% - Asian
- 3.11% - Other race
- 1.91% - Black or African American
- 1.15% - Native American
- 0.39% - Native Hawaiian or Pacific Islander

Lane County: Both Jasper Mountain Center and SAFE Center are located in Lane County. According to www.worldpopulationreview.com, Lane County currently has a population of 387,599, up from 379,611 the previous year and up from 374,748 the year before that. It remains the 4th largest county in Oregon for population, with a 2010 population of 351,923 resulting in a growth of 10.14% since that time.

Lane County has the following racial composition:

- 87% - White
- 5.33% - Two or more races
- 2.66% - Asian
- 1.09% - American Indian and Alaska Native
- 1.06% - Black or African-American
- 0.25% - Native Hawaiian and other Pacific Islander

Jasper Mountain: Typically, Jasper Mountain serves a higher minority population compared to the state of Oregon. This year, the racial composition for children served in the residential programs at both SAFE Center and Jasper Mountain showed the following:

- 76% Caucasian
- 13% Black/African-American
- 7% Hispanic
- 4% Native

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 early 2021 revealed the following:

- White: 126 (90%)
- Black/ African American: 3 (2.2%)
- Hispanic/Latino: 8 (5.7%)
- 2 Races: 2 (1.4%)
- Asian: 1 (0.7%)
- Pacific Is/Nat AK: 0 (0%)

Demographic information regarding gender for all employees showed the following:

- Male: 40 (28.6%)
- Female: 100 (71.4%)
- Currently four employees are identifying as a different gender than their biological sex. The above calculations are based on employees reported preference for gender.

Action: Jasper Mountain continues to serve clients from around the country, the state of Oregon and the local community, and therefore it is important to analyze and understand the demographic 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. 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.

Jasper Mountain maintains a focus on serving the most complex children with significant emotional and behavioral disturbances, and although this can be very difficult work, we remain committed to helping those that need it the most. To that end, this past year Crystal Creek opened on the Jasper Mountain campus providing even more opportunities to serve clients in our most intensive treatment program. This decision to start Crystal Creek was in direct response to the growing number of children and families requesting our services over the past several years. Although nobody could have predicted five years ago that when Crystal Creek was finally ready to begin serving children the world would be dealing with a global pandemic, the agency was still able to hold to the projected timeline of launching that program.

After reviewing all the data available regarding current needs on a national, state and local level, the Management Team believes that our current array of services and our current programs, with the addition of Crystal Creek this past year, will meet our Mission Statement and agency goals moving forward. It is worth noting that as the pandemic continues to impact the entire world, there remains the possibility of unforeseen circumstances that could impact any of the current programs that Jasper Mountain offers, and the ability to be flexible and adjust accordingly will be very important.

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 January of 2021. Long-term goals are developed every three years and adopted by the Board of Directors to help guide the Strategic Planning process on a yearly basis. The current goals developed in 2021 are as follows:

- **Goal 1: Services** - Carry the treatment philosophy forward with energy and enthusiasm, resulting in positive treatment outcomes for children. Ensure agency infrastructure is optimally effective, efficient, and supports excellence in all service areas.
- **Goal 2: Facilities** - Enhance and maintain our facilities in order to promote an optimal treatment atmosphere for clients as well as providing employees with a productive working environment.
- **Goal 3: Staff Support** - Promote the wellbeing, excellent performance, job satisfaction and professional growth of all employees and provide wages to support these goals. Ensure through continual training that all employees have a thorough understanding of agency treatment philosophy.
- **Goal 4: Champion Children's Treatment** - Continue to be a voice of influence in the system of care for children on a local, national, and international level. Offer information and support to individuals and agencies with the same focus on helping children and families.

Action: The Board approved long-term goals in 2021 and while there were similarities to previous long-term goals, the biggest area of change was regarding how the agency can be a resource for children and families, moving away from producing books and publications and focusing more on collaboration and building relationships.

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 (2019-2020) the overall grade was "B" with a completion rate of 85%. This rate of progress is up compared to the previous year. While this reflects an overall indication of good completion it is also important to remember that there may be years with more conservative objectives that are easier to reach and other years with more challenging objectives that are attained. Reaching a mark of 85% completion indicates that the agency did well focusing on goals that were realistic to accomplish and setting several that ended up not being accomplished.

During the year 2019-2020, there continued to be difficulties meeting goals for the objectives in the community-based services section. There is a combination of factors that have greatly impacted this program over the past several years, with the primary issue starting several years

ago with a change in the Oregon system of care. The change that occurred placed more stress on families attempting to serve difficult children in a treatment foster care setting, and therefore many families stepped away from providing services and making it nearly impossible to recruit new families.

Of the 34 objectives identified and tracked across all programs in 2019/2020, five of them showed no progress throughout the year, with four of those five belonging to the community-based services program. The Management Team had set goals designed to revitalize and improve the community-based services program with the hope to be able to continue what is viewed as an important treatment step for many of the children, but a shift in focus to the opening of Crystal Creek and the impact of the global pandemic did not align with a model of rebuilding that program this past year.

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 the Jasper Campus, SAFE Center, Community-Based Services, School, Treatment and Fiscal Office. The new action plans for the 2021/2022 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 and approved by the board of directors for the 2021/2022 fiscal year.

Step 5: Review Feedback Data

For the year 2019/2020, feedback data was reviewed in the following areas:

- Consumer Input (Parents, Caseworkers, Court Appointed Special Advocates (CASAs), Attorneys and Funding Sources)
- Staff Input
- Child Input
- Child and Adolescent Functional Assessment (CAFAS) Scores

Consumer Input: Formal consumer feedback was received from 43 consumers during the 2019/2020 fiscal year. The feedback provides a broad range of comments from all consumer groups—parents, guardians, caseworkers, advocates, attorneys, guardian ad litem, funding sources and others. This year the agency moved to utilizing an electronic survey, and the change in process will continue to be looked at by the Management Team to assess how to make improvements to the system.

Here are the questions asked to each consumer this past year:

- 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 was received for the Jasper residence, SAFE residence, and Day Treatment programs, but none was returned for the Treatment Foster Care program. As with all previous years, the feedback is overwhelmingly positive. Of the 43 respondents this past year, 31 rated the service as “excellent”, with seven respondents rating it as “good”, two people calling it “average” and one person stating it was “very poor.”

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 | 4.54 |
| • SAFE Residential | 4.48 |
| • Day Treatment | 3.76 |

While the average scores for the Jasper Residential and SAFE Residential programs both remained fairly similar to years past, the average score for the Day Treatment program dropped significantly. It is very likely that the pandemic had a major impact on these scores as the sample size of evaluations that were returned was only three, and many of the families were greatly impacted by their children having to move to a Distance Learning model, meaning they were not allowed to come onto the school campuses. The Management Team was aware that the pandemic was greatly impacting the Day Treatment students, but also knew that offering a Distance Learning model was the only viable solution to reduce the exposure for the children in the residential programs.

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:

- “Everyone and everything about this facility and the people working there are above and beyond standards. I have never worked with so many professional, kind, and

knowledgeable people in one place. I know the child I have placed in their care is safe and receiving the best treatment possible.”

- “I have been thoroughly impressed with Jasper Mountain Center. I have no complaints.”
- “My client was literally saved by Jasper Mountain. She was able to finally rebound from her long-term response to trauma which was to push back and reject everyone. Thank you so much for the big effort and all the success!”
- “I believe this is the best program in the state.”
- “I’m experienced staff. Poor nutritional quality of food. Lack of communication involving safety with children. Frequent missed psychological appointments.”
- “Staff is helpful, compassionate, and dedicated to family healing. Jasper has provided essential treatment that is life changing.”
- “Your services have been vital in getting our daughter the help she needs. Jasper has given our entire family a chance to heal!”
- “Lane County is fortunate to have SAFE Center for kids in need. I am happy my CASA child has you in his life.”
- “I have nothing but good to say about SAFE Center. Excellent program, facilities and staff!”

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 a life saving intervention for their children and family.

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 high overall average scores, several consumers indicated frustration with communication from the agency, as well as one person feeling very negative about the nutritional philosophy, lack of communication around safety and missed appointments for their child. As was previously mentioned, the scores for the Day Treatment program were down this year, but the hope is that when the agency can once again offer in-person learning for Day Treatment students, consumers will feel more positive about that program.

Jasper Mountain has the difficult job of supporting youth and families during times of extreme need, while also confronting clients with difficult information to disrupt maladaptive patterns. This is no easy task, which is why it is surprising that year after year the feedback data indicates that Jasper Mountain can 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 26 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 26 years have been very positive with some years reflecting slightly higher scores than others. For the most part, each year several patterns emerge when looking at the data provided, including employees consistently indicating that they enjoy their jobs, want to provide meaningful work that helps children, and feel supported in the work environment. In terms of negative feedback, the categories of issues with communication, feeling supported by management and not being paid enough, are consistently reported each year. The questions asked have remained the same for the past several years. Here are some highlights from this past year's responses:

- The overall scores are quite high and reflect excellent job satisfaction. The average score on a 10-point scale showed that all employees rated overall job satisfaction at 8.4, indicating that people across the agency are very satisfied with their jobs.
- The categories containing the highest scores included understanding the agency philosophy (9.0), interactions with your supervisor reflect that you are valued (8.7), communication with your supervisor (8.5), and teamwork (8.3). These top four scores are the same as last year, so this is a consistent trend.
- One of the top aspects of job satisfaction involves the supervisory relationship and all ratings in this area were very high.
- 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.
- For the question of compensation, the group with the lowest rating this year was the therapists. It is not typical for them to have the lowest rating in this category, but it likely speaks to the budget process last year, which limited the salary increase for professional level staff compared to direct service.

This was the first year that the agency utilized an all-digital format to administer the survey. By moving to a digital format, the number of employees participating in this year's survey was 110, compared to 82 the year prior. Given a higher level of overall participation, it is difficult to compare percentages to the previous year's scores, but the hope is that moving forward with the digital format the scores will be more easily compared year to year.

This year, some of the highlights from the survey showed that people continue to report feeling very satisfied working for the agency. The categories with some of the highest ratings included, feeling as if your supervisor values you, teamwork and feeling valued by coworkers, and understanding the agency philosophy. Many of the narrative responses throughout the entire agency spoke about people seeing an attempt to increase communication, an emphasis on training and supervision the past year and openness and teamwork within the agency. It was also a noticeable shift that just as many people that used the word "replaceable" in their view of their role in the agency used the word "important" when talking about their job. This shift in employees' view of their roles for the agency is moving in a positive direction and something that will continue to be focused on next year.

In terms of areas of feedback or change that were commonly brought up across the agency higher pay, pay based on performance and a time keeping system were common themes. These areas are brought up each year and will likely always be areas of concern given the non-profit nature of Jasper Mountain. However, despite Jasper Mountain being a non-profit agency, the management team will continue to look at ways to help support employees financially, including periodic wage studies with other non-profits, and a continued response to the Oregon minimum wage increase. This year narrative responses also included the need to continue to put effort to increase communication, clarifying of management roles and the ability to contribute ideas.

Also, historically employees have made comments about completing the yearly questionnaire but not seeing any direct-action steps or results based on the feedback. This year, because of the feedback received, the Management Team is planning on providing the following steps in response to the questionnaire:

- A training that will clarify the current management structure and which employees are responsible for what tasks in the agency.
- Devising a system in which employees can provide written feedback or suggestions that will require a response from supervisors or management.
- The exploration of a time keeping system to be utilized for payroll and Full Time Equivalent (FTE) purposes.

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 times in years past this has been a lighthearted question, such as a favorite toy or activity. At other times children have been asked to reflect on their treatment experience at Jasper Mountain. This year the children were asked “What do you like most about Jasper Mountain?”

- “Activity. Also, all of the statuses you can earn to help me reflect on my behaviors.”
- “School, because I love learning!”
- Ms. Delynn (teacher) because she is fun and artistic.”
- “School! I love learning.”
- “Horses. I love the horses.”
- “Leaving and moving on. And horses. And therapy dogs.”
- “That we have birthdays.”
- “Going to the river in the summer and the giant waterslide.”
- “Activity and playing bump and doing art.”
- “We get to learn.”
- “That staff keep us safe.”
- “Horses, because I am a monkey on the horses and I have good skills.”
- “The staff actually care.”
- “That they get to fix things. I like work project.”
- “That we are in the forest.”

- “Nothing yet. Actually activity.” (He just recently got here)
- “Sports like dodgeball.”
- “We have a Nintendo Switch and we get more freedom and more windows!” (Speaking about life in Crystal Creek)
- “It’s in the woods. The setting and the scenery.”
- “School. Math.”
- “My teacher Ms. Cory. She was a nice teacher. (This child came from SAFE Center to Crystal Creek) I like cooking on Saturday night in Crystal Creek.”
- “That we actually have hot showers.”
- “Scenery. It’s peaceful in the middle of the forest.”

The input from children tends to be similar from year to year, as some children will focus on what is right in front of them, others will think about an activity or person that they experience often, and some will reflect on treatment or growth. As usual, the answers this year reflected that they feel safe, thankful, and appreciative (sometimes reluctantly) about their experiences in the program. We have also 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.

Outcome Data from CAFAS Scores: When children enter the residential program at either Jasper Mountain or SAFE Center, they are evaluated using an assessment called the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS was designed to assess and rate impairment in children and adolescents who have or may have emotional, behavioral, substance use, psychiatric, or psychological problems. Higher scores indicate significant impairment across multiple settings warranting the need for intensive treatment. There are eight scales assessed for youth functioning and each scale can be rated as high as 30, with a maximum overall total score of 240.

When a child then discharges from the residential program they are evaluated again, and the results are compared to determine if the child was able to make progress from the services offered. The following shows the average intake score and then discharge score for children in the Jasper Mountain and SAFE Center residential programs for the calendar year 2020:

- Jasper Mountain:
 - Average Intake Score: 147.7
 - Average Discharge Score: 60.0
- SAFE Center:
 - Average Intake Score: 136.7
 - Average Discharge Score: 74.2

As can be seen by looking at the Intake and Discharge scores for both programs, on average children made significant progress.

Comments on Feedback: The context of gathering and analyzing feedback from outside consumers, employees and children in the programs is worth mentioning. Our agency 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 shut off 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: As the statistics indicate, there is clearly still a need for the services that Jasper Mountain offers. This past year Crystal Creek was completed, allowing the agency the opportunity to serve more children and families. Taking a step to increase our services is something that took a great deal of preparation and planning, as a balance between expanding to serve more and ensuring that the services we offer are at the highest level is important to maintain.

By opening Crystal Creek this past year, we were able to expand our treatment modality by offering children from the Castle and SAFE Center an opportunity to finish their residential treatment in a setting that allows for more fine-tuning of individualized treatment before discharging to a less restrictive setting. Over the course of the first several months Crystal Creek has been in operation, this treatment model has been fulfilled and children are experiencing the level of service that was envisioned when creating that program.

The other programs at Jasper Mountain continue to operate well and meet the needs of children and families on several levels. The Castle program is designed to meet the most complex needs of our population, providing specializations such as treating trauma, repairing attachment, understanding sexual abuse and helping children integrate into family settings in a healthy manner. 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. This past year forced changes in this program, as it was not feasible to send staff members into the community and people's homes during the pandemic. The Treatment Foster Care program has been at its lowest census numbers the past several years. Although the program is currently 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. Like the Crisis Response Program experienced a disruption in services this past year, so too did the school. When the pandemic began, all schools were closed in the State of Oregon. However, after working with state agencies, the children living in the residential programs were given permission to attend school together on campus, but the children who were living in the community were not allowed to return to campus. The community-based children then moved into a distance learning model, meaning that they used technology to attend school virtually in order to maintain distance and safety with the residential children.

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 the services we offer across the entire agency. Our outcome data continues to show that our services for all programs lead to positive outcomes and growth for most 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 addition of Crystal Creek has allowed 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 and has provided an opportunity to have children experience a final phase in their overall treatment.

Step 7: Employee Utilization

The Management Team conducts an Employee Utilization review every year, and this year it was completed in December 2020. 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 focused on SAFE Center, with more support being added to the leadership team on that campus. Most of the changes took place right away, as it was identified by the Management Team that immediate support for the director was needed. Some of the other proposed adjustments that are to be put into place this next year were designed to take place at the beginning of the next fiscal year (July 2021). 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 personnel changes that have already taken place and the others that will be implemented throughout 2021/2022. 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.

Specific plans have been developed and implemented over the past year to address the need to expand the overall workforce for the agency with the starting of Crystal Creek. Because an estimated 67% of the expenditures of the agency are accounted for in payroll, it becomes clear that as positions shifted and were created due to the addition of Crystal Creek, the overall budget is anticipated 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. At this time, it is estimated that an increase in the daily rate to serve children in the residential programs will begin to be implemented by the end of the 2021 calendar year. This projection not only takes into account the expansion of the workforce due to opening Crystal Creek, but also the final steps of the mandatory minimum wage increase that the State of Oregon has put into place.

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, as an agency we do our best to anticipate and prevent as many risk factors as possible, with various systems in place to provide checks and balances. Jasper Mountain is not immune to problems despite all these systems and efforts to identify and minimize risk, and therefore processes also exist to deal with situations as they arise.

When thinking about how risk can impact the agency, most situations can fall into one of two categories. 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, how well the overall economy is performing, and new this year is dealing with a global pandemic. 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. This past year, the amount of data that the committee reviews on a monthly basis expanded in order to maintain compliance and ensure more safety throughout the agency. Some of the areas that were added include a monthly summary of the nighttime bed checks and a report on any medical attention that was provided for children during physical restraints. 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 the agency monitors, as well as results from the past year:

- **Financial Audit** – This year the annual audit reflected a strong financial picture and recognized changes in the business office that addressed several longstanding deficiencies in internal controls and other areas of weakness which had been solved this past year. Despite the agency spending a very large amount of money on the completion of Crystal Creek, the auditors shared that the overall financial health of the agency remains very strong for a non-profit organization of this size.
- **Insurance Review:** The previous year, due to changes in the system of care in Oregon, 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, which then also included switching to a new fire coverage provider. The model remained the same this past year, but there could be more issues in the future securing fire coverage, as Western Oregon experienced one of the worst fire seasons on record this past year.
- **Investment Monitoring:** Throughout the past year, the agency has been working with investment advisors Roehl and Yi to manage the agency investments. Jasper Mountain chose to liquidate most of the company's investments this past year to have flexibility to

deal with the completion of the major building project of Crystal Creek. The global pandemic also caused a great deal of volatility to investment markets across the world, and therefore careful monitoring of the agency investments needs to be maintained.

- **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 gave the Management Team and the Board of Directors the opportunity to deal with 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, email and HR software, 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 ensuring that medication administration is handled well within the organization. Several years ago, a new electronic Medication Administration Record software was implemented and this has resulted in almost perfect medication administration compliance. Data for the entire year of 2020 showed:
 - Jasper Mountain Center administered 36,006 doses of medication with six errors, resulting in a correctly administered dosage rate of 99.98%.
 - The SAFE Center administered 21,642 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. Beginning in the Spring of 2021, all staff will now receive two trainings a year to provide more exposure and knowledge for this intervention.
- **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.

A large internal risk that Jasper Mountain faced this past year was the addition of Crystal Creek. Although starting this program has been planned out for many years, it came with a great deal of risk given all the unknowns about the process. The building project was very complicated and expensive. Also, the need to hire and train direct care staff members to have them ready to work with the youth placed in Crystal Creek proved to be difficult to time correctly. Finally, when the vision of Crystal Creek began years ago nobody anticipated a global pandemic impacting the world during the opening of this new program, which had an impact on building timelines, hiring staff members, and the intake process to serve children.

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.

The second major category of external risk the agency has been dealing with this past year is the ongoing COVID-19 global pandemic. In terms of a financial risk to the agency, the pandemic has made admitting children into the programs more difficult, as the screening process has become complicated and the waitlists for services at all programs have reduced. It is possible that the reduction of children waiting to receive our services could be related to children not participating in normal activities, such as attending school, playing on sports teams, and going to routine dental and doctor visits, all of which expose children to mandatory reporters who are trained to watch for signs of abuse. Although there is not yet data available to speak to this possibility, it is likely that within the next year statistics will emerge that show a decline in treatment services related to children who were stuck in abusive situations that were not able to be identified. Another possible financial risk from the pandemic could include children needing to be removed from any of the programs due to contracting COVID-19, which would result in a loss of revenue.

Beyond the possible financial risk the pandemic could have on the agency, there has also been a large increase in the overall stress level that all employees have experienced this past year as everyone not only attempts to navigate this global issue on a personal level, but also keeping the children in the programs as safe as possible. As the pandemic unfolded, the scientific advice, legal issues, and overall understanding of how to navigate such a largescale situation seemed to change frequently, leading to an almost constant stream of questions without many clear answers. At this point, the agency seems to have adjusted and has many safeguards in place, yet the constant threat of COVID-19 entering the program looms over everyone.

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 2020/2021 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 2020/2021

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

Goal 1: Services

- A2 (Y) - Integrate Crystal Creek and the Castle on the Jasper Mountain campus.
- A4 (N) - An assessment will be completed regarding the current agency vehicles used to transport children.
- B4 (N) - An assessment will be completed regarding the current agency vehicles used to transport children.
- C1 (I)- Maximize the census at both Jasper Mountain Center and SAFE Center.
- C3 (Y)- Continue to implement data teams to access effectiveness of teaching curriculum.
- D2 (N)- Research and complete requirements to become funded by Behavioral Rehabilitation Services (BRS).
- D3 (N)- Recruit or renew four new Treatment Foster Care (TFC) families.
- D4 (Y)- Identify SAFE Center infrastructure and FTE required to manage SAFE Center TFC children.
- D5 (Y)- Determine the maximum number of TFC children that can be served in the school settings between both campuses.
- E1 (I)- Focus on and confirm that payroll is accurate, timely and reviewed.
- E2 (Y)- Verify that the correct expenses are being applied to the correct programs.
- E3 (Y)- Verify employee payroll dollars are being applied to the correct program.
- F6 (Y)- Research Human Resources software that could be utilized to increase efficiency.
- G2 (I)- Renew commitment to and training in outcome measures for clinical cases.
- G3 (Y)- Develop focus of treatment at Crystal Creek with aim for a step-down feel for children transitioning out of the Castle or SAFE Center.

Goal 2: Facilities

- B2 (I) - Update the playground with commercial grade equipment, including swings and four-square areas.
- B3 (Y)- Assess the condition of the dedicated water feature near the covered structure and update if needed.

- B6 (Y)- The space in the current media room and former Director’s office will be more well-defined.
- F1 (Y)- Crystal Creek Facility expansion.
- F7 (I)- Remodel elements of the Ranch House to increase office space and efficiency.

Goal 3: Staff Support

- A1 (Y) - Assess staff members’ ability to move through the Treatment Team I-IV tier system.
- A3 (Y)- The nutritional philosophy will be integrated into Crystal Creek and the program will have the proper amount of staffing and oversight.
- B1 (N) - Transition to a Clinical Supervisor at the SAFE Center campus.
- B5 (Y) - Increase communication between transition/intake teams within programs.
- C2 (Y) - Maintain full instructional staff at both sites.
- D1 (I)- Revise TFC Parent initial and annual training requirements and hold quarterly training support meetings.
- E4 (Y)- Quarterly forecast updates for Managers and the Board of Directors.
- F2 (Y)- Identify agency staffing needs for Crystal Creek expansion.
- F3 (Y)- Implement 2020 Employee Utilization Review.
- F10 (Y)- Maintain focus on effective supervision of staff toward enhancing support, performance and retention.
- F11 (I)- Focus on diversity, equity and inclusion trainings for agency staff.
- G1 (I)- Research current clinical caseloads at both sites and potentially adjust current workloads or add a position that is focused on assisting with case management.

Goal 4: Outreach

- F4 (N) - Host guests for our Training Institute for international guests.
- F5 (N) - Provide consulting internationally to organizations requesting help.
- F8 (Y)- Increase array of recruitment efforts to include local exposure at job fairs and university settings.
- F9 (Y)- Increase exposure of agency in higher education settings for dual purpose of recruitment and communication of our treatment model and improved services for children with intensive mental health needs.

As can be seen, at the midway point of this year, progress is being made on most goals. Currently, it is reported that 57% of the goals are completed, 20% are in progress and 23% have made no progress.

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. The Management Team discussed that when setting goals and planning for this next

year it would be prudent to be mindful of goals that would fall into the discretionary spending category, as completing Crystal Creek was very expensive. Several of the goals set for this next year are continuations or next steps based on goals that were set for last year.

The data is being presented in the same format as last year, which was a modification of how it has been presented in the past. 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 2021/2022. The information is categorized by the specific program the goal was created for (A=Residential at Crystal Creek and Castle, 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 objective, 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 and Crystal Creek

1. The Support Services clothing and storage room will be modified and updated.			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Residential Director	Completion Goal	12/1/21
Perform. Indicator	The current space will be assessed and a plan to modify and make it more usable will be created.		
Eval. Measure	The clothing and storage areas will be updated to meet current usage needs.		

2. The family handbook given to parents will be updated with current information.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Residential Dir./Exec Director	Completion Goal	10/15/21
Perform. Indicator	The handbook will be adjusted to include current information.		
Eval. Measure	The updated handbook will be ready to distribute to families.		

3. The onsite apartment will be cleaned and updated to make for a more enjoyable stay.			
Long Term Goal	Facilities	Budget Impact	Yes
Responsible Pers.	Residential Dir./Exec Director	Completion Goal	3/15/22
Perform. Indicator	The apartment will be updated, including furniture and the use of space.		
Eval. Measure	The updated apartment will be ready for families to use.		

4. The programs (Castle and Crystal Creek) will be fully utilized.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Residential Dir./Executive Dir.	Completion Goal	11/1/21
Perform. Indicator	The amount of youth that can be safely and successfully served in each program will		

	be established.
Eval. Measure	The programs will average the established census goal.

5. The Jasper campus's ability to function during an extreme weather event will be assessed.			
Long Term Goal	Facilities	Budget Impact	No
Responsible Pers.	Management Team	Completion Goal	11/15/21
Perform. Indicator	The current emergency operating plan for extreme weather will be examined.		
Eval. Measure	A recommendation for updating or changing the system will be formulated.		

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	9/1/21
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 entry way into the kitchen.			
Long Term Goal	Facilities	Budget Impact	Yes
Responsible Pers.	SAFE Director/Executive Dir.	Completion Goal	11/1/21
Perform. Indicator	Research will be done to determine how to best utilize and upgrade that space.		
Eval. Measure	SAFE Center will have a new entryway into the kitchen that better serves the youth.		

3. Assess the current need for maintenance tools and purchase equipment that is needed.			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	SAFE Director/Executive Director	Completion Goal	8/1/21
Perform. Indicator	The current needs will be assessed and a plan to purchase needed equipment will be developed.		
Eval. Measure	Tools and equipment will be purchased.		

4. Implement recommendations from the Internal Review process.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	SAFE Director/Executive Director	Completion Goal	9/1/21
Perform. Indicator	During the Internal Program Review process, goals will be established.		
Eval. Measure	The agreed upon goals from the review will be fully implemented.		

C. Jasper Mountain School

1. Maximize the census at both Jasper Mountain Center and SAFE Center.			
Long Term Goal	Services	Budget Impact	No

Responsible Pers.	SAFE Dir./Resident Dir/Day Tx Liaison	Completion Goal	12/1/21
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. The ongoing pandemic is impacting the ability to serve children from the community, and numbers will need to be adjusted based on this.		
Eval. Measure	The classrooms at both campuses will be full, including providing education for children in Crystal Creek and taking into account the unknown outcome of the pandemic.		

2. Maintain full instructional staff at both sites.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	Business Manager/Executive Dir.	Completion Goal	9/1/21
Perform. Indicator	Instructional positions, including the principal and all teachers will be established.		
Eval. Measure	Teachers and principal will be trained and ready to work.		

3. A system will be in place to measure the performance and expectations of teaching staff.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	Executive Director/Principal	Completion Goal	10/1/21
Perform. Indicator	A system will be developed to provide feedback and goals to the teaching staff.		
Eval. Measure	The principal will provide regular feedback to the teaching staff.		

4. A system will be in place to track and purchase curriculum as needed for the schools.			
Long Term Goal	Services	Budget Impact	Yes
Responsible Pers.	Executive Director/Principal	Completion Goal	10/1/21
Perform. Indicator	A system will be developed to ensure compliance with curriculum standards.		
Eval. Measure	The principal and teachers will be using current curriculum.		

D. Community Based Services

1. Ensure compliance with training requirements for each TFC family.			
Long Term Goal	Staff Support	Budget Impact	No
Responsible Pers.	TFC Coord.	Completion Goal	6/30/22
Perform. Indicator	Trainings will be documented for all TFC families.		
Eval. Measure	15 hours of training annually will be documented in chart.		

2. Grow the pool of community visiting resources for Crystal Creek youth.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	TFC Coordinator/Executive Dir.	Completion Goal	6/30/22

Perform. Indicator	Recruit and train at least six community visit resources.		
Eval. Measure	Youth in Crystal Creek will have the opportunity to spend time in the homes of community visit resource families.		

3. Update research/knowledge on BRS TFC model requirements and how we would meet each requirement.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	TFC Coordinator/Exec. Director	Completion Goal	9/30/21
Perform. Indicator	Have all current BRS TFC requirements in writing.		
Eval. Measure	Create a written plan of how we will meet BRS requirements.		

4. Hire a permanent TFC Coordinator			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	TFC Coord./Business Manager	Completion Goal	1/30/22
Perform. Indicator	A clear job description will be created and posted.		
Eval. Measure	The position will be filled by 1/30/22.		

5. Recruit or renew four new TFC families.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	TFC Coordinator	Completion Goal	6/30/22
Perform. Indicator	Recruitment efforts will be maintained for the program.		
Eval. Measure	At least four families will be actively involved in the program.		

E. Fiscal Office

1. Ensure the daily rate is sufficient to cover rising expenses.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Controller/Exec. Director	Completion Goal	8/1/21
Perform. Indicator	Projections and models will be created to estimate the needed changes to the daily rate.		
Eval. Measure	The daily rate will be adjusted and updated contracts with payors will be in place.		

2. The deck on the outside of the Learning Center will be replaced to ensure safety.			
Long Term Goal	Facilities	Budget Impact	Yes
Responsible Pers.	Controller/Exec. Director	Completion Goal	9/1/21
Perform. Indicator	A plan to replace the current deck will be completed.		
Eval. Measure	A new deck will be built and in place.		

3. Maintain Accounts Receivable levels to not exceed \$1M total monthly; of that total, the goal is to have 85% of the funds in the 30-60-90 day categories.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Controller/Exec. Director	Completion Goal	12/1/21
Perform. Indicator	The Controller will monitor the Accounts Receivable and report to the Management Team on a monthly basis.		
Eval. Measure	The Accounts Receivable will remain below \$1M total.		

F. Administration

1. Be able to offer agency documents in Spanish when needed.			
Long Term Goal	Services	Budget Impact	Yes
Responsible Pers.	Management Team	Completion Goal	10/1/20
Perform. Indicator	Current documents will be reviewed, and it will be determined which of those should be made available in Spanish.		
Eval. Measure	Identified documents will be converted to Spanish and made available for use.		

2. Improve donor relations			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Business Manager/Controller	Completion Goal	9/1/21
Perform. Indicator	Develop a plan to track and monitor donor communication, likely including software.		
Eval. Measure	A system will be in place to track donor relations with agreed upon steps to interact with donors.		

3. Implement the 2021 Employee Utilization Review			
Long Term Goal	Staff Support	Budget Impact	Yes
Responsible Pers.	Management Team	Completion Goal	7/1/21
Perform. Indicator	Positions needed to be filled are discussed and documented.		
Eval. Measure	Staff members are in appropriate positions and roles.		

4. 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	9/1/21
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.		

5. 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	12/01/21

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.

6. Host guests for our Training Institute for international guests. (Dependent on Pandemic)			
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.		

7. Provide consulting internationally to organizations requesting help. (Dependent on Pandemic)			
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.		

8. Ensure that new website is a resource for families, agencies, employees, and professionals to access resources (books, trainings, consultations).			
Long Term Goal	Outreach	Budget Impact	No
Responsible Pers.	Management Team	Completion Goal	Ongoing
Perform. Indicator	Training and resource updates are accessible to public.		
Eval. Measure	Reports on website usage occur quarterly and are reported to quality assurance committee.		

9. Review, develop and update as needed PR & marketing materials to ensure that current Agency sites (SAFE, JMC w/Crystal Creek), and service goals highlight our treatment focus and target populations at each site, useable for communicating with referral sources as well as the public.			
Long Term Goal	Outreach	Budget Impact	Yes
Responsible Pers.	Management Team	Completion Goal	11/1/21
Perform. Indicator	Review of current materials and recommendations for enhancements complete by 8/31/21. Recommendations could include new brochures, website enhancements, other materials. Updated brochures would include costs.		
Eval. Measure	Updated PR materials available for use, distributed to pertinent referral sources by 11/1/21.		

G. Treatment

1. Continue refining the treatment model in Crystal Creek, including incorporation of the "Brain Belts."			
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Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Clinical Director/Residential Dir.	Completion Goal	10/1/21
Perform. Indicator	Gather data and make adjustments to the current treatment model.		
Eval. Measure	The Brain Belts will be in place and fully utilized by the program.		

2. The focus of treatment at SAFE Center will be more well-defined and monitored.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Clinical Supervisor/SAFE Dir.	Completion Goal	9/1/21
Perform. Indicator	Data, such as length of stay, physical interventions, and pre- and post-rating scales will be used to monitor treatment in the program.		
Eval. Measure	The services provided to children will match the intended purpose of SAFE Center.		
3. All of the treatment programs the agency offers will have the ability to serve children at different levels of need along a treatment continuum.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Residential Dir./Clinical Dir.	Completion Goal	9/1/21
Perform. Indicator	A clear understanding of the purpose of each treatment program will be established and issues such as funding, length of stay and level of need for a child will be understood.		
Eval. Measure	Clients will engage with the agency at an appropriate level of need and receive treatment.		

4. Documentation regarding treatment will be unified amongst the programs.			
Long Term Goal	Services	Budget Impact	No
Responsible Pers.	Residential Dir./Clinical Dir./E.D.	Completion Goal	12/1/21
Perform. Indicator	An audit will be conducted to determine what types of clinical documents are currently being used and decisions to edit and unify them will be made, while also ensuring current rules and regulations will be met.		
Eval. Measure	Finalized templates of unified treatment documents will be distributed and in use.		

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

- Total number of goals created - 34
- Total goals related to Services - 15
- Total goals related to Facilities - 5
- Total goals related to Staff Support - 10
- Total goals related to Outreach - 4
- Total goals that will impact budget - 13
 - A1 - The Support Services clothing and storage room will be modified and updated.
 - A3 - The onsite apartment will be cleaned and updated to make for a more enjoyable stay.
 - B1 - Transition to a Clinical Supervisor at the SAFE Center campus.
 - B2 - Update the entry way into the kitchen.

- B3 - Assess the current need for maintenance tools and purchase equipment that is needed.
- C4 - A system will be in place to track and purchase curriculum as needed for the schools.
- D4 - Hire a permanent TFC Coordinator.
- E2 - The deck on the outside of the Learning Center will be replaced to ensure safety.
- F1 - Be able to offer agency documents in Spanish when needed.
- F2 - Improve donor relations.
- F3 - Implement the 2021 Employee Utilization Review.
- F4 - Remodel elements of the ranch house to increase office space and efficiency.
- F9 - Review, develop and update as needed PR & marketing materials.

Step 11: Integrate all data into a proposed budget for 2021/2022

The final step in the Strategic Planning Process is to combine all the elements captured in this document to help guide the agency for the next year. This combination of data will influence the development of a proposed annual budget for the Board of Directors to consider, adjust and approve. The information will be reviewed and discussed by the Board of Directors and the Management Team in March, and then the Board will set the priorities for the budget for the next fiscal year. At that point, the budget process will proceed through 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 proposed goals and presented them to the Board of Directors for consideration. 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.