

2009/2010 Strategic Plan

Jasper Mountain

Introduction

Jasper Mountain was founded in 1982 and this year it celebrates 27 years of service to children and their families. This is the beginning of the second quarter century for the organization and the Board of Directors has refocused the agency on new long-range goals. As in past years, the vehicle we are using to look to the future in an organized way is strategic planning. We have combined all aspects of: agency design, implementation, consumer satisfaction, goals & objectives, systemic quality improvement, program outcomes and employee utilization to develop a strategic plan that drives the short and long-term goals and then the budget for the next fiscal year.

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

The planning process concludes with a product--a strategic plan for the organization. We work to have a balance between the planning process and the planning product. The overall purpose of this continuous year-long effort is to review where we have been, where we are, 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 long-term.

Process

The Strategic Planning Process overlaps several other agency initiatives. Systemic quality improvement efforts result in data that is incorporated into the planning process. A human resources assessment is completed and the data is used in the strategic plan. Other information comes from utilization reviews, program evaluations (both internal and external), and the strategic plan is the basis for budget development. The interplay of all these efforts are 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 fiscal year budget in June.

Step 1: Review of the Mission Statement

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

Action Taken: Several changes have been made to our Mission Statement over the years. The most recent change took place in December of 2007. At that time it was changed to the following: "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." No further adjustments have been made over the last year.

Step 2: Review of External Information Related to Agency Services

For many years now Jasper Mountain has been more than a local resource for children. Over its history it has grown from a focus on central Oregon to the entire State and then to a regional and then national resource for children. Gradually this has expanded to an international

resource for children. The organization provided information, training and consultation to multiple countries around the world. More than ever before national and international events affect children and therefore also affects the work our organization does on their behalf. There are a variety of organizations that track national, regional and local trends and needs. Jasper Mountain is affiliated with national, state and local planning organizations. Information from these resources, as well as other internal and external data, is used to review the relevance of the agency's services.

The agency management team reviews every step of the strategic planning process. Data from external sources is obtained through our affiliations with national organizations (CWLA, COA, AACRC), as well as from our review of reputable national sources. Some of the data reviewed has been considered in previous plans because the data is obtained periodically. Not all information presents the identical picture for a variety of reasons. The following reflects information deemed significant to our agency's mission and its services during this planning process:

National Trends

- The Child Welfare Information Gateway released national statistics on fatal abuse. The report indicates that 1,530 children died of abuse during that last year information is available. Studies indicate that this number may underreport by 50-60% due to calling a death an accident rather than a homicide. 78% of the victims were under the age of 4. The perpetrator was one or both parents 79% of the time, a non-parent care provider 11% and incomplete information 10%.
- The Society for Social Work and Research released information on child abuse that indicated: there is a racial and ethnic component to child abuse with Hispanic children most often re-abused after initial abuse then Black children followed by Caucasian children. More Black parents reported using physical abuse about twice the rate of white parents.
- Economic hardship is on the minds of most people around the world. Financial problems often increase maltreatment of children. Childhelp reported that this past fall the reports of abuse to them rose approximately 10% and the severity of the report abuse was more serious.
- The Administration for Children and Families released trends for children in foster care and how many are adopted. Nationally the number of children in foster care has slightly decreased (783,000) over five years as have the number of adoptions (51,000).

- HealthDay News reported this year that access to private insurance has serious health impacts for abused children. Infants without private health insurance are four times more likely to die if they are the victims of abuse. A similar finding was shown for children of poor families compared to affluent families.
- The U.S. National Library of Medicine reported a number of findings this year: young children who have a head injury were 90% more likely to be diagnosed with ADHD. The environment around a person has been found to have an important beneficial impact on people's health. Couples with a child with ADHD are twice as likely to divorce. Boys with ADHD have a higher risk of smoking cigarettes and substance abuse, but effective treatment with stimulants reduces the odds. Medication use among children across the US is dramatically increasing – diabetes doubled, asthma up 47%, and ADHD up 40%.
- The National Institute of Mental Health reported that the most effective treatment of anxiety disorders is a two pronged approach of cognitive behavioral therapy and antidepressants.
- NIMH also reported on research that found that early treatment of ADHD with medication can make a long-term difference when given at an optimal intensity.
- The US Government's Child Welfare Information Gateway reported that for the most recent year there were 3.3 million referrals for child abuse involving 6 million children, approximately 30% were substantiated.
- The US Department of Health and Human Services released information that scientists are looking into genetics and environmental factors for the causes of autism
- Neuroscientists in Australia have determined that our memories are most impacted by events that have strong emotional content. The finding came from how noradrenaline impacts the amygdale in memory formation.
- The Foundation for Child Development's 2007 Child and Youth Well-Being Index announced that the quality of life for American children that had previously shown improvement has come to a standstill. Physical health measures are worse with obesity and other concerns. The report indicates that since 2002 children's well-being has not improved in the United States.

- The Federal Government released information derived from various studies that the monetary cost of child abuse in America is 258 million per day or 94 billion per year. The report indicated that the actual cost might be even higher.
- Child Trends released the results of a study that said children benefit from positive and ongoing involvement with caring adults outside their family, as well as within their family. It concluded that “deeper, longer, more intensive and expensive programs are necessary for high-risk children and youth.”
- In a retrospective study by David Finkelhor, adults were asked about sexual abuse, 27% of females identified abuse and 16% of males. In another study by William Holmes MD, 76% of serial rapists were themselves molested, 40% of sexual offenders and 33% of delinquents. Suicide rates are up to 14 times higher for molested boys and for young molested boys the substance abuse rate can be 40 times higher.
- The Internet Watch Foundation reported in 2007 that the severity of online child abuse content is increasing, with a four-fold rise in images depicting the most severe abuse.
- The National Advisory Mental Health Council: 1 in 10 children were found to have a mental health impairment of significant concern. Mental health issues will soon be ranked in the top 5 disabilities for children. Mental health problems also rank first as to long-term damage of any childhood illnesses. The report also concluded that the environment children live in shapes their brain functioning.
- The United States Department of Justice reported more information on the link between child abuse and other forms of domestic violence: 50% of wife beaters also beat their children, 50% of abused females have children under 12, and between 3 to 10 million children each year witness spousal domestic violence.
- The US Office of Juvenile Justice and Delinquency Prevention with research by David Finkelhor reported that children are victimized 2 to 3 times more often than adults in America.

State Trends

- Healthy Start of Oregon’s most recent annual report indicated that: there were 12,043 reported victims of child abuse in the most recent reporting year reflecting a 7% increase in child victims, 49% of the children were under age 6, 17 children died from abuse and 15 of these were under age 5, the report goes on to provide data that

interventions with at risk families reduces abuse by 250% and current trends are concerning with the economic crisis and presence of drug use in Oregon.

- State of Oregon Department of Human Services issued a report saying that DHS received 63,500 reports of abuse and confirmed 10,716 were substantiated. Reported abuse has gone up every year for the last ten years in Oregon. In 75% of confirmed cases the children were abused by one of their own parents. Threat of harm was the largest type of abuse followed by neglect. 15,000 children were in foster care during the most recent reporting year. On any particular day just under 10,000 children are in foster care, which is trending downward. By ethnicity, the highest risk of abuse is for a Native American child then Black, White and Latino. Asian children have a very low risk. Oregon places more children in foster care than other states and other countries such as Australia and New Zealand.
- Child Welfare League of America reported that there are 850,000 children under 18 in Oregon and the State poverty rate is 12% but the poverty rate of children under age 5 is 22%. Most of the rest of the recent CWLA used very dated information from 2004.
- CARES Northwest in Portland evaluates over 4,000 abused children per year. In the most recent published statistics the majority of the abused children they see are young females under the age of 12 and are seen regarding sexual abuse 2/3 of the time.
- An Oregon Coalition to End Sexual Abuse reported that 90% of child victims were abused by a parent or someone close to them, and only 15% of children report the abuse.

Local Trends

Input from various sources has identified the following issues in Lane County:

- Child abuse statistics went up in Lane County but not by much with 799 confirmed abuse cases. There were 11.2 substantiated child abuse victims in every 1,000 children, which is below the state average of 12.2.
- Most founded abuse in Lane County was threat of harm and neglect. These two categories were by far the majority of abuse cases.
- There continues to be concern about uninsured children in Lane County (9% in 2004 to 14% in 2006).
- Teen pregnancies are higher (17.8 per 1,000 to 20.5).

- Children living in poverty was about the same at 18%
- Families continue to have difficulties meeting basic needs particularly for: medical care, medical insurance, utility bills, legal help, housing repairs and clothing.
- There were 11.5 substantiated child abuse victims in every 1,000 children, down from 13.5 last year and just below the State average of 12.0.
- Lane County Health and Human Services: Three top priorities for mental health needs were developed this year - 1. Non-hospital based crisis services and crisis respite for adults and children, 2. Peer support and consumer empowerment and 3. Case management/community based services. Our agency is addressing two of the three for children.
- The most recent Commission on Children and Families goals: 1. Strong nurturing families, 2. Healthy thriving children, 3. Healthy thriving youth, and 4. Caring communities. The Commission reported that there has been a 12.3% increase in children in foster care over the last five years.
- Child abuse and youth violence continue to be major community priorities.

Demographics of Oregon and Agency Consumers-- Although there have been some changes in demographics the last few years, the overall themes remain generally the same from the last few years. When the population of the primary service area of the Agency (State of Oregon) is compared to the consumers of Agency services there are both similarities and some differences:

a. income - the income level for the State of Oregon is somewhat lower than the national average. The income level of consumers is understandably lower than the State average;

b. gender - gender is evenly balanced with the State and males and females are somewhat evenly balanced with slightly more males than females, which means that we serve more young females than similar programs;

c. age - Oregon's mean age has been getting older for two decades, but the Agency intentionally has a focus on our youngest citizens;

d. Oregon is one of the least diverse minority population states in the U.S. (Caucasian 81%, Latino 10%, Asian 4%, African American 2%, and American Indian 1.4%). However the diversity is rapidly changing with a 52% increase in minority populations over a recent ten year period. Minority student enrollment in Oregon schools went up 155% with Caucasian enrollment down 12% during the same ten year period. The overall growth rate in Oregon is 15% for non-Latino and 144% for Latino populations. Birth rates per 1,000 are 24 Latino, 18 African American, 16 Asian, 12 Caucasian. Jasper Mountain serves a higher minority population, which could be expected. Although 86% of Oregon residents are Caucasian, in 2005 75% of our intensive treatment program's consumers are Caucasian with 15% African American, 10% Latino (15% of the

Caucasian children are Eastern European by birth). For all agency programs, we have a higher percentage of Caucasian children (85%). In Oregon the fastest growing minority group is also the highest minority population—Latinos (8%); e. Oregon has fewer residents with a religious affiliation than any State in the U.S. Most of the affiliated residents identify with being Christian, and Catholic is the largest Christian denomination. Among Agency consumers the majority of the consumers identify with being Christian or no affiliation; and f. more than 95% of Oregonians speak English, as do Agency consumers.

Action/Position Statement: We track national, state and local trends to ensure that we are both aware of trends and to consider if the agency needs to make any adjustments to the program based on emerging issues. When comparing our agency with needs on the national, state, and local level, Jasper Mountain has one or more efforts to address many issues that have been raised. We continue to provide a wide range of service options for children in a wide range of need. Community based services are difficult to provide, costly to deliver but appreciated by many families, therefore we continue to provide these services. Crisis services are also difficult but meet an important need in the County. In the opinion of the agency managers, the agency compares very favorably when the national, state and local trends and needs are reviewed. After the agency put an emphasis on community based services the last three years, we see a growing need for the more intensive services we have always provided. For families of high needs children, intensive in-home can produce a dependency on outside help. We therefore expect to continue community based services but not continue a priority in this area. We hope to treat these children, provide the families with the skills they need and support them in reunification. The system has adjusted so radically that the emerging need at this time is what the system did well in the past—intensive residential services. The resources for intensive psychiatric residential services have decreased significantly over the last few years. We continue to focus on a very difficult and important segment of the child welfare system and based on the data we have obtained, our agency responds as well as, if not better than, other community resources to meet the needs of abused children.

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

In 2008 the Board developed new long-range (three year) goals for the organization. The following are the new long-range goals of the organization.

Goal 1 Communicate Hope: Communicate hope by maintaining and communicating our beliefs, our approaches and our successes in supporting a positive future for traumatized children and their families.

Goal 2 Organizational Excellence: To promote excellence in all aspects of the agency— services, work environments, client outcomes, use of evidence-based practices and agency reputation.

Goal 3 Comprehensive Continuum of Care: Provide comprehensive care by sustaining and enhancing a continuum of care to meet the needs of children, families and the community.

Goal 4 Quality Work Place: Be the employer of choice through attracting, training and retaining quality employees and enhancing their physical, social and professional development.

Action: The Board went through a planning process in 2008 and developed new long-range goals. These goals will serve as the organization’s road map through 2011.

At the end of every plan, data is compiled to see how much progress we made on each of our goals and objectives. The overall grade for the last completed fiscal year 2007/2008 strategic plan was an “A” with 93% of the objectives met. A mid-year review of the 2008/2009 objectives was recently completed and is outlined in Step 8 below.

Step 4--Program and Committee Action Plans

Action plans have been developed by program for the next fiscal year. These action plans include: Administration/Organization, Intensive Residential, SAFE Center, Community Based Services, Jasper School, and Fiscal Office. The new action plans are for the 2009/2010 fiscal year (See Step 8).

Action: Program action plans have been developed for the 2009/2010 fiscal year.

Step 5--Review Internal Data

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

- Consumer Input

- Child Input
- Staff Input
- Contractor Input

Results:

Consumers: Formal consumer feedback was received from 91 people. As with all previous years the feedback is overwhelmingly positive. This year's responses were the most positive to date with nearly all consumers indicating they were pleased with all or most of the help that our agency offered. Here is a break down of questions:

I received prompt attention from agency staff. Yes 95% Neutral 4% No 1%

I feel respected by agency personnel at all levels. Yes 92% Neutral 7% No 1%

Staff help me understand treatment choices and include me in planning and the treatment process. Yes 94% Neutral 4% No 2%

The service I have received have helped improve our situation. Yes 92% Mixed 6% No 2%

I experienced smooth communication and coordination with the agency. Yes 96% Neutral 2% No 2%

I feel the information I have shared is handled confidentially. Yes 97% Neutral 3% No 0%

With all the consumers who provided feedback only one communicated consistent displeasure with Jasper Mountain and all attempts by our agency to constructively work with this parent failed. In all 84 consumers wrote comments. Of all the comments 84% were entirely positive, 11% were positive along with a suggestion, and 5% were negative comments. Most of the comments were expressing appreciation. One consumer summed it up for many others with this comment: "It is no exaggeration to say that Jasper Mountain has rescued our family. We were in a situation with two of our children where we did not know what to do and how to help them. Jasper Mountain has taken them in and worked hard to help them heal and hopefully reunite with our family. We have also learned from Jasper Mountain staff many tools and ways of helping that have given us better methods to parent our traumatized children still in our home."

Staff: For the last fourteen years agency staff have been asked to provide detailed information concerning their view of their job and the organization as a whole. In 2008 the results indicated that the staff reflected the highest job satisfaction of any time since data has been collected. The staff participation was exceptionally high with over 90% participation. This is by far the largest participation rate and helps answer the question of whether non-responders in the past were primarily satisfied or dissatisfied with their job. With nearly all staff responding and the highest satisfactions rates to date it appears that lower response rates are not reflective of dissatisfaction. Here are a few of the staff reflects of their work and the organization: 85% of staff indicated that their job is better than previous jobs they have held. 99% staff indicated that they understand the agency philosophy and see it represented in daily operations 94% of the time. Both of these reflections are the highest ratings ever. Ratings for team work (8.2 out of a possible 10) and communication (7.8) were among the highest scores in 14 years. Openness to new ideas was also the highest rating ever (8.4). When asked if the organization fit into the employee's long term plans 88% said yes. On a less positive note, lower rating than in the past were given to satisfaction with wages. The majority of the responses were that agency salaries are lower than the market comparison and the majority indicated that their wages did not reflect that they were valued by the organization. As with all results, these reflections indicate perceptions by staff. Their perception that agency wages are lower than market comparisons was not consistent with a recent market analysis (showing agency salaries higher overall than the market) but perceptions are important. A different picture was provided concerning benefits, with staff reflecting appreciation for the benefit package they receive as employees. More than any previous year staff provided comments and suggestions as well. The management team will be reviewing the ideas. Positive comments far outnumbered negative comments. The top suggestions from staff were: 1. Raise wages, 2. Improve communication, and 3. Enhance staff appreciation. All three were mentioned in previous years.

Children

This year we asked how the children felt about the residential program. The following is what children said:

What They Like:

One-on-one staff 6
 Trampoline 5
 Finding rocks at Jasper 3
 Activities 3
 Basketball 2

Staff
 Great room
 Jujitsu
 Home visits
 Therapist

Kid's zone 2
Staff 2
Movies
Friends
Video games
Candy
New shoes
People who help me
Family meeting
Gemstones
Presents

Ice cream
Peers
Reading
Off site trips
Hikes
Birthday parties
Skateboard
Eating three times a day
Camping
Jump the river game

What They Don't Like:

Not being home 3
Not seeing family every day 3
Too much noise 2
Going to a practice family
Having to go to bed
Peers getting angry
Structure
Window blinds being open
Family therapy
Group therapy
Not enough hugs
Having to ask to do things
Going to family meeting
Hitting my head on the bunk
Kids getting you in trouble
When I can't sleep
Restrictions on music
Doing chores

Being on safety concern
Being in a hold
Point system
Children acting out
Eating fake meat
Eating salad
Being on a behavior plan
Window blinds being closed
Having to call my parents each week
Having rules
Taking a shower
Too few gemstones
Noise from the heat pump
Alarms going off
Smoke detector going off
Having a bookshelf in my room
When we are silent

Comments on Child Feedback: Over time there is a pattern in the feedback from the children. They tend to like food and activities and dislike rules and discipline, much like many children. This year the comments were similar to most other years.

Contractor and other Referral Sources: Feedback from contractors this last year could be broken down to contractors who wanted treatment for children, very positive feedback, and contractors who paid for services, with mixed reviews. The feedback from paying sources reflected a desire to have shorter treatment to save on costs. However, referral sources who were focused on the treatment needs of children made comments similar to the following:

- “Jasper allowed for hope which the child desperately needed. Jasper stands out in helping. The service comes from putting people first. Jasper puts kids ahead of budgets and personal egos.”
- “I’ve worked with community programs before and the experience wasn’t even close to the amazing program at Jasper Mountain. Not once did I feel at the mercy of the staff but I felt respected and valued. My child received the best therapy ever since entering foster care three years ago. Your program helped my child get grounded and it reinforced the goodness I know she had. Thank you so much for your dedication, professionalism and honor.”
- “All the children we have sent to you guys have had excellent treatment. We are very impressed with your therapists.”

We anticipate this theme to continue, where parents and referral sources that ask for and receive intensive treatment will be more pleased than the organizations responsible for payment. Some provider program has changed what they do to align with the cost saving priority. However, Jasper Mountain has a variety of services that include short-term stabilization to some of the most intensive psychiatric treatment in the nation. Our staff will continue to evaluate and make recommendations for the treatment the child needs and not sacrifice the child’s needs to a system that wants shorter stays, reduced costs and less focus on intensive treatment. This tension will likely continue in the years ahead.

Step 6--Combining Consumer Input with Action Plans

Action: 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 are being effective at meeting both our mission and short and long-term goals. The Team continues to deemphasize Village services for several reasons although the agency will continue to provide intensive community based services. Treatment Foster Care is running at capacity and will continue to be an emphasis for the near future as well as our residentially based services, which data continues to show as our most effective programs related to improvement in children.

Step 7--Human Resources Assessment

A Human Resources Assessment was conducted in January 2009. During this assessment the Management Team reviewed first the positions in the agency to consider if we have the optimum staff positions to continue the priorities of the agency. The second step was to consider each of the personnel in the positions to see if we have the right staff in the right roles.

Action: The detailed plan developed in 2008 was reviewed and found to be successful. We determined that only minor adjustments were needed this year. We believe the agency has the personnel it needs and who are in the right roles to meet our objectives for the next year.

Step 8--Agency action plan with goals and objectives

Since planning must occur simultaneously with the implementation of the present year's objectives, both the present and next fiscal year must be considered. The results to-date of the current fiscal year strategic plan for agency programs are included here as a mid-year evaluation of program objectives for 2008/2009. At the mid-way point of this year, the progress is exceptional toward reaching this year's objectives. At the end of the second quarter, 51% of the objectives had been accomplished, 13% had not yet been completed and 36% were partially completed. This is a good rate of progress on the objectives for the current year. The following is the mid-year progress by objective.

Progress on 2008/2009 Short Term Goals

Y - Yes accomplished N - Not accomplished I - In process

Promoting Excellence

- N A.1. Review the new COA standards and make necessary changes to the program.
- Y A.2. Revise point system to integrate Gem Stone Values as well as treatment issues.
- I A.3. Review program's routines and practices to enhance quality.
- I A.4. Refurbish the Castle including surfaces, paint, and carpeting.
- I A.5. Integrate a conservation program in the residence that involves the children and staff.
- Y B.1. Transition a new program director and associated changes.
- Y B.2. Maintain the conservation efforts related to energy, resources and recycling and involved children in "rainbow charts."

- I B.3. Refurbish or replace the dining room tables and purchase 6 dining room chairs.
- Y B.4. Do a review of space utilization for therapists.
- Y B5. Review and revise documentation for efficiency.
- Y B.6. Develop and implement a training program for new interns/therapists.
- Y C.1. Have teachers shadow and learn from each other.
- N C.3 Develop an ecology team of students to develop, track, and monitor environmental resources and usage.
- I C.4. Conduct standardized testing regarding educational performance to report at clinical meetings.
- Y C.5. Enhance instructional time for maximum benefit to the students.
- I C.6. Use greenhouse to propagate trees and plants for the property including the new East Parcel.
- I C.7 At SAFE develop a “Healthy People/Healthy Planet” curriculum including conservation and ecology.
- I D.1 Develop and implement a Village staff training curriculum.
- Y D.2. Recruit and train a new Village Coordinator.
- Y D.3. Rebuild the Crisis Response Team.
- Y D.4. Review new COA standards for compliance.
- Y D.5. Develop a complete file format and do completeness checks to insure compliance.
- Y E.1 Full implementation of new accounting software including general ledger report, accounts receivable, accounts payable and payroll/benefits with direct deposit, and chart of accounts.
- Y E.4. Replace the copy machine at SAFE
- N E.5. Re-organize fiscal office physical layout and duties.
- N E.6. Implement a conservation plan for office products and machinery.
- I F.2. Develop and implement an agency-wide supervision model and protocol.
- N F.3. Develop and implement an agency-wide ecology program of conservation and recycling with objectives in each program.
- I F.6. Enlarge the Jasper Play Structure
- I F.7. Develop a new initiative with CAN
- Y F.8. Review the agency’s crisis prevention system for adequacy.

Communicating Hope

- Y C.2. Have academic performance information every quarter at the clinical review meeting including the child’s teacher.
- I F.4. Utilize the agency website for position papers on topic areas.
- I B.7. Integrate philosophy and practices of residential programs and jointly manage

all residential beds.

- Y F.9. Provide trainings in multiple settings on effective interventions and how to prepare children for a life of success in reaching their goals.

Financial Stability

- Y E.2. Put audit out to bid and complete audit by 10/31/08.
- I E.3. Develop a planned giving program including a brochure.
- Y F.1. Operate on a constructive engagement basis with State and County contractors as well as the full system of care.
- Y F.5. Enhance working relations with the States of California and Alaska.

Agency Action Plan with Program Objectives for 2009/2010

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

A. Intensive Residential -- Jasper Mountain

- 1. Review the new COA standards and make necessary changes to the program.
 - CD: 3/10
 - RP: Residential Director
 - PI: Program adjustments are made
 - EM: COA standards are met in the internal review

- 2. Update and complete the Jasper Mountain Residential Protocol and Practices Manual.
 - CD: 1/10
 - RP: Director of Operations
 - PI: Manual is reviewed by Managers
 - EM: Manual is available for staff

- 3. Refurbish the Castle including surfaces, paint, and carpeting.
 - CD: 6/10
 - RP: Director of Operations, Ass. Residential Director
 - PI: Identify tasks
 - EM: Refurbishment complete.

- 4. Replace mattresses in all bedrooms.

CD: 6/10
RP: Director of Operations
PI: Vendor is identified
EM: Mattresses are in use

5. Improve the Therapeutic Recreation Program

CD: 1/10
RP: Assistant Director
PI: Monthly activity calendar and children tested with the Presidential Fitness Program within 72 hours of intake and at discharge.
EM: Monthly Calendar being used and current on fitness testing.

6. Revamp the supervision model to be more effective and to incorporate their training plans.

CD: 1/10
RP: Residential Director, Ass. Residential Director
PI: Changes are identified
EM: New supervision model in place.

7. Continue to focus on improving our referral base throughout the United States.

CD: Ongoing
RP: Residential Director, Executive Director
PI: Multiple strategies are in place
EM: New referrals from new sources are received.

B. The SAFE Center

1. Maintain the conservation efforts related to energy, resources and recycling and involve children in “rainbow charts.”

CD: Ongoing
RP: SAFE Director and Assistant to the Director
PI: To train children in awareness of conservation and recycling and global climate health
EM: Rainbow charts filled out and used, curriculum in school taught on global climate health

2. Refurbish the top of the dining room tables and purchase 6 dining room chairs.

CD: July 2009
RP: SAFE Director
PI: To improve appearance of dining room table and chairs
EM: Replace or refurbish tables and replace 6 chairs

3. Review and revise treatment documentation for compliance and efficiency.

CD: Ongoing
RP: SAFE Director
PI: To insure that all paperwork meets both BRS and AMH requirements
EM: Paperwork will meet both BRS and AMH requirements

4. Implement and revise a training program for new interns/therapists.

CD: Implementation ongoing, review August 2009
RP: SAFE Director
PI: Therapy interns and new therapists hired will have training provided which addresses all job requirements and philosophy of the agency
EM: Written training materials and a training curriculum as well as identified trainer

5. Integrate philosophy and practices of residential programs within the agency and jointly manage all residential beds.

CD: Ongoing
RP: SAFE Director
PI: To insure uniform philosophy and practice in both residential programs
EM: Program rules and practices will be the same in both residential programs unless management team approves differences appropriate for that program.

6. Assess Classroom space at SAFE in effectiveness of utilizing the environment to learning.

CD: August 09
RP: SAFE Director
PI: Progress indicators for day treatment students, staff/teacher's reports of effectiveness
EM: Teachers report good working environment

7. Environment improvements to land and space surrounding SAFE Center

CD: September 09
RP: SAFE Director
PI: BPA and agency personnel meet to plan utilization of space cleared under power

lines

EM: Landscape to allow for park setting with outdoor seating during good weather

C. Jasper School

1. Have teachers shadow and learn from each other.

CD: 12/10

RP: Residential Director

PI: Multiple methods are identified

EM: All teachers have shadowed all math and reading learning centers.

2. Have academic performance information every quarter at the clinical review meeting including the child's teacher.

CD: Ongoing.

RP: Residential Director

PI: Data is obtained

EM: Teachers attend clinical meetings of their students in the months of October, January, April, August, and other times requested.

3. Conduct quarterly standardized testing regarding educational performance to report at clinical meetings and on report cards.

CD: Ongoing.

RP: Residential Director

PI: Performance testing completed quarterly.

EM: Data is provided in meetings

4. Use greenhouse to propagate trees and plants for the property including the new East Parcel.

CD: 12/10

RP: Residential Director

PI: Trees and plants for the property are propagated.

EM: Children assist in planting trees

5. Conduct a feasibility study for expansion of the Day Treatment Program.

CD: 11/09

RP: Residential Director

- PI: Feasibility is determined
- EM: A plan is communicated to the Board

D. Community Based Services Program (Village, Therapeutic Foster Care, Crisis Response)

1. Monitor and evaluate Village training program.

- CD: Quarterly; Ongoing
- RP: DO, VC
- PI: New training calendar developed; trainings completed
- EM: Participant evaluations

2. Recruit and train at least one new mentor each quarter.

- CD: 9/30 & 12/31/09; 3/31 & 6/30/10
- RP: DO, VC
- PI: Individual identified and trained
- EM: Mentors are utilized in the program

3. Review new COA standards within internal timelines and meet the new standards.

- CD: 6/30/10
- RP: DO, VC, TFCC
- PI: Documentation complete
- EM: Agency recertified

4. Review ways to integrate Village and Treatment Foster services.

- CD: 6/30/10
- RP: DO, VC
- PI: Monthly census sheets
- EM: Compilation of yearly statistics

5. Maintain all state and county regulations for ICTS funding.

- CD: 6/30/10
- RP: DO, VC, TFCC
- PI: Quarterly file completeness checks
- EM: Year-end report

6. Develop strategies to manage the expanded Treatment Foster Program.

- CD: 9/09
- RP: TFC Coordinator and Director of Operations

PI: Adjustments to the program are identified
EM: Program expansion is effectively managed

E. Fiscal Office

1. Develop a planned giving program including a brochure.
CD: 3/31/10
RP: CFO
PI: Brochure printed, distributed.
EM: Increased interest in estate giving.

2. Implement a conservation plan for office products and machinery.
CD: 12/31/09
RP: CFO
PI: Plan is approved by Management Team
EM: 25% reduction in products used. 15% increase in recycling.

3. Replace color printer and fax at Admin.
CD: 12/31/09
RP: CFO
PI: Machinery in place
EM: Increased efficiency, productivity, and recycle capability.

4. Update fiscal manuals and procedures for COA renewal.
CD: 06/30/10
RP: CFO
PI: Manuals ready for distribution.
EM: COA passes with flying colors.

5. Develop contingency plans for downsizing if necessary.
CD: 12/31/09
RP: Executive Director and CFO
PI: plan approved by Board of Directors.
EM: Plan reevaluated and updated each year.

6. Manage billing and accounts receivable to stay within a 90 day window.
CD: Ongoing
RP: Chief Financial Officer

PI: Ongoing efforts to bill and track receivables
EM: Most billings are within the 90 window

F. Administration/Organization

1. Develop an outline of facility needs for the next two decades.
CD: 10/15/09
RP: Executive Director and Managers
PI: A written plan submitted to the Board
EM: A Board approved plan

2. Enhance our connection with private referral sources over the next year.
CD: July 2010
RP: Residential Director and Executive Director
PI: Affiliations are established
EM: An increase in private referrals

3. Develop and implement an agency-wide ecology program of conservation and recycling with objectives in each program.
CD: Ongoing
RP: Executive Director and Director of Operations
PI: Plan for each program
EM: Report to the Board in February 2010

4. Continue to utilize the agency website for position papers on topic areas.
CD: Ongoing
RP: Executive Director and QA Coordinator
PI: New section on webpage of articles
EM: Receive responses for readers to ideas presented

5. Continue to enhance working relations with the States of California and other states.
CD: Ongoing
RP: Executive Director, Residential Director and CFO
PI: Certification from California and correspondence with Alaska
EM: Serving children from both states

6. Enlarge the Jasper Play Structure
CD: Obtain permit by 7/09

RP: Executive Director and Special Projects Coordinator
PI: Funding obtained
EM: Construction ready to begin by next fiscal year

7. Develop a new initiative with CAN

CD: 1/1/10
RP: Executive Director
PI: Project identified
EM: Closer working relationships

8. Continue to provide trainings in multiple settings on effective interventions and how to prepare children for a life of success in reaching their goals.

CD: Ongoing
RP: Executive Director
PI: Trainings scheduled within and outside the US
EM: A message of hope is delivered throughout the year

9. Enhance contact between the Board of Directors and the children and staff.

CD: Ongoing
RP: Board President and Executive Director
PI: Several annual opportunities are provided for contact
EM: Better interaction with the Board and children and staff

10. Develop strategies to continue to be the “employer of choice.”

CD: July 2009
RP: Executive Director
PI: Plan is submitted to the Board
EM: Better response on wage issues in the staff questionnaire

Step 9--Integrate all data into a proposed budget for the 2009/2010

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

Jasper Mountain Budget Action Steps For FY 2009/2010

Communicate Hope

- A.7 Continue to focus on improving our referral base throughout the United States.
- B.8 Maintain contact with MHO's to enhance referral sources within Oregon.
- F.2 Enhance our connection with private referral sources over the next year.
- F.4 Continue to utilize the agency website for position papers on topic areas.
- F.5 Continue to enhance working relations with the States of California and other states.
- F.8 Continue to provide trainings in multiple settings on effective interventions and how to prepare children for a life of success in reaching their goals.
- F.9 Enhance contact between the Board of Directors and the children and staff.

Organizational Excellence

- A.1 Review the new COA standards and make necessary changes to the program.
- A.2 Update and complete the Jasper Mountain Residential Protocol and Practices Manual.
- A.6 Revamp the supervision model to be more effective and to incorporate their training plans.

- B.3 Review and revise treatment documentation for compliance and efficiency.
- C.1 Have teachers shadow and learn from each other.
- C.2 Have academic performance information every quarter at the clinical review meeting including the child's teacher.
- C.3 Conduct quarterly standardized testing regarding educational performance to report at clinical meetings and on report cards.
- D.2 Recruit and train at least one new mentor each quarter.
- D.3 Review new COA standards within internal timelines and meet the new standards.
- D.5 Maintain all state and county regulations for ICTS funding.
- E.1 Develop a planned giving program including a brochure.
- E.4 Update fiscal manuals and procedures for COA renewal.
- E.5 Develop contingency plans for downsizing if necessary.
- E.6 Manage billing and accounts receivable to stay within a 90 day window.
- F.7 Develop a new initiative with CAN

Comprehensive Continuum of Care

- A.5 Improve the Therapeutic Recreation Program
- B.5 Integrate philosophy and practices of residential programs within the agency and jointly manage all residential beds.
- C.5 Conduct a feasibility study for expansion of the Day Treatment Program.
- D.4 Review ways to integrate Village and Treatment Foster services.
- D.6 Develop strategies to manage the expanded Treatment Foster Program.

Quality Work Place

- A.3 Refurbish the Castle including surfaces, paint, and carpeting.
- A.4 Replace mattresses in all bedrooms.
- B.1 Maintain the conservation efforts related to energy, resources and recycling and involved children in "rainbow charts."
- B.2 Refurbish the top of the dining room tables and purchase 6 dining room chairs.
- B.4 Implement and revise a training program for new interns/therapists.
- B.6 Assess Classroom space at SAFE in effectiveness of utilizing the environment to learning.
- B.7 Environment improvements to land and space surrounding SAFE Center
- C.4 Use greenhouse to propagate trees and plants for the property including the new East Parcel.
- D.1 Monitor and evaluate Village training program.

- E.2 Implement a conservation plan for office products and machinery.
- E.3 Replace color printer and fax at Admin.
- F.1 Develop an outline of facility needs for the next two decades.
- F.3 Develop and implement an agency-wide ecology program of conservation and recycling with objectives in each program.
- F.6 Enlarge the Jasper Play Structure
- F.10 Develop strategies to continue to be the “employer of choice.”