

# **2010/2011 Strategic Plan**

## **Jasper Mountain**

### **Introduction**

Jasper Mountain was founded in 1982 and this year it celebrates 28 years of service to children and their families. The organization is in its second quarter century and the Board of Directors has refocused the agency with new leadership and a new priority on our 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 we are 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 and the mission will be reviewed again this next 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. It then expanded its focus to a regional and national resource for children and most recently an international resource. The organization provided information, training and consultation to multiple countries around the world this year. Funding issues, such as managed care and the recent recession, have impacting the local, regional and national climate for mental health services. 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 US Office of Juvenile Justice and Delinquency Prevention in partnership with the Center of Disease Control funded a study by Finkelhor, et. al. on the exposure of violence in the United States. The results showed that violence is a prevalent issue for children with 60% reporting being exposed to personal violence within the last year. 50% were assaulted within the last year, 25% were the victims of robbery, vandalism or theft. 39% experienced more than one violent act. Children are more likely than adults to be exposed to violence. The study pointed out that exposure to violence causes lasting physical, mental, and emotional harm in areas such as attachment, regressive behavior, anxiety, depression, aggression and conduct problems. It concluded by saying the early identification and intervention are valuable strategies to prevent or decrease the impact of exposure to violence.
- The Child Welfare Information Gateway released national statistics on fatal abuse. The report indicates that 1,706 children died of abuse during the last year that information is available, an increase from the previous year. This is 2.35 children out of every 100,000. The most vulnerable children are under 3 accounting for 76% of the total. The profile of a perpetrator was a parent below 30 with little education and living at the poverty level and has abuse in his or her history. Studies indicate that this number may underreported 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%.
- American Bar Association released a report indicating child abuse was down nationally, with neglect the most frequent abuse, and this was down as well. Most reports of abuse are for children under 3 years.
- A psychologist and abuse expert, Jim Hopper, indicates that all types of abuse are underreported and there are significant definitional and sampling issues with most child abuse reporting. However, he indicates the best source is the Child Welfare Information Gateway, the first bullet in this report.
- The Lancet published an article by Widom and Gilbert indicating that abuse is much more common than statistics indicate and are grossly underreported in high income countries.
- In animal research by Maestriepieri, monkeys who were abused as infants were more likely to mistreat their own offspring.

- Research from the University of North Carolina reported that after a child is reported as a victim of abuse re-abuse is common. Of all children in the study 29% had a new abuse report within 3 years. There were racial differences with Latino children at 38%, Black 29% and white children 25%.
- Harvard University Center on the Developing Child reported the importance of safe enriched environments for children as young as possible. Principles of neuroscience indicate that helping children early is far better than later in life. Without positive conditions the prospects for life can be limiting.
- U.S. Department of Health and Human Services released its latest statistics (2007) with 794,000 children victims of abuse, or 10.6 per 1,000, with over 3.5 million abuse reports. 23% of investigations were founded. The highest rates of abuse were among African-American, Indian and native Alaskan children with the lowest rates among Asian children. 75% of the abuse was at the hands of the mother, father or both. 1,760 fatalities from abuse were confirmed with many more being suspected. Most of the child fatalities were very young 76% under age 3. 70% of perpetrators were one or both parents. Of all abuse 80% of perpetrators were the child's parents. Because of neglect most abusers were women (57%). The race of perpetrators was consistent with the victims. 61% of the abuse was neglect, 10% physical abuse and 7% sexual abuse the rest were combinations. 269,000 children were removed from their homes due to abuse concerns.
- The Children's Safety Network reported that the leading cause of death at all ages of children is unintentional injury, and homicides and that children with special needs are 3 times more likely to be victims of abuse than other populations.
- A study by Prevent Child Abuse America reported that the cost of child abuse on an annual basis was \$104 billion.
- Donna Shalala reported that child abuse nearly doubled between 1986 and 1993 with serious cases 400% higher while investigations declined by 36%. Slate on line questions the accuracy of these statements.
- Duke University released a report indicating that child wellbeing peaked in 2002 then went down, and increased somewhat in 2005 through 2007, and then began to decline since based on 7 factors.
- Childstats.gov reported that there are 74 million children in the US and the racial breakdown is white 56%, Hispanic 22%, Black 15%, Asian 4% and all others 3%. Children living with two married parents accounted for 67%. Children living in poverty 18%, 89% had health insurance, and 77% had dental care in the last year.
- The National Scientific Council on the Developing Child issued a study that found that children with more risk factors had increased physiological vulnerability unless they had a responsive mother.

- Every Child Matters released information that the rate of death due to child abuse was 3 times higher in the US than Canada and 11 times higher than Italy.
- The National Child Traumatic Stress Network released information concerning the impacts on children of traumatic stress throughout childhood. The article outlines many issues that trauma produces but indicates that trauma can have some positive outcomes if children get the help they need at a young age.
- NIMH reported that autism in children is increasing and affects 1 in every 90 children.
- A national conference of Law Enforcement Leaders reported that “it is a lot easier to teach a boy than to mend a man.” The suggested focus is on prevention and early intervention.
- The National Scientific Council on the Developing Child issued a report indicating that excessive stress disrupts the architecture of the developing brain and the learned ability to cope as a child has physical and mental health consequences throughout life.
- 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.
- 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.
- 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.
- 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.”
- 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.

### *State Trends*

- Reuters reported that Oregon obtained a grade of a “B” for protecting the legal rights of abused children. This ranking put Oregon in the middle of the states on this issue.
- Healthy Start of Oregon reported that the nearly 10,000 children in the program were less likely to be maltreated than the rest of the child population.
- Health care is everywhere in the news. In a recent Child Welfare report card Oregon received a grade of “D” due to 100,000 children without health insurance and 140,000 children living below the poverty level.
- Children’s First of Oregon – In a recent Report Card Oregon did not receive a passing grade. Child Welfare D+, Early Care and Education D-, Family Financial Stability C-, Health F, and Youth Development and Education C-. The Report indicated that over 6,000 children were abused, but this was a decrease for the previous year. Recurrence of maltreatment got worse this year and 16% of children in foster care do not have stable placements, also a decline from the previous year. Children’s First has initiated performance goals for the year 2020 to have Oregon obtain an “A” for the welfare of children.

- State of Oregon Department of Human Services issued their most recent report in 2008 saying that DHS received 65,400 reports of abuse and confirmed 10,421 children were victims of substantiated abuse for a very slight decrease. Nearly half of the children were under the age of six. Abuse resulted in death for 14 children. There was a reduction in the number of children in foster care over last year but the report mentions that there was a reduction in the number of foster homes. This does not fully address Oregon's placement of more children in foster care than any other state. Reported abuse has gone up every year for the last ten years in Oregon. 75% of confirmed cases the children were abused by one of their own parents
- 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 that have not changed since last year:

- United Way of Lane County identified serious economic concerns affecting the lives of families and their children. Nationally 20% of the nation is on food stamps, over the last year home foreclosures went up 54%, and 23,000 Lane County residents are unemployed this year compared to 10,000 last year.
- Child abuse statistics went up in Lane County but not by much with 799 confirmed abuse cases. There were 11.2 per 1,000 victims 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 increasing (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.
- 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; 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. (race of children Caucasian 71%, Latino 18%, Asian 4%, African American 2%, and American Indian 1.3%). The shift in diversity is mainly from Caucasian to Latino. Diversity is rapidly changing with a 52% increase in minority populations over a recent ten year period. Minority children are disproportionately represented in the system of care. With 2% of the State African American, 8% of the children in foster care are black. Only 1.3% of State are American Indians but represent 10% of the foster population. Minority student enrollment in Oregon schools went up 155% with Caucasian enrollment down 12% during the same ten year period. The overall growth rate in Oregon is 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 2009 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; f. more than 95% of Oregonians speak English, as do Agency consumers.

**Action/Position Statement:** The process of tracking national, state and local trends is to ensure that we are both aware of trends and to consider if the agency needs to make any adjustments to program based on emerging issues. As has been the case over the last few years, 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 more emphasis on community based services in recent years, we see a growing need for the more intensive services we have always provided. An interesting recent trend is a request by out-of-state referral sources for longer stays in residential treatment (the pendulum swings back). For families of high needs children, intensive in-home treatment may be very helpful in some cases. The Agency's community based services were evaluated in 2009 with favorable reviews. We therefore expect to continue community based services even when they do not have sufficient funding coming into the agency. 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 for many children 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, down close to 80% across the State, with decreased providers. 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. Goals are developed on an every three year cycle. The following are the current 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.

Following implementation of the strategic plan with annual objectives, the agency reviews its progress with the measurements applied to each goal. For the last fiscal year plan (2008-2009) the overall grade was "B" with a completion rate of 87%. This is somewhat lower than the previous year when it was 93% or an "A." A lower completion rate does not necessarily say that the organization did less, at times more difficult objectives are put into the plan that are much more difficult to accomplish. The completion rate last year was acceptable in the opinion of the Managers.

#### **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 2010/2011 fiscal year (See Step 8).

**Action:** Program action plans have been developed for the 2010/2011 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 188 consumers, or double the number we had the previous year. We have instituted strategies to receive more consumer feedback and these numbers indicate the steps are working well. 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 97% Neutral 2% No 1%

I feel respected by agency personnel at all levels. Yes 94% Neutral 4% No 2%

Staff help me understand treatment choices and include me in planning and the treatment process. Yes 95% Neutral 3% No 2%

The service I have received have helped improve our situation. Yes 96% Mixed 4% No 0%

I experienced smooth communication and coordination with the agency. Yes 97% Neutral 2% No 1%

I feel the information I have shared is handled confidentially. Yes 90% Neutral 8% No 2%

With all the consumers who provided feedback only 3 of 188 (less than 2%) communicated consistent displeasure with the Jasper Mountain. Many of the feedback forms included written comments. Some of these comments related to specifics of individual cases but many were general. With the very high positive ratings above, it would follow that most of the comments were positive. Some form of, "You have all done an excellent job," and "I am amazed at what you have accomplished in a short time" were the most frequent. Critical comments often mentioned communication or not wanting an emotionally disturbed child to be with other troubled children. It is an interesting comment that a parent or caseworker would want their own difficult child getting help but object to other similar children getting help as well. There are programs that link a troubled child with adults only. That is not our model and we prefer to teach children much needed life skills including in real time how to work with peers and adults.

*Staff:* For the last fifteen years agency staff have been asked to provide detailed information concerning their view of their job and the organization as a whole. In 2009 the results indicated that the staff reflected the highest job satisfaction of any time since data has been collected, even higher than the previous record in 2008. The staff participation was high with over 80% participation. Here are a few of the staff reflections of their work and the organization: 79% 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 100% of the time. Ratings for team work (8.4 out of a possible 10) and communication (8.1) were the highest scores in 15 years. Openness to new ideas was rated higher for management than staff. When asked if the organization fit into the employee's long term plans 74% said yes and 22% were unsure. Each year wages are rated low but this year reflected the largest one year increase in scores to date with 2/3 of staff indicating satisfaction with wages. The perception of staff related to how the agency pay compares with other non-profits fit a bell curve with approximately half the staff saying it was about the same and a quarter higher and a quarter indicated lower. 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. 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 with a ratio of 8 to 1. The top suggestions from staff were: 1. Improve communication, 2. Improve wages even more, and 3. Improve scheduling for employees. Overall the staff reflect that they feel a strong sense of making a difference doing a job that they enjoy helping children to have a better life. Issues identified in research as reasons employees stay with their jobs are all reflected in positive ways in this year's survey.

### *Children*

Twenty-five children who had left the program were contacted and asked if they had good or bad memories of their time at Jasper Mountain. Here is what they said:

#### Good Memories

Yes (7)  
 Staff (4)  
 Making friends (3)  
 Field trips (3)  
 Activities (3)  
 Camping (2)  
 Mentor (2)  
 Not really (2)  
 Hiking  
 School  
 Teacher  
 Great room  
 Horses  
 Tons!  
 Hell Yes! (we never know what they might say)

#### Bad Memories

No bad memories (9)  
 Holds (4)  
 Getting in trouble (2)  
 Yes (2)  
 Structure  
 Being away from home

We asked the children in the residential program last year and here and they had more to say about the immediate environment around them:

#### What They Like:

One-on-one staff 6	Staff
Trampoline 5	Great room
Finding rocks at Jasper 3	Jujitsu
Activities 3	Home visits
Basketball 2	Therapist
Kid's Zone 2	Ice cream
Staff 2	Peers
Movies	Reading
Friends	Off site trips

Video games  
Candy  
New shoes  
People who help me  
Family meeting  
Gemstones  
Presents

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 remember the good times better than the bad after they leave with most children having no negative memories years afterward. While in the program they like food and activities and dislike rules and discipline, much like other children. This year the comments were similar to most other years.

Contractor and other Referral Sources: Contractor feedback was aggregated with parents this year and is contained above under "Consumers." Last year contractor feedback was separated. 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 knew 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 programs have 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, reduce costs and less focus on intensive treatment. This tension will likely continue in the years ahead, although we have begun to see some change with referral sources wanting intensive treatment when the child is young.

## **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 value Village services and will keep this as a small but important program. 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 2010. 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:** A number of changes were made in responsibilities and personnel in various positions. The overall plan was put together by the Management Team in a one day retreat and has been implemented. Early results have been very positive.

## **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 2009/2010. 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, 53% of the objective had been accomplished, 47% were partially completed and none of the objectives for the fiscal year had received no attention whatsoever. This is a very good rate of progress for the mid-year review.

### **Progress on 2009/2010 Short Term Goals**

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

#### **Communicate Hope**

- Y      A.7 Continue to focus on improving our referral base throughout the United States.
- Y      B.8 Maintain contact with MHO's to enhance referral sources within Oregon.
- Y      F.2 Enhance our connection with private referral sources over the next year.
- IP     F.4 Continue to utilize the agency website for position papers on topic areas.
- Y      F.5 Continue to enhance working relations with the State of California and other states.
- Y      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.
- Y      F.9 Enhance contact between the Board of Directors and the children and staff.

#### **Organizational Excellence**

- IP     A.1 Review the new COA standards and make necessary changes to the program.
- IP     A.2 Update and complete the Jasper Mountain Residential Protocol and Practices Manual.
- IP     A.6 Revamp the supervision model to be more effective and to incorporate their training plans.
- Y      B.3 Review and revise treatment documentation for compliance and efficiency.
- Y      C.1 Have teachers shadow and learn from each other.
- Y      C.2 Have academic performance information every quarter at the clinical review meeting including the child's teacher.
- Y      C.3 Conduct quarterly standardized testing regarding educational performance to report at clinical meetings and on report cards.

- IP D.2 Recruit and train at least one new mentor each quarter.
- IP D.3 Review new COA standards within internal timelines and meet the new standards.
- Y D.5 Maintain all state and county regulations for ICTS funding.
- IP E.1 Develop a planned giving program including a brochure.
- IP E.4 Update fiscal manuals and procedures for COA renewal.
- Y E.5 Develop contingency plans for downsizing if necessary.
- Y E.6 Manage billing and accounts receivable to stay within a 90 day window.
- IP F.7 Develop a new initiative with CAN

### **Comprehensive Continuum of Care**

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

### **Quality Work Place**

- IP A.3 Refurbish the Castle including surfaces, paint, and carpeting.
- IP A.4 Replace mattresses in all bedrooms.
- Y B.1 Maintain the conservation efforts related to energy, resources and recycling and involved children in "rainbow charts."
- Y B.2 Refurbish the top of the dining room tables and purchase 6 dining room chairs.
- Y B.4 Implement and revise a training program for new interns/therapists.
- Y B.6 Assess Classroom space at SAFE in effectiveness of utilizing the environment to learning.
- Y B.7 Environmental improvements to land and space surrounding SAFE Center.
- IP C.4 Use greenhouse to propagate trees and plants for the property including the new East Parcel.
- Y D.1 Monitor and evaluate Village training program.
- IP E.2 Implement a conservation plan for office products and machinery.
- IP E.3 Replace color printer and fax at Admin.
- Y F.1 Develop an outline of facility needs for the next two decades.
- IP F.3 Develop and implement an agency-wide ecology program of conservation and recycling with objectives in each program.
- Y F.6 Enlarge the Jasper Play Structure
- Y F.10 Develop strategies to continue to be the "employer of choice."

### **Agency Action Plan with Program Objectives for 2010/2011**

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

## **A. Intensive Residential -- Jasper Mountain**

1. Revamp the therapeutic recreation program.
  - CD: 1/31/11
  - RP: DO, JMC Program Manager
  - PI: Individual child goals, Monthly activity calendar
  - EM: Monthly review of activity calendar and year-end assessment of child improvements
  
2. Develop a first-class equestrian program and pursue accreditation
  - CD: June 2011
  - RP: DO, Equestrian Staff
  - PI: Developing and accomplishing quarterly goals
  - EM: An accredited equestrian program
  
3. Implement an agency-wide supervision protocol
  - CD: 6/30/11 & ongoing
  - RP: DO, Executive Assistant
  - PI: Establishing and meeting quarterly objectives
  - EM: Report to the Management Team
  
4. Integrate recycling and gardening as key components of the residential program.
  - CD: Ongoing
  - RP: DO & Program Manager
  - PI: Consistent child involvement & excitement in recycling and gardening
  - EM: Year-end report to the Board
  
5. Enhance clinical expertise among treatment team members
  - CD: Ongoing
  - RP: DO, Program Manager, Leadership Team
  - PI: Full attendance and active discussions at staff meeting; improved clinical focus in progress notes
  - EM: Stable shifts; child improvement on treatment goals
  
6. Enhance staff cohesion
  - CD: Ongoing
  - RP: DO, Residential Program Manager
  - PI: Attendance at quarterly events
  - EM: Written feedback from staff at year-end

## **B. The SAFE Center**

1. Replace and upgrade children's bathroom floors
  - CD: 8/31/10
  - RP: SAFE Center Director
  - PI: Gather information on cost and ideal replacement products, have plan in place for impact on children by late March
  - EM: Bathrooms will pass all relevant inspections
  
2. HVAC system evaluation - Conduct a heating and cooling efficiency assessment
  - CD: October 2010
  - RP: SAFE Center Director and Maintenance Coordinator
  - PI: Document monthly the high/low/average temp in each room throughout SAFE on a monthly basis; identify company to do energy/heat assessment by June 2010
  - EM: 10% more efficient energy usage by end of 2010
  
3. Develop and implement therapeutic recreation
  - CD: Ongoing
  - RP: SAFE Center Director and Recreation Coordinator
  - PI: Each evaluation/residential child evaluated within one month of intake; assessed every two weeks - all documented
  - EM: Child File contains plan and results quarterly
  
4. Continue to utilize and enhance garden/horticulture awareness at SAFE
  - CD: Ongoing
  - RP: SAFE Center Director and Teachers
  - PI: Quarterly description of activity in garden/horticulture binder
  - EM: Binder will note 12 month chart tracking growing season, participation of children, utilization of garden - what grown etc.
  
5. Continue to enhance ecology program
  - CD: Ongoing
  - RP: SAFE Center Director, Assistant to the SAFE Center Director
  - PI: Quarterly update on rainbow chart usage by children; utility usage; ecological projects conducted in program
  - EM: Children are involved in ecology efforts
  
6. Building Upkeep - repainting inside walls
  - CD: 9/30/10
  - RP: SAFE Center Director and Maintenance Coordinator
  - PI: Complete at least one room per month
  - EM: All walls repainted in common areas (children's rooms, therapist office, therapy rooms excluded)

### C. Jasper School

1. Have teachers shadow and learn from each other.
  - CD: Ongoing
  - RP: Principal
  - PI: Schedule for teacher exchange
  - EM: All teachers have shadowed all math and reading learning centers.
  
2. Enhance the use of children teaching children
  - CD: Ongoing
  - RP: Teachers & Principal
  - PI: Opportunities for children to teach
  - EM: Children having the experience they can be “experts”
  
3. Conduct quarterly standardized testing regarding educational performance to report at clinical meetings and on report cards.
  - CD: Ongoing.
  - RP: Principal
  - PI: Performance testing completed quarterly.
  - EM: Data is provided in meetings
  
4. Develop an overall ecological emphasis including use of the greenhouse, Nature Explore Program and an ecology thematic unit.
  - CD: 10/10
  - RP: Principal
  - PI: Thematic unit in all parts of the school
  - EM: Report to Management Team
  
5. Use outcome testing to insure an average of one full academic year advancement for children.
  - CD: 6/1/11
  - RP: Executive Director and Principal
  - PI: Data is complete and reviewed
  - EM: Children average one year improvement
  
6. Review the principles of cooperative learning and how well we are maximizing this approach.
  - CD: 3/11
  - RP: Executive Director and Principal
  - PI: Reviewing practical application of this approach
  - EM: Report to the School Leadership Team

7. Add additional components of hands-on learning in the classroom
  - CD: Ongoing
  - RP: Principal and Teachers
  - PI: Additional classroom activities are developed
  - EM: Classrooms enhanced by active approaches to learning

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

1. Recruit four new families
  - CD: June 30, 2011
  - RP: TFC Coordinator, DO
  - PI: Four new applications
  - EM: Four families trained and ready to accept children
2. Develop and implement a succession plan for the TFC Coordinator
  - CD: February 2011
  - RP: DO
  - PI: New coordinator identified & approved by Mgt. Team
  - EM: New coordinator trained & beginning duties in February
3. Recruit and train four new mentors, with a focus on increasing the number of males
  - CD: June 30, 2011
  - RP: Village Coordinator, DO
  - PI: Four individuals identified and recruited
  - EM: Four staff trained and assigned Village children
4. Enhance TFC policies and certification standards
  - CD: January 1, 2011
  - RP: DO, TFC Certifier
  - PI: Revised policies submitted to Board
  - EM: Submitted to and accepted by DHS Licensing
5. Revise and implement the safety protocol for CBS staff
  - CD: October 1, 2010
  - RP: DO, Village Coordinator
  - PI: New protocol developed
  - EM: CBS staff trained and utilizing procedures

## **E. Fiscal Office**

1. Develop a plan for self-insurance health plan  
CD: March 31, 2011  
RP: CFO  
PI: Plan is developed  
EM: Report to Board budget committee.
2. Develop and implement a risk assessment process  
CD: December 2010  
RP: CFO and Executive Director  
PI: Strategy is implemented  
EM: Report to the Board
3. Update fiscal manuals and procedures for COA  
CD: December 2010  
RP: CFO  
PI: Manuals ready for inspection and distribution.  
EM: COA approves.
4. Replace Admin Copier  
CD: July 2010  
RP: CFO  
PI: Machinery in place  
EM: Increase productivity, decrease down time and Maintenance cost.

## **F. Administration/Organization**

1. Complete the COA reaccreditation process.  
CD: 3/15/11  
RP: QA Coordinator and Managers  
PI: Completed self study and site review  
EM: Reaccreditation for four years
2. Evaluate our efforts promoting private referral sources.  
CD: July 2010  
RP: Director of Operations 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 2011
  
4. Develop an outline for Phase II of the new facilities improvement plan.
  - CD: 4/1/11
  - RP: Executive Director and Management Team
  - PI: Plan submitted to Board
  - EM: Board approved plan
  
5. Continue to enhance working relations with the States of California, Alaska and other states.
  - CD: Ongoing
  - RP: Director of Operations, Executive Director and CFO
  - PI: Certification from California and Alaska and possibly other states
  - EM: Serving children from both states
  
6. Complete the new barn and equestrian center
  - CD: 10/1/10
  - RP: Executive Director and Assistant Executive Manager
  - PI: Funding obtained
  - EM: Construction completed and business plan followed
  
7. Develop a new initiative with CAN
  - CD: 1/1/11
  - 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

## **Step 9--Integrate all data into a proposed budget for the 2010/2011**

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, 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 2010/2011*

#### **Communicate Hope**

- F.2. Evaluate our efforts promoting private referral sources.
- F.5. Continue to enhance working relations with the States of California, Alaska 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.

#### **Organizational Excellence**

- A.3. Implement an agency-wide supervision protocol
- A.5. Enhance clinical expertise among treatment team members
- C.1. Have teachers shadow and learn from each other.
- C.2. Enhance the use of children teaching children
- C.3. Conduct quarterly standardized testing regarding educational performance to report at clinical meetings and on report cards.
- C.5. Use outcome testing to insure an average of one full academic year advancement for children.
- C.6. Review the principles of cooperative learning and how well we are maximizing this approach.
- C.7. Add additional components of hands-on learning in the classroom
- D.1. Recruit four new families
- D.2. Develop and implement a succession plan for the TFC Coordinator

- D.3. Recruit and train four new mentors, with a focus on increasing the number of males
- D.4. Enhance TFC policies and certification standards
- D.5. Revise and implement the safety protocol for CBS staff
- E.1. Develop a plan for self-insurance health plan
- E.2. Develop and implement a risk assessment process
- E.3. Update fiscal manuals and procedures for COA
- E.4. Replace Administration Copier
- F.1. Complete the COA reaccreditation process.
- F.7. Develop a new initiative with CAN

### **Comprehensive Continuum of Care**

- A.1. Revamp the therapeutic recreation program.
- A.2. Develop a first-class equestrian program and pursue accreditation
- B.3. Develop and implement therapeutic recreation

### **Quality Work Place**

- A.6. Enhance staff cohesion
- A.4. Integrate recycling and gardening as key components of the residential program.
- B.1. Replace and upgrade children's bathroom floors
- B.2. HVAC system evaluation - Conduct a heating and cooling efficiency assessment
- B.4. Continue to utilize and enhance garden/horticulture awareness at SAFE
- B.5. Continue to enhance ecology program
- B.6. Building Upkeep - repainting inside walls
- C.4. Develop an overall ecological emphasis including use of the greenhouse, Nature Explore Program and an ecology thematic unit.
- F.3. Develop and implement an agency-wide ecology program of conservation and recycling with objectives in each program.
- F.4. Develop an outline for Phase II of the new facilities improvement plan.
- F.6. Complete the new barn and equestrian center