

2011/2012 Strategic Plan

Jasper Mountain

Introduction

Jasper Mountain was founded in 1982 and this year it celebrates 29 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 with 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." The Board of Directors reviewed this mission statement at the September 2010 meeting and approved it with no changes.

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 National Survey of Child and Adolescent Well-Being reported that maltreatment in early years puts children at risk of serious developmental delays such as cognitive, behavioral and physical developmental problems with higher rates of behavior disorders, lower cognitive well-being, and poorer social functioning with 48% of children reported to CPS showing emotional or behavior problems. Domestic violence, criminal activity and depression were found in families reported to CPS.
- The Child Welfare Information Gateway reported that 1,740 child fatalities were coded as the result of child abuse in the US in the most recent year. Two recent studies indicate reported fatalities are underreported by 50-60%. Official fatalities have been going up the last five years.
- The Archives of Pediatrics & Adolescent Medicine did a study that found that children who were the subjects of an abuse investigation showed no improvement in risk factors a year later and determined this was a missed opportunity for prevention.
- Abraham Bergman of Seattle wrote in the Archives of Pediatrics & Adolescent Medicine that the child protective services system in the United States has outlived its usefulness and should be scrapped in favor of investigations by law enforcement.
- Health Day News reported this year that child abuse remains constant throughout the year and the seasonality (increase in winter) of child abuse is clearly a myth based on a study by a pediatric physician.
- The Journal of Pediatrics reported a study reflecting the concern of child abuse by the malicious use of pharmaceuticals.
- The US Department of Justice reported that child sex crime prosecutions are up 40% over the last three years.
- The US Department of Health and Human Services reported that numbers of children in foster care have been going down for the last seven years.
- The US Department of Health and Human Services reported that recent national abuse rates were the lowest in five years.
- Childhelp reported a number of statistics related to child abuse:
 - Over 3 million reports of child abuse each year
 - 5.8 million children were involved in these reports

- Over 60% of people in drug rehab report being abused
 - 30% of abused children will become child abusers
 - 80% of adults who were abused met criteria for at least one psychological disorder.
 - The estimated annual costs of abuse is \$104 billion.
 - Sexually abused children are 2.5 times more likely to abuse alcohol and 3.8 times more likely to develop drug addictions.
 - Abused children are 25% more likely to be teen parents.
 - Abused children are 59% more likely to be arrested and 30% more likely to commit violent crime.
- The US Department of Health and Human Services reported that the average child in foster care stayed just over two years (26.7 months) and approximately 273,000 children leaving foster care 417 died from multiple causes (accidents, medical conditions, etc.) in one year. This statistic indicates that children do have accidents and at times die in homes and in state run foster homes.
 - The Federal Budget is being debated and everyone agrees that costs must be reduced across the board. The most likely budget reductions will be in areas that are not entitlements such as Medicaid. There is no question that federal money will be less available over the next few years.
 - The National Center for Child Death Review reports that children under 14 account for 2.5 million emergency department visits due to injuries per year. Young children routinely have injuries resulting in emergency department visits.
 - The Fourth National Incidence Study of Child Abuse and Neglect reported to Congress that unlike the trend of the first three reports to Congress on Child Abuse in 1979, 1984 and 1993 the recent data shows a reduction in abuse as well as:
 - An overall decrease in incidence of maltreatment since 1993.
 - 1,256,600 children were abused during the data collection (2006), with 44% abuse and 61% neglect.
 - Sexual abuse accounted for 24% and emotional abuse 27%.
 - Overall there was a 26% decline in maltreatment per 1,000 children with sexual abuse down 40%, physical abuse down 22%, emotional abuse down 43%.
 - Endangerment was up 38% and emotional neglect was up 101%
 - A National Study from California reported a 1% increase in unemployment rate was associated with at least a .5 per 1,000 cases of confirmed child maltreatment the next year so when parents lose jobs child abuse goes up proportionately. The US

unemployment went from 4.5% in 2007 to 10% in 2010 and in some areas and racial groups the unemployment is much higher.

- The Office of Crime Victims Advocacy reported in 2010 that there has been a national decrease in physical child abuse despite an increase in the number of children.
- The Child Welfare League of America reported a major increase in poverty among children. The bad economy and job situation were key factors. The report indicated that all systems that serve vulnerable children and families must find better ways to work together to ensure higher quality, more responsive services.
- CWLA also reported that there is a growing lack of social workers with only 10% of graduates going into child welfare roles. At present less than 40% of welfare services are provided by degreed workers.
- The Office of Juvenile Justice and Delinquency Prevention reported that sex offenses increase sharply at age 12 and plateaus after age 14. This age and earlier are the key times to prevent sexual offenses.
- The former Surgeon General of the US indicated that we have a sexually unhealthy society and if we do not provide good health education this is a type of child abuse.
- The US Census Bureau reported in 2010 that median household income was not statistically different from last year. The official poverty rate went up from 13.2 to 14.3 for the third consecutive annual increase.
- The Children's Budget Act reported that in the last 5 years only 5 cents of every new non-defense dollar spent by the US government actually went to children.
- In 2009 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 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.
- 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.

- A study by Prevent Child Abuse America reported that the cost of child abuse on an annual basis was \$104 billion.
- 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.
- 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.
- 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.
- 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 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

- Oregon Department of Human Resources reported this last year:
 - 68,000 reports of abuse (3.7% increase) with 7,240 confirmed (6.4% increase)
 - As age goes up confirmed abuse goes down starting at age 1
 - 81% of cases were threat of harm or neglect
 - American Indian and African American children are overrepresented compared to the percentage of population and Asians, Caucasians and Latinos are underrepresented.
 - Physical abuse (8.8%) and Sexual abuse (8.5%) were about the same in number.
 - Physical abuse increased by 28%
 - 13,291 children were in foster care

- 13 children died of abuse and in all but one case it was caused by the parent (the other case was a live-in boyfriend). Eight were under age 1 and 11 were under age 5. There is a decreasing trend over the last five years.
- 74% of abusers were mother or father of the child
- The number of children in Psychiatric Residential Treatment in Oregon is down to an average of 70 per day.
- The US Department of Health and Human Services compared how states handled child abuse referrals. Compared to other states, Oregon had a significantly higher rate of abuse reports compared to the national average and rated 3rd highest in the country (75 per 1,000 compared to 44 per 1,000), however most reports were not investigated with the rate of investigation 5th lowest in the country (42% compared to the national average of 63%). While states vary in investigating abuse, Oregon has many more reports than other states but investigates many fewer cases than other states. Overall Oregon has more investigations per 1,000 than the national average (32 compared to 27) and this has been increasing over the last 5 years.
- In the above review, Oregon was above the national average receiving child abuse reports from educational, foster care law enforcement, and medical personnel. However Oregon was in the bottom 10 for number reports from mental health professionals. The response time in Oregon is slower than the national average all of the last four years and is averaging 4 days to investigate.
- Every Child Matters Education Fund reported that 112 children in Oregon died of child abuse in the last 7 year period.
- Children's First of Oregon reported in 2010 that Oregon's rating of child well-being is mixed. There was some improvement: more children with health insurance, fewer children in foster care, better stability in foster care, available addictions treatment, and increased relative placements. There were also some deterioration: immunizations are down, domestic violence has increased, increase in African American children in foster care and an increase in poverty.
- 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.
- Oregon is one of the many states that are faced with major budget difficulties. The initial information coming from the Governor's office is that major reductions should be expected in most areas. Mental health reductions are planned between 18% and 30%. In addition to budget cuts, the Governor is looking to fundamentally

change the way health and mental health are delivered in Oregon. How this might affect Jasper Mountain is being closely monitored; however, with any budget cuts and systems change the most damaged children will continue to need mental health services.

Local Trends

Input from various sources has identified the following issues in Lane County that have not changed since last year:

- According to United Way of Lane County, one of the major trends in Lane County has been an increased financial stress on families. Of 23 financial areas measured, 19 were the most serious this past year than at any previous time this has been measured. Consistent with previous studies, a healthy economy is directly related to family well being. As evidenced by the following:
- A greater percentage of households in 2009 report problems in most every category related to basic living expenses than in all previous studies.
- Difficulty affording/accessing services is higher in every category than in all previous studies.
- The rate of financial hardship has increased considerably since 2007.
- The income level at which households experience financial difficulty is rising.
- 30% of all respondents reported someone in their household not being able to find work which is higher than any previous study.
- More households with children report substantially more problems affording basic living expenses than households without children.
- Paying for medical, dental care and medical insurance continues to be the most common financial hardship faced by Lane County households.
- Of those surveyed the percent of people who have employer paid health coverage decreased from 52% in 2007 to 29% in 2009.
- Child abuse statistics went up in Lane County with 1,021 confirmed abuse cases. There were 13.9 per 1,000 victims up from 11.2 last year and above the State rate of 12.5
- Most founded abuse in Lane County was threat of harm and neglect. These two categories were by far the majority of abuse cases.
- Lane County is expecting major funding reductions in the next year. The worst case scenario is a 30% reduction in available funds for mental health services and children's services are expected to be hit the hardest.

Demographics of Oregon and Agency Consumers – In 2010 there was the ten year census and only some information has been released such as the overall US population (just under 309 million). The most recent Oregon data is from 2009. General comparisons of Oregon to the overall US population shows: higher percentage of Caucasians (80% to 65%), fewer bilingual (12% to 18%), fewer foreign born (8.5% to 11%), higher level of education (more completed high

school and college than in the overall US population), lower per capita income but higher housing costs and more individuals below the poverty level (13.5% to 13.2%). 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. Racial identity Caucasian 80%, Latino 11.2%, Asians 3.7%, African American 2%, American Indian 1.6%, and Hawaiian/Pacific Islander .3%. The shift in diversity is mainly from Caucasian to Latino. Diversity is rapidly changing with a 52% increase in minority populations over a recent ten year period. Minority children are disproportionately represented in the system of care. With 2% of the State African American, 8% of the children in foster care are black. Only 1.6% of State are American Indians but represent 10% of the foster population. Oregon’s population has increased by 11.8% over the last ten years but children under 18 have increased by 22.8%. 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 (11.2%); e. Oregon has the fourth fewest residents with a religious affiliation 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: Each year 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 program based on emerging issues. We do not attempt to address all community needs, however we have 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 within our after care model. Crisis services are also difficult but meet an important need in the County. In the opinion of the agency managers, the agency services fit several important needs of children and their families. Although due to what can be described as political correctness, the needs of the larger system of care have changed in the last few years without this being acknowledged openly. A significant shift in service priorities moved treatment funds from intensive services to community based wraparound models. The result of this shift has been an increased need for intensive treatment,

particularly in residential settings. For families of high needs children, intensive in-home treatment may be very helpful in some cases, but for some situations this is not safe or feasible. 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 (2009-2010) the overall grade was “A” with a completion rate of 95%. This is significantly better than the previous year but similar to past years. A higher or lower completion rate in itself does not necessarily say that the organization did better or worse, high completion rates may indicate easier objectives or at times more difficult objectives are put into the plan that are much more difficult to accomplish. The completion rate last year was excellent 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 2011/2012 fiscal year (See Step 8).

Action: Program action plans have been developed for the 2011/2012 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 148 consumers. 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 90% Neutral 10% No 0%

I feel respected by agency personnel at all levels. Yes 98% Neutral 2% No 0%

Staff help me understand treatment choices and include me in planning and the treatment process. Yes 95% Neutral 5% No 0%

The service I have received have helped improve our situation. Yes 98% Mixed 2% No 0%

I experienced smooth communication and coordination with the agency. Yes 98% Neutral 2% No 0%

I feel the information I have shared is handled confidentially. Yes 91% Neutral 9% No 0%

It makes logical sense that consumers would be positive overall with the services Jasper Mountain provides. What is somewhat surprising year after year is the level of positive feedback. One reason this is surprising is that at times our interventions must confront actions

by families and at times make it more difficult for them. We often have a few parents who get very upset with the system or with some aspect of the treatment plan for the child. For example in the five year follow up this year there were two separate parents who each year take the opportunity of the follow up interview to say the help their child received was ineffective and even harmful and nothing Jasper Mountain did was of any use. However, both parents were a major source of the clinical focus due to consistent negativity toward their child's potential and progress. However, somewhat consistent with previous years the written feedback from consumers was nearly universally positive this year.

Staff: Each of the last 16 years our staff have been asked to provide detailed information concerning their view of their job and the organization as a whole. In 2010 the results indicated that the staff reflected the highest job satisfaction of any time since data has been collected, even higher than the previous records in 2008 and 2009. The staff participation was high with over 90% participation. Here are a few of the staff reflections of their work and the organization: 83% of staff indicated that their job is better than previous jobs they have held. 100% of the staff indicated that they understand the agency philosophy and see it represented in daily operations nearly always. Ratings for team work (8.4 out of a possible 10) and communication (8.8) were the highest scores in 16 years. Openness to new ideas was rated high but somewhat below the all time high in 2008. Staff were asked if their job was meeting their hopes and expectations and 91% said this was for the most part true. When asked if the organization fit into the employee's long term plans 81% said yes and 14% were unsure and only 5% said no due to schooling, moving or anticipated career changes. Each year wages are rated low but similar to last year 61% felt valued by their rate of pay. The perception of staff related to how the agency pay compares with other non-profits reflected 56% saying the same or higher, 25% lower and the other staff did not know. The most recent wage and benefit study was intentionally released after this questionnaire so staff attitudes could be considered. The data reflected that Jasper Mountain was in the upper 25% of wages for similar non-profits or somewhat higher than staff perceptions. More than any previous year, staff provided comments and suggestions as well. The management team has reviewed all the ideas and have prioritized the top suggestions for further consideration. Positive comments far outnumbered negative comments with a ratio of 4 to 1. The top suggestions from staff were identical to last year: 1. Improve communication, 2. Improve wages, and 3. Improve training and 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

Children currently in the Psychiatric Residential Treatment Program were asked for input on the program in September of 2010 and here are their comments:

What They Like Most

What They Like Least

Staff (15)

Everything (4)

Food (9)
Trampoline (3)
Everything (2)
Horse Program (2)
Activities (4)
1 on 1 (2)
Mentor (2)
Holidays (2)
Sleeping (2)
Earning gemstones (2)
Privileges
Family visits
Work at the animal shelter
Movies
Free Play
Therapy time
Meditation
Field trips
Play time
No homework
Toys
Christmas
Earning trophies
Family meeting
New cushions

Meditation (3)
Room alarms (3)
Hall light on while sleeping (2)
Structure (2)
Being away from family (2)
Children arguing (2)
Finger painting
Rules
Staff redirections
When kids scream
Holds
People talking while I sleep
Lunch
Nothing
Staff
Fireplace
Children breaking toys
Point system
Sharing
Not enough sleep
When kids wet the bed
Insects
Sneaky kids
Kids acting like staff
Bathing

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.

During the ongoing follow-up process with children, interviews were held with twenty-three children who left the program from a few months ago to five years ago. The follow were their perspectives:

What was helpful for you at Jasper Mountain?

The support I received (5)
Learning how to relax and manage stress (3)
Becoming physically fit and strong (2)
Think before I act (2)
Social skills (2)

Jasper was a family
Preparing to return to my family
Learning to be safe
Respecting others
Problem solving
Never give up
Learning about others
How to make friends
Following rules
Not arguing
The structure and schedule was helpful
My success or failure is up to me
The therapy was helpful

The children were asked about good and bad memories. Most good memories mentioned involved activities. The only bad memories mentioned were strict rules and consequences.

The children were asked what they learned that they use in their lives:

Talk about my problems rather than act out (7)
Ask for support from adults (3)
Managing my anger (3)
Respect others (3)
Handling my emotions (2)
Relax and take space (2)
Not hold in anger
I don't give up
How to get along with my family
Self soothing
Not being a victim
Stop and think
Just be myself
How to handle hearing "no"
Being responsible

The children were asked if they are working on personal goals. 80% said yes and those that said no may have been oppositional in the interview rather than having no goals.

The children were also asked if they had found meaning and purpose in their life. Again 80% said yes. The percentage was a little lower when asked if they had developed a personal spiritual belief system when 64% said yes.

When asked about their dreams for the future most responses were similar to other children their ages: helping kids (3), being a famous singer (2), playing in the NBA (2), joining the Navy, becoming a painter, being a doctor, fashion designer, playing in the NFL, meeting Justin Bieber, and buying land and raising horses. Some of their dreams were not so typical - to not be homeless, continue to make self improvement, and being a gold miner.

The final question was three wishes they had for the future:

Self improvement (5)
Get a good job (2)
Make a lot of money (2)
Go home
Have more good days than bad
Avoid arthritis
Get a truck
Get a car
Get a house
Have a big yard
See my dad
Own a laptop
Have more fun
Candy
Go to Lego Land

Contractor and other Referral Sources: Contractor feedback was aggregated with parents this year and is contained above under "Consumers." The role the referral source plays in the child's life impacted the feedback we received. For advocates and caseworkers the feedback was very positive along with suggestions for longer stays and serving teens as well as younger children. MHO workers who represent organizations that pay for services often prefer shorter stays and have comments related to the recommended needs of children or needed levels of care that we communicate. Here are representative examples of comments from referral sources this year:

- "You guys do a great job, thanks."
- "I have recommended your program to others."
- "I love all your programs!"
- "You do an excellent job with younger children, we need you to serve teens because we need excellent programs for them as well."
- "I disagreed with the therapist recommendation on the level of care the child needed."
- "The transition for my child could have been smoother."

Our consumers at times have differing goals, some want children under our care longer and some shorter, due to financial considerations. We anticipate this theme that is reflected in feedback will continue. For referral sources wanting shorter service options, Jasper Mountain

and other agencies provide these options. However, wanting short-term treatment for a child who needs intensive help will not find agreement with our organization. For this (primarily monetary) reason some referral sources choose not to contract our organization. To meet our mission, Jasper Mountain continues to provide hope for the future by providing the treatment the child needs today.

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 and one of the most needed components of the system of care.

Step 7--Human Resources Assessment

A Human Resources Assessment was conducted in January 2011. 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 discussed by the Management Team over several meetings and the plan is being implemented the second half of this fiscal year. 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 2010/2011. At the mid-way point of this year, the progress is moving ahead toward reaching this year's objectives. At the end of the second quarter, 36% of the objectives had been accomplished, 39% were partially completed and 25% have not been addressed at this point in the year. This is a good rate of progress for the mid-year review.

Progress on 2010/2011 Short Term Goals

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

Communicate Hope

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

Organizational Excellence

- I A.3. Implement an agency-wide supervision protocol
- I A.5. Enhance clinical expertise among treatment team members
- Y C.1. Have teachers shadow and learn from each other.
- Y C.2. Enhance the use of children teaching children
- Y C.3. Conduct quarterly standardized testing regarding educational performance to report at clinical meetings and on report cards.
- I C.5. Use outcome testing to insure an average of one full academic year advancement for children.
- N C.6. Review the principles of cooperative learning and how well we are maximizing this approach.
- I C.7. Add additional components of hands-on learning in the classroom
- I D.1. Recruit four new families
- Y D.2. Develop and implement a succession plan for the TFC Coordinator
- I D.3. Recruit and train four new mentors, with a focus on increasing the number of males
- Y D.4. Enhance TFC policies and certification standards
- I D.5. Revise and implement the safety protocol for CBS staff
- N E.1. Develop a plan for self-insurance health plan
- I E.2. Develop and implement a risk assessment process
- Y E.3. Update fiscal manuals and procedures for COA
- Y E.4. Replace Administration Copier
- I F.1. Complete the COA reaccreditation process.
- I F.7. Develop a new initiative with CAN

Comprehensive Continuum of Care

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

Quality Work Place

- I A.6. Enhance staff cohesion
- N A.4. Integrate recycling and gardening as key components of the residential program.

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

Agency Action Plan with Program Objectives for 2011/2012

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

A. Intensive Residential -- Jasper Mountain

1. Continue a focus on COA standards.
 - CD: Ongoing
 - RP: DO, JMC Program Manager
 - PI: Items from COA site visit are addressed and all standards are reviewed by 3/1/12.
 - EM: Update given to Management Team quarterly

2. Upgrade program marketing materials.
 - CD: 1/1/12
 - RP: DO, Program Manager and QA Coordinator
 - PI: Updated materials are developed
 - EM: Materials are disseminated for marketing purposes

3. Build staff cohesiveness with four staff events.
 - CD: One event per quarter
 - RP: DO, Program Manager
 - PI: Three events for Treatment Team and one for Leadership staff
 - EM: Four events held by the end of the year

4. Upgrade Castle with needed maintenance – kitchen floor, furniture, paint, doors, and cabinets.

CD: 4/15/12

RP: DO, Program Manager and Maintenance staff

PI: Upgrades are completed

EM: Castle is in excellent physical condition

5. Rebuild deck, install a teepee and a Totem Pole.

CD: 6/15/12

RP: DO, Executive Director and Maintenance staff

PI: Deck rebuilt and teepee purchased

EM: Teepee in use

6. Develop a functioning garden.

CD: 6/1/12

RP: DO, Residential Program Manager and Maintenance staff

PI: Location identified and planted

EM: Children working in and harvesting by summer of 2012

7. Implement Neurological Reparative Therapy in all treatment.

CD: 10/1/11

RP: Executive Director and Clinical Supervisor

PI: NRT is implemented in individual child plans

EM: All clinical staff familiar with and using NRT

8. Hold an equestrian event at the Jasper Arena.

CD: 2/15/12

RP: DO, Equestrian Team Leader

PI: Children practicing for the event

EM: Event held and attended by Board and guests

B. The SAFE Center

1. Reinstitute staff recognitions.

CD: Ongoing

RP: SAFE Center Director

PI: Recognitions are given at staff meeting and in newsletters

EM: Staff comments on the September questionnaire reflect feeling appreciated

2. Make facility improvements – carpets, furniture, and paint.
 - CD: 6/15/11
 - RP: SAFE Center Director and Maintenance staff
 - PI: A plan with timelines is developed for improvements
 - EM: Improvements are completed

3. Feasibility of improving use of space on second floor for therapy and meetings.
 - CD: 2/1/12
 - RP: SAFE Center Director, Clinical Supervisor and Executive Director
 - PI: Space needs are identified along with a design
 - EM: A report is given to the Management Team for discussion

4. Develop a SAFE brochure.
 - CD: 12/1/11
 - RP: SAFE Center Director and QA Coordinator
 - PI: A design is developed
 - EM: New brochure is printed and disseminated

5. Integrate the equestrian program for SAFE children.
 - CD: 9/1/11
 - RP: SAFE Center Director, Director of Operations
 - PI: Details for including SAFE Children are reviewed and addressed
 - EM: SAFE children are participating in the equestrian program

6. Develop a functioning therapeutic recreation program.
 - CD: 9/30/11
 - RP: SAFE Center Director
 - PI: A staff is assigned to develop the program
 - EM: Therapeutic recreation activities are implemented

7. Implement group treatment at SAFE.
 - CD: Ongoing
 - RP: SAFE Center Director, Director of Operations, and Clinical Supervisor
 - PI: Group curriculums are developed
 - EM: Three groups series are implemented per year

8. Install a Solar PV System on the Recreation Building.
 - CD: 6/15/11
 - RP: Executive Director and SAFE Center Director
 - PI: Size of PV array is determined, bids are received
 - EM: Power is being generated

C. Jasper School

1. Conduct an internal program review of the school and revise vision statement.
 - CD: January 2012
 - RP: Assistant Executive Manager and Principal
 - PI: A team is developed and review is conducted
 - EM: A report is given to the Management Team and Board

2. Enhance special education services.
 - CD: Ongoing
 - RP: Assistant Executive Manager and Principal
 - PI: Review for areas needing improvement potentially obtaining outside consultation.
 - EM: All special education requirements are met at a minimum

3. Continue to implement specific aspects of the school vision.
 - CD: Ongoing.
 - RP: Principal & Assistant Executive Manager
 - PI: Three areas identified for priority focus
 - EM: Identified areas are enhanced

4. Develop a staff position to develop an ecology program.
 - CD: 10/15/11
 - RP: Assistant Executive Manager
 - PI: Job duties and specifics are developed and internally advertized
 - EM: A staff person is in place and developing the ecology program

5. Upgrade the teacher credentials in special education.
 - CD: Ongoing
 - RP: Assistant Executive Manager and Principal
 - PI: New teachers have SPED credential and current teachers are encouraged to achieve credential.
 - EM: 50% of teachers have credential by 6/15/12

6. Continue the emphasis on cultural awareness and cultural experiences.
 - CD: Ongoing
 - RP: Principal
 - PI: A schedule of activities is developed
 - EM: Cultural activities are frequently provided for the students

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

1. Recruit four new families.
 - CD: June 30, 2012
 - RP: TFC Coordinator, DO
 - PI: Four new applications
 - EM: Four families trained and ready to accept children

2. Respond to any issues coming out of the COA site visit.
 - CD: 9/15/11
 - RP: DO and TFC Coordinator
 - PI: Improvements are addressed
 - EM: Verbal report to Management Team

3. Review the rate structure for payment of treatment foster parents.
 - CD: 1/1/12
 - RP: DO
 - PI: Any revisions are identified
 - EM: Report to Management Team for consideration

4. Work with treatment foster parents regarding impact of OIT issues.
 - CD: 10/1/11
 - RP: DO, TFC Certifier, TFC Coordinator
 - PI: Consider how to make parents aware of issues, how to support parents and how to promote system change
 - EM: Steps are implemented in each area to support parents

5. Consider the feasibility of combining the Treatment Foster Care and Village Programs.
 - CD: 3/1/12
 - RP: DO, Village Coordinator
 - PI: A plan is developed to change structure or remain the same
 - EM: Management Team reviews the plan

E. Fiscal Office

1. Consider further ways the organization can self insure.
 - CD: 10/1/11
 - RP: CFO
 - PI: Options are developed
 - EM: Management Team reviews recommendations

2. Implement improvements coming from audit recommendations.

CD: 7/1/11

RP: CFO and Executive Director

PI: Recommendations are put into an action plan

EM: Plan is implemented prior to 2011 audit

3. Review agency equipment needs.

CD: 10/15/11

RP: CFO

PI: Costs are identified for a report to Managers

EM: Management Team reviews recommendations

4. Address challenges and implement direct deposit.

CD: 10/1/11

RP: CFO, Bookkeeper and DO

PI: Recommendation is developed

EM: Management Team reviews recommendation

F. Administration/Organization

1. Implement the PR Campaign leading up to the 30 year anniversary.

CD: Ongoing throughout the year

RP: Executive Director and Board

PI: Radio, print, and perhaps TV messages developed

EM: Multimedia messaging delivered

2. Publish and market Neurological Reparative Therapy book.

CD: Published by September 2011

RP: Executive Director and Quality Assurance Coordinator

PI: Printer identified, cover developed, marketing plan established

EM: Book available and distributed by fall

3. Fully implement Agency Compliance Team.

CD: Ongoing

RP: Executive Director and Director of Operations

PI: Communication is provided to regulators

EM: Compliance issues are handled by the Team

4. Market the Documentary "Once Upon A Mountain."

CD: Ongoing

RP: Executive Director, Managers and QA Coordinator

PI: Marketing plan submitted to Board

EM: Use of the documentary to send a message of hope

5. Continue the agency leadership transition plan.
 - CD: Ongoing
 - RP: Executive Director and Director of Operations
 - PI: Key staff are identified and assume responsibilities for all programs
 - EM: Founders are not directly implementing any programs

6. Conduct a feasibility study of a new facility at SAFE.
 - CD: 5/1/11
 - RP: Executive Director and SAFE Director
 - PI: Identified greatest needs and how a new facility would meet them
 - EM: Report to the Board on feasibility of project with timeline

7. Develop a new initiative with CAN.
 - CD: 1/1/12
 - RP: Executive Director
 - PI: Project identified
 - EM: Continuing close 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. Complete Construction projects.
 - CD: Depot 11/1/11, Learning Center bath and kitchen 6/1/12
 - RP: Executive Director and Maintenance staff
 - PI: Upgrades facilities completed
 - EM: Facilities in optimum use

10. Address vulnerability of staff with OIT investigations.
 - CD: Ongoing
 - RP: Executive Director and Management Team
 - PI: Identify steps to bring awareness to the issues and how to support staff
 - EM: Staff less vulnerable and are aware of agency support

11. Adhere to the Board's Pay Policy that specifies the wages for staff are in the upper 25% of the market comparison for non-profits.
 - CD: Ongoing
 - RP: Executive Director and Management Team
 - PI: Wage adjustments are proposed for the 2011/2012 budget
 - EM: The 2011/2012 budget adheres to the pay policy

12. Additional benefit days will be extended to staff based upon longevity (1 additional day for every 5 years of service up to 15 years).
 - CD: Ongoing
 - RP: Executive Director and Management Team
 - PI: Additional leave days coincide with 5 year pay bonuses
 - EM: Additional days off put benefit days in line with pay policy

13. All agency staff complete a training plan to enhance professional development.
 - CD: Ongoing
 - RP: Executive Director, Managers and Supervisors
 - PI: Training plans are integrated into annual performance appraisals
 - EM: All personal files have a current training plan

Step 9--Integrate all data into a proposed budget for the 2011/2012

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 2011/2012*

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

Communicate Hope

- A.2. Upgrade program marketing materials.
- B.4. Develop a SAFE brochure.
- D.4. Work with treatment foster parents regarding impact of OIT issues.
- F.1. Implement the PR Campaign leading up to the 30 year anniversary.
- F.2. Publish and market Neurological Reparative Therapy book.
how to prepare children for a life of success in reaching their goals.
- F.3. Fully implement Agency Compliance Team.
- F.4. Market the Documentary "Once Upon A Mountain."
- F.7. Develop a new initiative with CAN.
- 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.10. Address vulnerability of staff with OIT investigations.

Organizational Excellence

- A.1. Continue a focus on COA standards.
- A.7. Implement Neurological Reparative Therapy in all treatment.
- C.1. Conduct an internal program review of the school and revise vision statement.
- C.2. Enhance special education services.
- C.3. Continue to implement specific aspects of the school vision.
- C.5. Upgrade the teacher credentials in special education.
- C.6. Continue the emphasis on cultural awareness and cultural experiences.
- D.2. Respond to any issues coming out of the COA site visit.
- E.1. Consider further ways the organization can self insure.
- E.2. Implement improvements coming from audit recommendations.

Comprehensive Continuum of Care

- A.8. Hold an equestrian event at the Jasper Arena.
- B.5. Integrate the equestrian program for SAFE children.
- B.6. Develop a functioning therapeutic recreation program.
- B.7. Implement group treatment at SAFE.
- D.1. Recruit four new families.
- D.3. Review the rate structure for payment of treatment foster parents.
- D.5. Consider the feasibility of combining the Treatment Foster Care and Village Programs.
- F.5. Continue the agency leadership transition plan.

Quality Work Place

- A.3. Build staff cohesiveness with four staff events.
- A.4. Upgrade Castle with needed maintenance – kitchen floor, furniture, paint, doors, and cabinets.
- A.5. Rebuild deck, install a teepee and a Totem Pole.
- A.6. Develop a functioning garden.
- B.1. Reinstitute staff recognitions.
- B.2. Make facility improvements – carpets, furniture, and paint.
- B.3. Feasibility of improving use of space on second floor for therapy and meetings.
- B.8. Install a Solar PV System on the Recreation Building.
- C.4. Develop a staff position to develop an ecology program.
- E.3. Review agency equipment needs.
- E.4. Address challenges and implement direct deposit.
- F.6. Conduct a feasibility study of a new facility at SAFE.
- F.9. Complete construction projects.
- F.11. Adhere to the Board’s Pay Policy that specifies the wages for staff are in the upper 25% of the market comparison for non-profits.
- F.12. Additional benefit days will be extended to staff based upon longevity (1 additional day for every 5 years of service up to 15 years).
- F. 13. All agency staff complete a training plan to enhance professional development.