2016/2017 Strategic Plan

Jasper Mountain

Introduction

During this fiscal year Jasper Mountain will celebrate its 34th year serving children and families. Each year the organization receives superlative feedback from all over the United States and all over the World. Although the comments we receive are gratifying, we are not willing to rest on past accomplishments and the focus of the organization must be on the future. One of the important ways Jasper Mountain looks to the future is through a strategic planning process. We have combined all aspects of: agency design, implementation, employee job satisfaction, consumer satisfaction, goals & objectives, systemic quality improvement, program outcomes and employee utilization to develop a strategic plan that drives the long-term goals (3 years) and short-term objectives (1 year) and the development of 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-term goals and short-term objectives and their tracking goes on every day of the year. We are implementing objectives while we are both evaluating our organizational effectiveness and developing new objectives for the coming fiscal year. 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 currently, and where we want to go. To best answer these questions we must take into consideration our mission, input from many sources in the organization and community, our past efforts, our current progress on objectives/work plans, and then develop new plans for the organization's future in both the short and the long term.

Process

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

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 purpose is used to guide the organization in everything it does.

Action Taken: No changes in the mission statement were suggested to the Board of Directors by Management this year after it was reviewed. The last time major changes were made 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."

Step 2: Review of External Information Related to Agency Services

Although the reach of Jasper Mountain continues to go to foreign countries, the primary focus continues to be in this Country. After the organization began with a local focus this has changed to a national focus over last decade. Jasper Mountain currently works with children throughout the United States and the national issues are pertinent to our services. Funding issues, such as managed care and the impact of the great recession, continue to be factors in our ability to help children and their families. The most significant change recently has been a local dynamic in Lane County where the State of Oregon first contracted with Trillium Health Plans and two years ago and for the first time mental health care came under a for-profit organization. Concerns that government funding would go to profits for shareholders intensified last year when Trillium Health Plans was purchased by a national for-profit healthcare conglomerate (Centene) for a significant amount of money. We do not view adding a profit making motivation to our mental health system as a positive step and we continue to express our concern, but so far the State of Oregon decision makers do not seem to be listening. Although the Nation is reacting to the implementation of the Affordable Care Act for medical care, the federal Medicaid program continues to be stable. However, more than ever before, national and

international events affect children and therefore also affect 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 (Child Welfare League of America, Council On Accreditation, Association of Children's Residential Centers), 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 Department of Health and Human Services in its most recent report to Congress indicated the following: child abuse rates dropped slightly (from 9.3 to 9.1 per 1,000), of these cases nearly 80% were neglect, 18% were physical abused, 9% were sexual abuse and 9% for psychological abuse. The report offered only an estimate of deaths due to abuse and neglect and set that number at 1,520 for the last reporting year.
- The National Council on Child Abuse & Family Violence is now considering child abuse in America to be a national epidemic with 2.5 million reports of abuse each year. Abuse harms the ability of the child to develop normally, harms relationships with adults, often results in children with low self-esteem and impairs psycho-social as well as neurological development and negative effects can last a lifetime.
- The Harvard University Center on the Developing Child reported key concepts related to child development and abuse: child development forms the foundation of our society, the human brain is developed over time, genes and experience form impact brain development, brain architecture and skill development begin with basics and go from the bottom up, cognitive emotional and social components of a person are intertwined throughout life, toxic stress adversely impact brain development and prospects for success in life, the earlier the intervention to help a child the better. Jasper Mountain includes each area in its work.
- Harvard University's Center on the Developing Child released a report on the connection between trauma and brain development. The report had a number of findings including: poor early relationships pose a serious threat to a child's development and well-being, neglect is more damaging than other types of abuse, neglect disrupts brain development as well as impacts the stress response cycle and presents a significant risk for emotional and interpersonal problems. The report also

said early trauma can cause learning problems. It ended with a positive conclusion, early problems can be reversed through the right interventions.

- The National Child Traumatic Stress Network released a report outlining 12 key factors for effectively understanding and treating child abuse. Here are some of the twelve: Safety is key, protective interventions can reduce the long-term harm of abuse, developmental neurobiology is key to trauma responses and recovery. These factors are important considerations in our treatment of children.
- The Children's Defense Fund reported that ethnic and racial diversity is rapidly changing with the majority of child under age 2 are children of color in the US and 10 states have the majority of the citizens people of color. Poverty remains high with 1 in 5 children living in poverty in America and 1 in 3 children of color. Guns represent a threat to our children with 2,694 child deaths by guns in the most recent year and a child in America is 17 times more likely to die by a gun than children in 25 other developed countries.
- Child Trends forward research on positive protective factors for helping children. Five domains were reported 1. Physical health, development and safety, 2. Psychological and emotional development, 3. Social development and behavior, 4. Cognitive development and education and 5. Spiritual development. These domains form the foundation of our treatment at Jasper Mountain.
- The Centers for Disease Control released a report that child maltreatment has an annual economic cost of $124 billion with 6 reports of abuse every minute in the United States. There were 3.4 million reports of abuse in the last reporting year with 78% of abuse being neglect. One in four children experience child maltreatment. 1,640 children died of abuse and 70% were three years of age or younger. African American and Pacific Islanders had twice the rate of deaths per 1,000 compared to the overall population. 91% of abuse perpetrators were parents or parent figures.
- OJJDP released a report this year reviewing research information on the link between delinquency and victimization. The report concludes that any exposure to violence, including victimization, can cause significant physical, mental and emotional harm with long-term effects.
- Childhelp this year reported that 6.3 million children are a part of a report of child abuse with a report coming in every ten seconds. The United States has the highest incidence of child abuse of developed nations. The breakdown of abuse was: neglect 34%, physical 28%, sexual 23%, and emotional 11%. Confirmed abuse cases would fill ten of our largest football stadiums.
- The Children's Bureau reported that 78% of abuse victims experience neglect and this produces impairment of physical, psychological, developmental, intellectual and social domains.
- The National Child Abuse and Neglect Data System reported the following:

- The average time for CPS to initiate a response to a report of child abuse is 71 hours, although they might respond to a high-priority case in just 24 hours.
- Children whose parents are unemployed have about two times the rate of child abuse and two to three times the rate of neglect than children with employed parents.
- Children in low socioeconomic families have more than three times the rate of child abuse and seven times the rate of neglect than other children.
- Living with their married biological parents places kids at the lowest risk for child abuse and neglect, while living with a single parent and a live-in partner increased the risk of abuse and neglect to more than eight times that of other children.

- The National Scientific Council on the Developing Child reported that early trauma can impact gene expression and long-term development. Gene can be adversely impacted that play important roles in brain and behavioral development. However, supportive environments and rich learning experiences generate positive epigenetic potential to establish more effective learning capacities in the future.
- The National Institutes of Health reported on MedlinePlus that physical and sexual abuse in the US has declined over the past 20 years, but neglect is unchanged and neglect accounts for about 75% of abuse, physical abuse 15% and sexual abuse 10%. However all types of child abuse continue to be a serious problem.
- The Child Welfare Information Gateway issues a report on the long-term consequences of abuse and neglect. Physical consequences included damage to the developing brain and cognitive delays, and emotional consequences that can lead to depression and anxiety resulting in increased smoking, alcoholism, obesity and drug abuse.
- The National Institutes of Health released information on the problem of parents intentionally making children ill or fabricating an illness. They indicated that the problem is more common than believed.

State Trends

- The US Department of Health and Human Services reports that the abuse rate in Oregon has recently increased to 12.2 per 1,000 and well above the national average of 9.1 per 1,000. Of 46,904 children involved in child abuse investigations 10,836 were substantiated child abuse.
- Child Advocacy Centers in Oregon reported serving 6,050 and of these more than half involved investigations for sexual abuse. Child Advocacy Centers consider sexual abuse more often than neglect and other types of abuse.
- The State of Oregon Department of Human Services released a report this past year indicating the following:

- 67,863 reports of abuse and neglect were received, a slight increase over the previous year and 6,485 were substantiated child abuse.
- 46% of abuse victims were under 6 years of age.
- Neglect was the most frequent type of abuse at 44% followed by threat of harm at 40%, physical abuse 7% and sexual abuse 6% and mental injury 2%.
- 46% of cases involved alcohol use by perpetrators.
- Children under 1 year are the most common victims and twice as often as the second most (1-3 years).
- African American and Native American children have the highest incidence of abuse at twice their percentage in the population. Asian children have the lowest rate of founded abuse.
- Thirteen children died in Oregon of child abuse an increase of three over the previous year.
- Perpetrators of abuse were most often parents or family members (94%) and only 2% were unknown to the child.
- The top family stressors resulting in child abuse were in order: alcohol/drugs, domestic fighting, criminal involvement, finances, mental illness and unemployment.

- The DHS report above indicated that only 71 children on average were served in residential treatment in the State on any one day. To put this in perspective, if all Jasper Mountain's children were from Oregon we would make up the majority of these cases in just our program. Clearly psychiatric residential treatment services is not a priority in Oregon and this has been impacted by the State contracting out with local communities and most of those communities now have a "for-profit" organizations serving child and families. The result is a 90% reduction over the number of children receiving intensive residential treatment that DHS reported ten years ago. The State considers this a success, but local mental health authorities now control decisions and do not refer children to "expensive" care (the local mental health authority has not referred a single child to Jasper Mountain Center over the last 6 years). The result is often very damaged children do not get intensive mental health care that they need and when it is most effective and many move on to the criminal justice system, however enough money is being made to attract national for-profit corporations such as Centene that recently purchased Lane County's mental health system for a reported $100,000,000 (they did not have to disclose the actual price).
- Children First of Oregon released a report on the overall health of Oregon children and the overall message is not positive. Here is what the report indicated:

- Oregon has more children in foster care and fewer children graduating from high school that any other state.
- Child poverty is 10% higher now than during the 2009 depression.
- Child abuse has dropped slightly but by only 2% with a national drop of 25%.
- Of 10 indicators of child well-being, Oregon was in the bottom half of states in 9 out of 10.

- The Kids Count Data Center released information that there are 860,624 children in Oregon with slightly more males then females. The number of these children with one or more emotional, behavioral or developmental conditions is 145,000 which is a 3% increase over the last five years. The number of Oregon children in single parent families was 271,000 also a 3% increase in the last four years.
- National Child Abuse and Neglect Data System reported that of states with a childhood population of child under 1,000,000 Oregon had the 4th highest reported rate of abuse out of 22 states. However, differences in definitions and reporting is a major factor, for example the State of Iowa reported 13 times as many reported cases as Kansas with the same number of children.

Local Trends

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

- United Way of Lane County's most recent report on Community Indicators does not reflect a positive picture. Of the 18 indicators only 3 have shown improvement since the last report, 5 have stayed the same, 2 are mixed and 8 are worse. Areas of deterioration include: availability of child care, graduation rates and college attendance, employment and earnings, housing costs, area employment and job growth, adult overall health, food and shelter, domestic violence and abuse. One of the bright spots was access to health insurance.
- Oregon DHS reported that Lane County had 623 founded cases of abuse for the last year. Lane County's rate of child abuse is 14.2 per 1000 or a decrease for both of the last two years but still higher than the overall State average of 11.7 per 1000.
- The population of children in Lane County has dropped in each of the last five years and ranks fifth in total youth population of 36 counties.
- Of concern to many in Lane County is the move by the State of Oregon to put the funding and decision making over government funded mental health in the hands of a for-profit national health care corporation. The national corporation, Centene, purchased the local health care system. With no investment in Oregon

it must be assumed the motivation of Centene is to make a profit from mental health services. It is only reasonable to believe the company will want it investment back for the amount they paid to purchase Trillium. This is not viewed by Jasper Mountain as a positive move for one of the most comprehensive mental health systems in the United States. It is too early to say what the overall impact will be on services that are already rationed like other health care insurance companies.

Demographics of Oregon and Agency Consumers—[The following statistics come from the US Census office for 2013. Additional State estimates for 2015 reflect a decrease in the Oregon population, which does not appear to be accurate. Therefore the 2013 numbers appear to be the most current as well as accurate]. The most complete demographic data came for the US Census in 2010 but further statistics were released to include 2013. The Oregon population grew by 30,700 to 3,930,065 or just over 1% of the US population. Oregon is growing approximately at the same rate as the US population or approximately 1% per year. Oregon has a slightly lower rate of children and higher rate of adults than the national average. The minority population in the US is 22% but lower in Oregon at 12%. Oregon has the following minority residents: Caucasian 78% (higher than US), Latino 12.3% (under US), African American 2% (1/6 of US average), American Indian 1.8%(above US), Asian 4% (below US), Pacific Islander .4% (double US), multiple races 3.5%. Lane County has a population of 356,421. It has a lower population of young people than the Oregon average and thus a higher proportion of adults and seniors than the rest of the State. Where Oregon has a lower minority population than the US, Lane County has a lower minority population than Oregon. In Lane County 84% of the population are Caucasian. Latinos make up 8%, Asians 2.8%, American Indian 1.4%, African American 1.1%, Pacific Islanders .3%. The minority population in Oregon increased by 21.5% over a 10 year period.

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 and Lane County is lower than the overall State. The income level of our 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 of Oregon's children Caucasian 68%, Latino 11.7%, Asians 3.7%, African American 1.8%, American Indian 1.4%, multiple races 3.8% 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 less than 2% of the Oregon population African American, 8% of the children in foster care are black. Only 1.4% of the State are American Indians but they 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 much higher 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 78% of Oregon residents are Caucasian, 45% of our intensive treatment program's consumers are Caucasian, 30% are African American, 15% Mixed race, 5% Latino, and 5% Native American. For all agency programs it is difficult to determine the precise ethic mix due to many of the children having very brief contact (crisis cases) but the number of children treated by the Agency has a higher percentage of Caucasians due to the ethnic population of Lane County where the children originate. In Oregon the fastest growing minority group is also the highest minority population—Latinos (11.7%); 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 Oregon's 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, and child consumers all speak English.

The percentage of ethnicity for our staff is somewhat less diverse than that of Oregon overall. We have 93% Caucasian, 3% Latino, 1.5% African American, 1.5% Asian, and 1% Pacific Islander.

Action/Position Statement: The reason we review needs nationally, regionally and locally is to compare needs with our services, which must be responsive to the needs of children and their families not only on a local and regional level but also a national level since our services are available to a broad catchment area. We do not attempt to address all community needs, however we have one or more efforts to address many issues that have been raised in the preceding data. Our main focus for programs is to meet the complex needs of children with significant emotional and behavioral disturbances. We continue to provide a wide range of service options for children in a wide range of need. After reviewing the national, state and local needs, the Management believes that our current array of services and our current programs meet our main focus areas.

There has been a growing divide between the demand for our intensive services among families and among funding sources. Nationally managed care has been embraced to 'provide more efficient care,' which all too often meaning less expensive care. As many funding sources (notably the State of Oregon Mental Health System) have moved to restrict intensive mental health services, the result has been more demand for what Jasper Mountain does. It is fair to say there is a lack of interest (and referrals) from our local mental health system for intensive mental health treatment for traumatized children, but our organization has never had the waiting list we currently have. It is not our intention to address the needs of children based solely on what services are in vogue with the funding sources. Because intensive residential services are currently not valued by community care organizations, many other providers have reduced or eliminated their capacity with the result being more of a need in Oregon for this service rather than less need. For example, since intensive residential treatment was changed from State managed to locally managed the number of provider programs has gone from 8 to 4. We continue to hear the catch phrase "trauma informed treatment," but its implementation

lacks an understanding of the intensive needs of traumatized children very early in life. Oregon children are mostly being authorized short-term interventions and we have programs that fit this model. At the same time, our intensive treatment is sought after by multiple other states for children who have not been helped with managed care and short-term models. This past year an average of 70% of the children at the Jasper Mountain Residential Program were from other states (our other programs are solely Oregon and local children). 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 young seriously traumatized children and provide them what we view as true trauma informed care. We will continue to speak out for the intensive mental health needs of young children and females who are underserved in our system of care.

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

The Board set the most recent long-range (three year) goals for the organization in 2014. Goals are developed on an every three year cycle. In 2014 the previous long-term goals were reviewed and an additional area of focus was identified. For the next three years short-term goals will be developed to address the following:

Goal 1 Services: Optimize the impact and effectiveness of all programs.

Goal 2 Facilities: Enhance the appearance and long-term use of all facilities through preventive maintenance.

Goal 3 Staff Support: Promote the health, job satisfaction and professional growth of all staff.

Goal 4 Outreach Nationally and Internationally: Develop an expanded range of publications and information for outreach to national and international audiences.

Action: The Board developed long-term goals (three year) in 2014. While there were similarities to previous long-term goals, an additional area of focus was included. The organization continues to make positive efforts in these important areas of focus and these goals will be the organization's road map until 2017.

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 (2014-2015) the overall grade was "A+" with a completion rate of 97%. This is only slightly higher than last year's 96% and represents the highest rate of completion of any one year. Indecently it was a

year when our Council on Accreditation organizational review yielded a statistically perfect score. While this reflects excellent progress on defined objectives, it is important to note that completion rated by themselves, whether high or low, are not the best indicator of progress toward meeting the agency mission. There may be years with more conservative objectives that are easier to reach and other years with more challenging objectives that do get completed. Overall the past year was among the more successful years in completion of short-term objectives.

Step 4--Program 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, Fiscal Office. This year a near area has been included of Treatment throughout the Organization. The new action plans are for the 2016/2017 fiscal year have been determined (see Step 8).

Action: Program action plans have been developed for the 2016/2017 fiscal year.

Step 5--Review Internal Data

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

- Consumer Input (Parents, Caseworkers, CASA's, Attorney's and Funding Sources)
- Staff Input
- Child Input

Results:

Consumers: Formal consumer feedback was received this past year from 17% more consumers than the previous year (not included resident children) to provide a good balance of responses to seven services within the organization—Jasper residence, SAFE residence, Jasper Day Treatment, SAFE Day Treatment, Treatment Foster Care, Village Program and Outpatient services. 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. In reviewing the feedback this year it will be broken down by program and then by type of consumer since we have multiple consumers and not all have the same priorities. This year's responses were very similar to last year and represent the most positive feedback to date. Here are some of the questions asked of consumers:

- ✓ I received prompt attention from agency staff.
- ✓ I feel respected by agency personnel at all levels.

- ✓ Staff help me understand treatment choices and include me in planning and the treatment process.
- ✓ The service I have received have helped improve our situation.
- ✓ I experienced smooth communication and coordination with the agency.
- ✓ I feel the information I have shared is handled confidentially.

The answers to the above questions were consistently positive. Of the 109 respondents this past year 96% were positive (Excellent 80% and Good 16%), 3% were neutral and 1% were negative. In addition to the specific questions we ask of clients they are encouraged to offer comments which again were overwhelmingly positive.

Very positive feedback from consumers has been the norm since we have collected data for decades. Most consumers are very pleased that we accept challenging children, that we don't give up on any of them, and for the most part the children get better, at times much better. It is important to point out that receiving 96% positive consumer reviews is particularly high given we must at times address negative patterns in families and all parents are not pleased to hear some issues. We also must transition clients when caseworkers would like us to keep the child longer, or recommend a longer stay when funding sources want shorter stays. Given these multiple priorities for consumers (sometimes competing agendas), the very positive rating are impressive. Overall, consumers appreciate the end result which according to the feedback is progress with the children in nearly all cases. When only 1% of consumers rate the services in a negative way, services are being highly appreciated.

The above questions were scored and divided up by program with the following averages (out of a possible high of 5.0):

- ❖ Jasper Day Treatment 4.9 out of 5.0
- ❖ Village Program 4.7
- ❖ Treatment Foster Care 4.6
- ❖ SAFE Residential 4.5
- ❖ Jasper Residential 4.4
- ❖ SAFE Day Treatment 4.3

Once again the overall picture this presents is very positive. In past years we have separated the feedback by four groups: 1. Parents, 2. Court Appointed Special Advocates, 3. Caseworkers, 4. Funding sources, Attorneys and all other feedback. Compared to previous years the results were somewhat different. For example last year parents had the highest scores and this year they had the lowest, but only marginally lower. Here are the ratings by type of consumer:

- ➢ Court Appointed Special Advocates 4.8 out of 5.0
- ➢ Caseworkers 4.6
- ➢ Funding sources and others 4.3
- ➢ Parents 4.2

In the past the lowest scores were provided by funding sources and this may have been the case this year but funding sources were combined with others. While acknowledging that scores by type of consumer are as positive as ratings of programs, there are some differences in ratings. Earlier it was mentioned that not all consumers have the same priorities. For example, in general funding sources want shorter treatment to reduce cost and caseworkers want longer stays to keep the child stable and getting intensive help. The one group in the above list that has only one priority and that is the child getting the help needed regardless of money or length of stay is the Court Appointed Special Advocates. Predictably CASA's provided the highest rating. Parents were very positive but lower than the other groups of consumers in part because treatment must expose some sensitive issues and a couple parents give extremely low ratings bringing down the average. Most of the parents were very pleased with the services and with the results with their child and family.

Staff: Each of the last 21 years our staff have been asked to provide detailed information concerning their view of their job and the organization as a whole. Over these 21 years the previous highest scores were obtained in 2008 and 2009 but scores have been consistently high since. The scores in 2015 are somewhat lower than last year that had the new highest scores in 20 years. High ratings were given to every question with a somewhat lower rating for perception of organizational wages (7.7 out of 10 was the lowest score given with most in the 8 and 9 range). The 2015 survey used the 2014 form. There were a few new questions from last year, a couple were asked a bit differently and some were dropped. Here are some examples of the results of the 75 employees who provided written input on how they view their jobs. 75% of staff indicated that their job is much better or better than previous jobs they have held. Ratings for teamwork (8.4 out of a possible 10) were the second highest in 21 years. Communication (8.9) and openness (staff 8, supervisors 8.8, and Managers 8.1) to new ideas were all among the highest scores ever. Staff were asked if their job was meeting their hopes and expectations and the majority said yes or mostly yes. Each year wages are rated lower than other areas and this year there was an additional drop of 8% below last year. This was actually anticipated since the majority of staff had received special wage increases and staff reflect a counter intuitive response of being more negative about pay after receiving pay increases. This odd finding was anticipated because it has happened each time special wage increases are given. The overview results indicate staff job satisfaction levels in areas found in research that make up job satisfaction were present: the job fulfilling hopes and dreams, feeling valued, experiencing openness to new ideas, excellent teamwork, and high scores for communication among all levels of the organization. A lower number of staff (75) provided input this year, but high or low numbers of participants have not changed the results over the years. The Management Team will review all the ideas and will prioritize the top suggestions for further consideration. Not all staff were happy with all aspects of their job, but once again the message from the vast majority of staff is their work is challenging, a major source of accomplishment, and a job that provides them with significant job satisfaction.

Children

We want our child to experience that they have a voice in their treatment services. We therefore ask them each year to give us their views of the various aspects of their experience with Jasper Mountain. In previous years they were asked about their school experience and last year they were asked about the activities they have in our treatment program. This year they were asked to indicate what they most liked and what they most disliked about living at Jasper Mountain Center. As in the past, many of the comments were along similar to previous themes. As in the past, there were no shortage of opinions that they shared. The children came down on both sides of several aspects of the program. An additional factor in getting feedback from children is when you ask. This time they were asked right after a trampoline activity, and this activity showed up on both lists. If they were asked in the summer, water activities would have been prominent as in previous feedback. It is impressive with this population that the top three items have to do with liking people. It is not surprising that leading the list of not liked items were restrictions, supervision by staff and behavior management. Here is the list:

Things I like about Jasper Mountain

One-on-One (mentor) 5
Other residents 5
Staff 4
Games 3
Off Site trips 3
Video 2
Running program 2
Free play 2
Visits 2
Trampoline 2
Horses 2
Activities
Dessert
Kid Zone
Bathroom time
Jokes
My NFL poster
Therapy
Dirt
My birthday
My roommates
School
Pizza

Toys
Candy
Turkey
Jello
Friends
Activity
Swimming at the river
My family
Stuffed animals
Jasper encourages good health
Jasper encourages kids going to healthy families
My home
Pie
Food
Ice cream
Being glad and happy
Apple Cider

Things I don't like about Jasper Mountain

Bossy staff 4
Too strict 3
Containment holds 3
Being sheltered 3
Mushrooms 2
Staff 2
Activities 2
Having low points 2
My roommate 2
Peers stealing things
The food
Tofu
My class at school
Trampoline
Mean people
Loud noises
Younger residents
Sharing a room

Work project
Throwing tantrums
Jerks
Hurting staff
Family meeting
Discussion circles
Fighting with peers
Rude people
No internet access outside of school
Fake chicken and gravy
Pie
No freedom
My bedroom
My class in school
Jasper
No attention
No hope
Rules
No hands in pockets

Comments on Child Feedback: The input from children tends to be similar from year to year. Their likes and dislikes are not significantly different than what would be expected of any group of children. One interesting response on the not liked list was "being sheltered" with three votes. This was a case where the oldest child in the program wanted unlimited access to the internet outside of school. It received three votes because two younger children on both sides of him copied his paper. Some things made both lists. We have learned from interviewing the children years after leaving the program that they tend to remember the good times more than the bad. Children in general like special events, field trips, active sports, holidays and birthdays as well as special foods. They tend to not like structure, discipline and getting into trouble. There is little in the feedback from children that points to program changes but it is important to gauge what they are thinking and making adjustments to some summer activities.

Step 6--Combining Consumer Input with Action Plans

Action: Similar to most other years, we have made some conclusions when combining all the above data. We complete this annual consideration of national and local themes as well as response to the services we provide in order to determine if our services continue to meet important unmet needs among our target population. Once again based upon the input received from internal and external sources, as well as the agency programs and goals, the Management Team concluded that current programs continue being effective in meeting both

our mission and short and long-term goals. The adjustments made this year based upon client needs resulted in our Village Program (wrap around) growing in size. At the same time our Treatment Foster Care has declined in population, partially due to decisions by funding sources. Our role in the system of care has changed over time. Our early emphasis on out-patient therapy was discontinued when sufficient local providers entered the system. With the advent of managed care in intensive mental health services, many of the intensive programs either changed their focus or closed their doors. The result of a significant reduction (90%) in psychiatric residential treatment referrals by the State of Oregon over the last 8 years has done two things: it has increased the need within Oregon for what we do since there are fewer available beds, and second we do much more work with other states that need and request what we provide. So it may seem ironic that when intensive residential treatment was deemphasized by the Oregon system, our services became more rather than less in demand, but we anticipated this result. We are back to the highest numbers on our waiting list since the Oregon system of care radically changed ten years ago.

Overall the data we have reviewed indicates we should continue with a focus on these services – psychiatric residential, crisis intervention/crisis respite, day treatment, treatment foster care and wraparound support. Our outcome data continues to show our residential services reflect the greatest treatment gains of all programs and are therefore 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 is conducted every year by the Management Team and this was completed in January 2016. During this assessment the Management Team reviewed the current status of our programs with an emphasis on the mid-level leaders on our treatment team staff, adjustments to executive leadership, emphasis on the business office, and a number of individual staff. A reorganization plan has been developed for a new Business Office Team and realigning office duties. This plan will be worked on over the next fiscal year. An assessment of the individual staff was also completed with minor adjustments made. The structural adjustments in leadership have been made with increased emphasis on training. The employee utilization changes over the past year have gone very well so far.

Action: Unanticipated changes were needed this past year to the previous plan but a new direction has been outlined. The office reorganization plan has been developing and two new members are now on the Management Team (CFO and Business Manager). Adjustments have been made in office responsibilities. We have had staff changes in key positions (Director of Operations and Assistant Executive Manager) and we have noticed improved performance with the Training Team and this critical level of leadership will continue to be monitored. Several individual adjustments will be made over the coming months.

Step 8—Risk Assessment Annual Review

An unanticipated risk came up this past year with poor performance by our retirement plan contractor. A lengthy and expensive process has replaced the contracted provider and the platform of the plan. We also had a relatively new building reflect structural deficiencies that brought about an expensive repair. An assessment of these risks has been discussed and identified leading to several conclusions. The organization does ongoing risk assessment in many ways throughout the fiscal year. We review risks formally on a monthly basis and informally on a continual basis. The Quality Assurance Committee reviews risks on a monthly basis. There are other steps taken by Management to review risks on an annual basis to form the conclusions mentioned here:

- Financial Audit – the Board ensures that the finances of the organization are reviewed by an independent auditor on an annual basis. This audit takes place soon after the fiscal year ends and occurs over a three month timeline culminating in an audit presentation to the Board of Directors in the fall. This year the Audit noted several risks consistent with previous years including the ongoing challenge of collecting all money owed to the organization. The age of the accounts receivable can hinder the organization in being paid on time or paid at all for some services. Internal controls have been the focus of both audit recommendations and steps taken by the organization to reduce the risk of financial impropriety. With all risks taken into consideration, this audit was similar to previous audits finding the organization in a strong financial condition, with improved internal controls and a solid financial foundation going into the next fiscal year.
- Insurance Review – a review was conducted of all insurance coverage protecting the organization and adjustments were made to insure against risks of all kinds.
- Investment Monitoring – our investments are monitored to insure that they are in appropriate funds and diversified against the risk of significant loss. This last year the investments fluctuated considerably with the markets.
- Grievances both internal and external – we had no grievances this year and complaints are frequent but grievances are very rare. We have been able to resolve all internal grievances on the staff level except one that went to the Board level 25 years ago. We have not had an external (client) grievance for sixteen years. By giving attention to matters that could turn into grievances or those that do get as far as a grievance, we have been able to minimize the risk of common lawsuits that could pose a risk to the organization.
- Safety Committee – the Safety Committee continues to meet regularly and identifies risks on the property. The Committee has also worked closely with OSHA to minimize risks leading to a very strong safety record over the last year. Our 2015 staff injuries improved allowed our worker comprehensive insurance to be lowered.
- Staff Suggestion process – we have several ways that staff can provide suggestions that may address potential risks within the organization. This also gives employees the message that their input is wanted, considered by management and acted upon.

- Medication Administration – a great deal of training goes into insuring that medication administration is handled well within the organization. Although there are periodic errors they are minor in nearly all cases and no medication error resulted in harm to a child over the last year. The error rate was very low this year and compliance with medical instructions was excellent. There were periodic medications that were missing and further steps have been taken to insure the security of medications.
- Behavior Management Review – two types of risks arise from behavior management. The first is the risk of injury if violent children are not protected from self-harm or harming others. The second risk is if staff do not prevent violence by following agency policy. All staff are annually trained with four in-house Crisis Prevention Institute trainers conducting trainings throughout the year. This has helped establish an excellent safety record for interventions over the past several years. External investigations that have been routine in previously years have been rare in the past two years.
- Transportation – perhaps the greatest risk to our clients is when they are on the roads and highways. We continue to monitor offsite activities closely and insure that proper transportation is provided by staff who have been trained and have excellent driving records. This past year we had excellent safety on the highways.

Step 9--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 2015/2016. At the mid-way point of this year, the progress is moving ahead toward reaching this year's objectives. At of the end of the second quarter (the half way point) 26% of the objectives had been accomplished, 61% were partially completed and 13% have not been addressed at this point in the year. Some of the items not yet completed are scheduled for later in the current year. Therefore this is a rate of progress reflecting movement toward completion of the full year's objectives but at a slower rate than previous years.

Jasper Mountain
Progress on Short-term Objectives For FY 2015/2016

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

Optimize Program Effectiveness

I A.1. Have consistency of nutritional issues and food services between SAFE and Jasper.

I A.5. All children receive a NRT Protocol within the first 90 days of admission and follow

ups afterward.

N A.6. The Equestrian Program meeting program objectives with service numbers and service quality.

N A.7. Feasibility study of adding a biofeedback component to agency treatment.

I B.1. Improve medical issues at SAFE including nursing, medications and providing medical care in an efficient and timely manner.

Y B.2. Decide whether to continue BRS requirements and whether to decline BRS funds

I B.3. Conduct an NRT Protocol for all children in the program at the 90 day timeline.

I C.1. Implement steps to improve the math curriculum at both locations.

I C.2. Continue the 2014/15 assessment and monitoring of the use of technology in the classroom with a focus on teaching with computers.

I C.3. Review progress toward school vision statement.

Y C.4. Track data of individual and aggregate performance and implement changes based upon the data obtained.

I C.5. Continue a focus on the collaboration of teaching and treatment staff in the classrooms.

Y C.6. Maintain the current focus on reading curriculum and monitor outcomes.

N D.1. Expand the TFC program to have at least 10 children.

I D.2. Obtain more out-of-state funding for TFC, beginning with Alaska.

I D.3. Implement recommendations from the TFC review in 2015.

N D.4. Have TFC and Village programs operating within revenues.

N D.5. Conduct an internal program review for the Village Program.

I E.1. Optimize billings for all services performed.

Y E.3. Review allocations for program costs to improve accuracy.

I E.4. Get all contracts up to current fee structure.

I E.5. Implement all audit recommendations.

Y F.2. Develop a sustainable plan for nursing throughout the organization.

I F.6. Hold two coordinator meetings during the year.

Staff Support

Y A.3. Improve the membership and functioning of the Training Team.

I A.4. Implement a plan for improving the treatment team staff meetings including weekly trainings.

D.6. Develop a plan for the next phase of CBS program leadership.

Y E.2. Development of an Operations Team with a revised office structure developed in the Employee Utilization.

I E.6. Discuss the feasibility of a one year revenue sharing plan with a 50/50 split between maintenance of facilities and staff bonuses.

I F.1. Improve efficiencies to produce a reserve at the end of the year.

I F.5. Continue implementing the executive leadership succession plan.

Facilities Improvement

I A.2. Develop and implement a plan for Castle upgrades.
I B.4. Conduct an assessment of maintenance needs regarding needed equipment, repair or purchase.
Y B.5. Improve the driveway/parking to the building.
I B.6. Enhance the appearance and use of the areas outside of the building with tables and other enhancements.
I C.7. Use the greenhouse for school lessons and science projects.

National and International Outreach

Y F.3. Publish a new book on Healthy Sexuality.
I F.4. Begin developing the next book on stories of healing and courage.
Y F.7. Update website and send a mid-year mailing to supporters.
I F.8. Make the Training Institute available to guests.

Agency Action Plan with Program Objectives for 2016/2017

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

A. Intensive Residential -- Jasper Mountain

1. Have a specific ISSP goal for each child that explains and measures their NRT plan that will be discussed at monthly clinical meetings.
   CD: 7/1/16 and ongoing
   RP: Director of Treatment
   PI: A format is developed for goals
   EM: Every child has a goal in the treatment plan

2. Include a staff training at 80% of the weekly staff meetings.
   CD: Ongoing
   RP: Residential Manager
   PI: List of trainings are developed with a schedule
   EM: Trainings are routinely provided at staff meetings

3. Find a way to better implement and track the supervision of treatment staff.
    CD: 7/1/16
    RP: Director of Treatment and Program Manager
    PI: The plan is submitted to the Management Team
    EM: Plan is implemented

4. Have a functioning equestrian program with measureable objectives, such as lessons and progress for children.
    CD: 7/1/16
    RP: Judy Littlebury and Program Manager
    PI: Objectives of the program are approved by Management Team
    EM: A report is provided to Managers by 1/1/17

5. Develop a way better way to handle the schedule for treatment staff.
    CD: 7/1/16
    RP: Residential Manager and Training Team
    PI: Plan goes to the Management Team for approval
    EM: Plan is implemented

6. Hold two social events for treatment staff during the year.
    CD: Ongoing
    RP: Program Manager and Training Team
    PI: Two events with dates are scheduled
    EM: Social events are held and give staff recreational time

B. The SAFE Center

1. Trainings at 80% of staff meetings
    CD: Ongoing
    RP: Program Manager, SAFE Center Director
    PI: Trainings, of at least a half hour in length, will be offered weekly.
    EM: 80% of the staff meetings during the fiscal year will have minutes that reflect a training occurred.

2. Upgrade clothing and appearance of children.
    CD: January 15, 2017
    RP: SAFE Center Support Staff Coordinator, SAFE Center Nurse, SAFE Center Director
    PI: The SAFE Center will provide suitable clothing, meeting the seasonal and weather demands, in the event the family/guardian cannot. This includes shoes and jackets, hygiene needs to match age-appropriate/developmental levels.
    EM: Children at SAFE Center will appear clean, reasonably groomed, and to have

functional and appropriate clothing. Clothing budget expenditures will be monitored to that of Jasper's expenditures.

3. Review comprehensive plan for parental involvement.
   - CD: January 31, 2017
   - RP: SAFE Center Director, SAFE Center Assistant Director, Clinical Supervisor
   - PI: Staff will review how parents can best be involved for family gains and for the best interest of the treatment environment.
   - EM: All handouts, brochures and the agency website will be updated indicating expectations of parental/guardian involvement.

4. Consider adequacy of transition process out of the program.
   - CD: March 31, 2017
   - RP: SAFE Center Director, Clinical Supervisor, District Liaison, SAFE Center Nurse
   - PI: Staff will review current transition process and make recommendations to the Management Team to consider.
   - EM: Children will discharge from the SAFE Center residential program having clear documentation of recommendations and needs for physical and mental health. Children's awareness for where they are going will be openly communicated, per guardian and case approval, with accompanying information about the plan. Their files will be up-to-date with discharge planning documents. 95% of discharged cases will have this documentation in the files.

5. Repaint water tower, inside and out.
   - CD: June 30, 2017
   - RP: SAFE Center Director, Agency maintenance staff
   - PI: Identify what steps are necessary to update the water tower regarding functionality, prolonging its usable life, and aesthetics, any program impacts/loss of water for the project, painting the water tower inside and out, costs, and best times to do the project.
   - EM: The tower will be fully painted, inside and out, functionality assessed, meeting all water quality expectations, and no negative impacts on water quality.

6. Replace number of fallen trees with new plantings/enhance ecology program with outdoor nature work projects; Complete gazebo/sitting areas outdoors.
   - CD: June 30, 2017
   - RP: SAFE Center Director, SAFE Center maintenance
   - PI: Develop a tree replacement plan. Document improved outdoor nature projects linked with each child's Rainbow chart and progress children made. Have at least two gazebos and all sitting/bench areas completed.
   - EM: Rainbow charts will document outdoor projects completed; the tree replacement plan is implemented. Gazeboes are completed.

C. Jasper Mountain School

1. Integrate reading and math data into the annual review process demonstrating how the data was utilized to drive instructional decisions and actions.
   CD: Quarterly
   RP: School Leadership Team
   PI: Changes to curriculum are considered based upon data
   EM: Curriculum is adjusted and evaluated as needed.

2. Continue to strengthen teamwork and collaboration between treatment team and teachers in the classroom.
   CD: Reviewed quarterly
   RP: Principal and Executive Director
   PI: Obtain a rating of 3.5 or higher on measures.
   EM: Rating are reviewed by the Management Team

3. Monitor math curriculum and math assessments to assure students are making progress towards the math benchmarks applicable to their instructional level.
   CD: Quarterly assessment with the EasyCBM
   RP: Principal
   PI: Monitor to achieve one academic year per calendar year
   EM: Report data to School Leadership Team

4. Revisit school vision, make changes as needed, and assess progress to have all school staff understand the vision of the school.
   CD: 11/15/16
   RP: Principal and Executive Director
   PI: Vision reviewed and adjusted by School Leadership Team
   EM: Data is obtained regarding attunement with School Vision

5. Develop and implement an organized physical education program in the school including the Presidential Fitness Award program for all students.
   CD: January 2017
   RP: District Liaison and Executive Director
   PI: Plane reviewed by School Leadership Team
   EM: PE plan is implemented in early 2017

6. Identify alternative methods of using thematic units in the classroom and implementing chosen alternatives.
   CD: October 31, 2016
   RP: Principal and School Leadership Team
   PI: Multiple alternatives are identified for the use of thematic learning
   EM: One of more methods are in use.

7. Develop and Implement a training regarding treating traumatized children in the classroom.
   CD: October 15, 2016
   RP: Executive Director and Principal
   PI: Training developed
   EM: Training is presented to teachers and treatment staff

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

1. Implement the Pride Competency
   CD: 7/15/16
   RP: TFC Coordinator and Director of Treatment
   PI: Implementation steps are determined
   EM: Report to Management Team of full implementation

2. Stabilize funding for the TFC program
   CD: Ongoing
   RP: TFC Coordinator, Clinical Supervisor and Business Manager
   PI: Steps are identified to result in program meeting expenses
   EM: Financial statements reflect the program is covering expenses

3. Respond to the TFC program review and report progress on recommendations
   CD: 9/1/16
   RP: TFC Coordinator and Director of Treatment
   PI: Changes are identified
   EM: Report is given to the Management Team

4. Recruit two new TFC families
   CD: 4/1/17
   RP: TFC Coordinator
   PI: Recruitment goal is shared throughout organization
   EM: Two new families are trained

5. Develop a TFC leadership transition plan
   CD: 8/1/16
   RP: Director of Treatment and Management Team
   PI: A plan is agreed in the Management Team
   EM: Approved plan is implemented

6. Review, evaluate and revise TFC policies and procedures
   CD: 12/1/16
   RP: TFC Coordinator and Director of Treatment
   PI: Policy changes are submitted to the Management Team
   EM: Adjustments are implemented and placed in the Policy Manual

E. Fiscal Office

1.80% of current contracts are at full fee.
   CD: 12/31/16
   RP: CFO and Business Team
   PI: Report on percentage to Management Team
   EM: Nearly all contracts are at our rate.

2. A new contract is in place for the annual audit.
   CD: 7/15/16
   RP: Executive Director and CFO
   PI: Bids are received and a selection is made
   EM: An audit contract is in place

3. The 403b retirement plan is fully implemented.
   CD: 7/1/16
   RP: Business Manager
   PI: All interested staff are enrolled
   EM: Accurate statements are going to employees

4. Improve billing and reduce accounts receivable by hiring an additional billing person.
   CD: 8/1/16
   RP: Business Manager and CFO
   PI: Ads for the position are followed by interviews
   EM: Billing is improved and AR is reduced

5. Hold quarterly meetings of the Business Team.
   CD: Ongoing
   RP: Business Manager and CFO
   PI: Four meetings are held during the year
   EM: Better communication and coordination occurs in business matters.

6. Updating the Fiscal Policies and Procedures Manual
    CD: 11/1/16
    RP: CFO
    PI: Updates and Changes are made
    EM: Finished Manual is available to Management Team

F. Administration/Organization

1. Enhance the existing website.
    CD: 10/1/16
    RP: Becky Garner and Executive Director
    PI: New design components are agreed to
    EM: Website changes are online

2. Develop a new website for publications.

    CD: 1/1/17
    RP: Michelle Perin and Executive Director
    PI: The website components are determined
    EM: New website is online

3. Implement the 2016 Employee Utilization Plan.
    CD: 7/1/16
    RP: Executive Director
    PI: Position changes are in place
    EM: Management Team reviews plan for full implementation

4. Complete the 2016 Wage and Benefit Survey.
    CD: 7/1/16
    RP: Executive Director
    PI: Comparable organizations are chosen
    EM: Survey is complete and posted

5. Develop Signage for the Jasper main office.
    CD: 9/1/16
    RP: Dave Rooney and Executive Director
    PI: Design is determined
    EM: New sign is installed

6. Develop a space utilization plan for the Learning Center and Chapel.
    CD: 11/1/16
    RP: Management Team and Executive Director
    PI: Alternative are discussed
    EM: The space is being utilized

7. Provide consulting internationally to organizations requesting help.
    CD: Ongoing
    RP: Executive Director
    PI: Consulting is provided and information is shared
    EM: Reports of consulting are provided to the Quality Assurance Committee

8. Host guests for our Training Institute for international guests.
    CD: Ongoing
    RP: Executive Director
    PI: Onsite training is provided to individual's upon request
    EM: Reports on institute guests is provided to the Quality Assurance Committee

G. Treatment Throughout Organization

1. Develop a clinical team and training team curriculum
    CD: 10/15/16
    RP: Director of Treatment
    PI: Curriculum is presented to the Management Team
    EM: Full implementation

2. Monitor Treatment Throughout the Organization
    CD: Ongoing
    RP: Director of Treatment
    PI: Each program is reviewed and discussed by Management Team
    EM: Adjustments to the programs are implemented and report to the Board

3. Update the point sheets at both sites to include NRT plans
    CD: 9/15/16 and ongoing
    RP: Director of Treatment, SAFE Director and Program Manager
    PI: All point sheets have been revised
    EM: Point sheets reflect NRT plans

4. Ensure integrated treatment aligned with our core values
    CD: 9/1/16 and ongoing
    RP: Director of Treatment
    PI: Reports are provided to the Management Team quarterly
    EM: Better integration of treatment in all areas

Step 10--Integrate all data into a proposed budget for the 2016/2017

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 February, the Board will set priorities 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 2016/2017

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

National and International Outreach

F.1. Enhance the existing website.
F.2. Develop a new website for publications.
F.7. Provide consulting internationally to organizations requesting help.
F.8. Host guests for our Training Institute for international guests.

Optimize Program Effectiveness

A.1. Have a specific ISSP goal for each child that explains and measures their NRT plan that will be discussed at monthly clinical meetings.
A.2. Include a staff training at 80% of the weekly staff meetings.
A.4. Have a functioning equestrian program with measureable objectives, such as lessons and progress for children.
B.2. Upgrade clothing and appearance of children.
B.3. Review comprehensive plan for parental involvement.
B.4. Consider adequacy of transition process out of the program.
C.1. Integrate reading and math data into the annual review process demonstrating how the data was utilized to drive instructional decisions and actions.
C.3. Monitor math curriculum and math assessments to assure students are making progress towards the math benchmarks applicable to their instructional level.
C.4. Revisit school vision, make changes as needed, and assess progress to have all school staff understand the vision of the school.
C.5. Develop and implement an organized physical education program in the school including the Presidential Fitness Award program for all students.
C.6. Identify alternative methods of using thematic units in the classroom and implementing chosen alternatives.
D.1. Implement the Pride Competency.
D.2. Stabilize funding for the TFC program.
D.3. Respond to the TFC program review and report progress on recommendations.
D.4. Recruit two new TFC families.
D.5. Develop a TFC leadership transition plan.
D.6. Review, evaluate and revise TFC policies and procedures.
E.1. 80% of current contracts are at full fee.
E.2. A new contract is in place for the annual audit.
E.4. Improve billing and reduce accounts receivable by hiring an additional billing person.

E.5. Hold quarterly meetings of the Business Team.
E.6. Updating the Fiscal Policies and Procedures Manual.
F.3. Implement the 2016 Employee Utilization Plan.
G.2. Monitor Treatment Throughout the Organization.
G.3. Update the point sheets at both sites to include NRT plans.
G.4. Ensure integrated treatment aligned with our core values.

Staff Support

A.2. Include a staff training at 80% of the weekly staff meetings.
A.3. Find a way to better implement and track the supervision of treatment staff.
A.5. Develop a way better way to handle the schedule for treatment staff.
A.6. Hold two social events for treatment staff during the year.
B.1. Trainings at 80% of staff meetings.
C.2. Continue to strengthen teamwork and collaboration between treatment team and teachers in the classroom.
C.7. Develop and Implement a training regarding treating traumatized children in the classroom.
E.3. The 403b retirement plan is fully implemented.
F.4. Complete the 2016 Wage and Benefit Survey.
G.1. Develop a clinical team and training team curriculum.

Facilities Improvement

B.5. Repaint water tower, inside and out.
B.6. Replace number of fallen trees with new plantings/enhance ecology program with outdoor nature work projects; Complete gazebo/sitting areas outdoors.
F.5. Develop Signage for the Jasper main office.
F.6. Develop a space utilization plan for the Learning Center and Chapel.