



THRIVE

Finish, Focus and Flourish
2023-2024 Operational Plan

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Introduction

CASA Mental Health's 2023-2024 operational plan is built on its vision, mission, values and five-year strategic roadmap, all of which act as the foundation for our work. It is also guided by our commitment statements related to equity, diversity and inclusivity and to the provision of mental health services for Indigenous children, youth, families and communities.

This plan is shaped by the work initiated during year one of the roadmap – a year where we strengthened relationships with staff, community partners, funders and donors. A year where we realigned services and programming to better meet the needs of our patients and the families, caregivers and guardians that support them. A year where we secured resources to support the financial health of our organization as well as the viability, quality and growth of our programming. During the first year of the roadmap, we successfully:

- Completed a market data review identifying critical wage gaps that informed a strategy for competitive recruitment and retention.
- Negotiated of a new four-year Health Sciences Association of Alberta collective agreement.
- Designed and implemented a robust staff, physician and student onboarding package and process used at point of hire.
- Developed a physician resource plan.
- Created a new student placement program with work undertaken to update and operationalize new affiliation agreements.
- Established access to NetCare for CASA physicians and nurses.
- Created a process for and standard agenda items for patient stories at board and senior leadership meetings.
- Realigned clinical programs including:
 - Delivery of weekend services at CASA House.
 - Enhanced and streamlined psycho-educational assessments for CASA clients.
 - Created Core Program.
 - Integrated addictions services across programs.
- Developed and implemented a data and information strategy.
- Increased the number of community grants pursued by 25 per cent.
- Designed and activated a new website.
- Rebranded the organization by adopting a new name, visual identity and brand messages.
- Completed a social media strategy.
- Established web-based capability for effective donor management.
- Implemented new facility management software.
- Completed a facilities needs assessment.
- Implemented a new phone system and online messaging system.
- Operationalized the new \$50M five-year Government of Alberta Agreement, (*Thrive: Bringing Mental Health Services Closer to Kids*), focusing on:
 - Program design for CASA Classrooms
 - Hiring and opening of two CASA Classrooms in Sturgeon County – Gibbons (Middle School) and Sturgeon High School
 - Expanding Indigenous mental health services
 - Developing a report, recommendations and an implementation plan for supporting homeless youth crisis and stabilization centres in collaboration with MyKickstand and Youth Empowerment and Support Services (YESS)

We also revised our approach to two other activities to complete targeted work in 2022-2023. These include:

- Clinical framework development.
Moved from developing frameworks for all programs to focusing on four key programs recognizing the need to enhance the process in 2023-24 before creating any additional frameworks.
- Mentorship program designed and all new staff assigned a mentor at hire.
Moved away from organization-wide mentorship to focused student placements and new staff supervision for psychologists to assist in filling critical positions. This was a strategic decision so that mentorship and preceptorship targeted students and new employees to more effectively recruit, onboard and build capacity.

This year we are committed to finishing initiatives from year one that were either delayed, as they required a longer time to complete due to unanticipated interdependencies, or new information evolved that required reframing of the deliverable.

We developed the 2023-24 operational plan through an extensive internal consultation process called catchball. Catchball is an approach to decision-making where ideas are pitched from one individual or group to another. The technique assists in creating and maintaining open feedback loops across all levels of an organization and establishes two-way information sharing. Leaders and internal support team staff attended three catchball sessions between December and February. In addition a catchball session with physicians was held in January. The 2023-24 operational plan reflects feedback provided through this process.

CASA Mental Health is continuing on its transformational journey with a focus that includes:

1. Becoming leaders in delivering child-centred, family-inclusive mental health services, through:
 - Creating a safe, diverse, and inclusive workplace; and
 - Being a nationally recognized learning and teaching organization.
2. Delivering relevant and effective programming, through:
 - Providing safe and culturally sensitive mental health services; and
 - Being a model organization in delivering trauma-informed, wrap-around mental health programming for children and their families.
3. Ensuring financial health, through:
 - Establishing diverse funding sources; and
 - Being a nationally identifiable and trusted organization.

CASA Mental Health has made a commitment through the strategic roadmap to double the number of children, youth and family that we serve by the end of the 2025-26 fiscal year, while maintaining or improving the quality of the services we currently provide. We have committed to do this by:

- Expanding our current services within the facilities we currently occupy;
- Building and expanding virtual services; and
- Working with partners to bring mental health services closer to kids by offering CASA programming in other organization's facilities/space.

Our Vision

A community where all children, youth and their families are provided with timely mental health care and empowered to thrive.

Our Mission

To build resilience through holistic, evidence-informed and compassionate care, and to advocate for children, youth and families with mental illness.

Our Values

CASA's values form the foundation of how we relate to our patients and families, to each other, to our partners, to our donors and to our funders.

COMMUNITY

We believe each person's community is unique and is needed to support the mental health and well-being of those we serve.

CHILD-CENTRED AND FAMILY-INCLUSIVE CARE

As partners in care, we build services around the specific needs of each child and family.

COLLABORATION

We work together to better serve children, youth, and families.

EQUITY, DIVERSITY, AND INCLUSIVITY

We create a culturally safe environment that acknowledges, honours, and respects the lived experience of every person and community.

OUTCOMES-BASED ACCOUNTABILITY

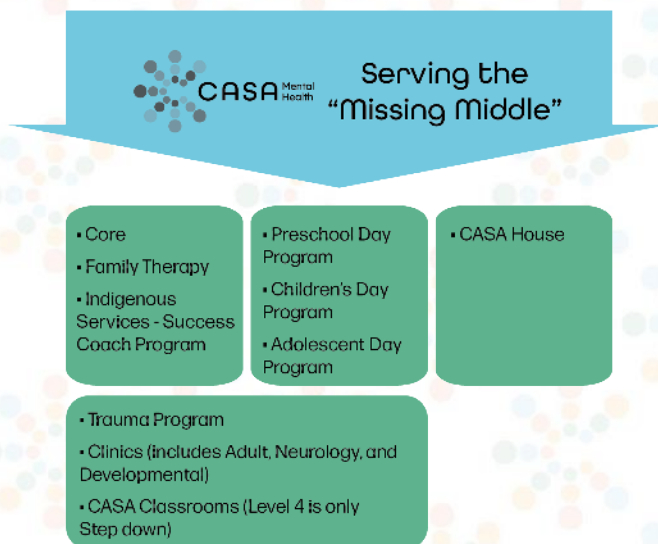
We commit to and deliver effective outcomes as both a care provider and employer.

SERVING THE MISSING MIDDLE

CASA has committed to a transformational change that focuses on re-envisioning the delivery of children's mental health services in Alberta. CASA is examining the value-added role that we can play in filling the "missing middle." What is the missing middle? Utilizing the Child and Adolescent Level of Care Utilization System (CALOCUS) (American Association of Community Psychiatrist, 2010), levels 0, 1 and 2 services of prevention, promotion and early intervention/treatment are best suited to be delivered by primary care networks, community organizations and other non-profits. On the opposite end of the model, level 6 intensive, complex specialty care services are best delivered within a hospital or secure care facility, provided through Alberta Health Services.

As part of our five-year strategic roadmap, CASA Mental Health intends to meet the growing and changing needs of children and youth in the missing middle (levels 3 to 5) across Alberta. Our focus is to help those children who are experiencing acute or chronic mental illness that is too complex to be handled by primary care networks and non-medical community organizations but may not be best cared for through hospital services. The vision is to provide timely mental health services to children and youth to prevent admissions to hospital and help families thrive. (Illustration below)

CALOCUS-CASII: Child and Adolescent Level of Care/Service Intensity Utilization System						
Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Prevention and Health Management	Recovery Maintenance and Health Management	Low-intensity Community-based Services	High-intensity Community-based Services	Medically Monitored Community-based Services: Intensive Integrated Services Without 24-hour Psychiatric Monitoring	Medically Monitored Intensive Integrated Services: Non-secure, 24-hour Service with Psychiatric Monitoring	Medically Managed Secure, Integrated Intensive Services: Non-Secure, 24-hour Service with Psychiatric Management
Community Partners and Primary Care Networks			Alberta Health Services			



This year, we will concentrate our efforts on 32 deliverables as we work to finish what we started in 2022-23 and focus on targeted improvement and expansion initiatives to assist us in achieving our three-year goal to double the number of children, youth and families we serve and continue building towards our five-year headlines.

CASA Mental Health is conscious that in order to ensure all children, youth and families have access to timely mental health care to thrive, we must both create safe, diverse and inclusive workplaces for staff and physicians as well as build understanding and capacity for the delivery of safe and culturally sensitive services. Given this, we make the following commitments.

Our Commitment to Equity, Diversity and Inclusivity

Guiding Statement

Beyond the Policies, Behind the Humans: A Courageous Approach to Equity, Diversity and Inclusivity

CASA has identified Equity, Diversity and Inclusivity (EDI) as part of our foundational values moving forward. As a major community-based provider of mental health services for children, youth and their families in Alberta, we want to create a culturally safe environment that acknowledges, honours and respects the lived experience of every person and community. We believe that organizations can be powerful platforms for social change, and that we have a responsibility towards a future that is more diverse, equitable and inclusive for all.

While building on our existing work and advocacy for mental health services, we know there is so much more that can and should be done to counter marginalization. We need to critically look at our own culture and practices. We recognize that we can serve with excellence; however, without understanding our power, privilege and historical foundations of current systemic inequities, we can still cause harm. This is a journey that will require a courageous approach as we learn to listen with humility, respectfully engage in dialogue and learn together. As part of CASA's transformational journey to becoming leaders in delivering child-centred, family-inclusive mental health services, we are committed to providing our communities with the knowledges, skills and tools to create a safe, diverse and inclusive workplace; and ensuring our organization is equipped to be a provider of safe and culturally sensitive mental health services. Our commitments represent a first step as we navigate our long-term EDI journey.

Our Commitments

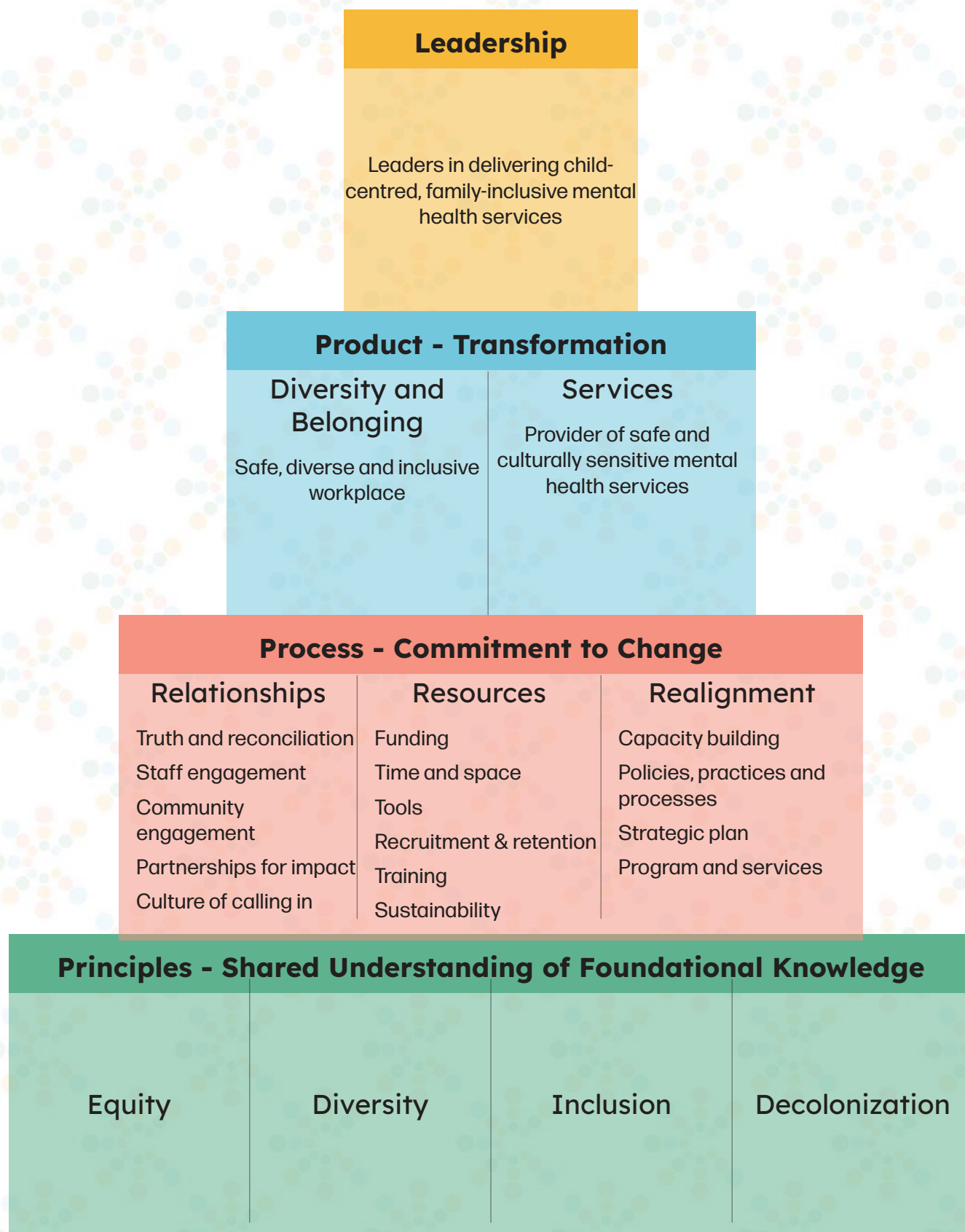
In line with embedding equity, diversity and inclusivity as building blocks of our organizational culture shift, CASA commits to:

1. Defining equity, diversity, inclusion and decolonization as they relate to our transformation, and creating organization-wide opportunities for staff and community to meaningfully engage in building a shared understanding of this foundational knowledge.
2. Developing meaningful relationships through staff and community engagement, partnerships for impact, and inclusive initiatives that will amplify truth and reconciliation dialogues, promote a culture of calling in, and normalizing EDI conversations.
3. Providing resources in the form of funding, staff recruitment and retention, time, space, training and tools to ensure sustainability and continued learning and growth.
4. Ensuring organizational realignment to reflect our EDI values through capacity building, assessment and updating of policies, practices and processes, review of programs and services, and creation of a strategic plan to guide changes and maintain accountability.

A Lifelong Process

As we strive to create a workplace that reflects the diverse communities around us, we realize that this is a lifelong process. These commitments represent CASA's ongoing learning so changes will happen as we learn and grow in our perspectives, and as we demand better of ourselves. Creating an inclusive world involves all of us. We are building a legacy of action for a future where children and families receive equitable and culturally safe wrap-around mental health services in which they feel seen, heard and supported in a way that is uniquely meaningful to them. We aim to be a culturally safe and inclusive space where diverse staff, children, youth, families and communities can THRIVE!

Building Blocks of CASA's Organizational Growth Towards Equity, Diversity and Inclusivity



Our Commitment to Mental Health Services For Indigenous Children, Youth, Families and Communities

Guiding Statement: Ripples of Change: Honouring the Past, Acting in the Present, and Re-imagining Indigenous Mental Health and Wellness for the Future

CASA is on a transformational journey inspired by our vision of a community where all children, youth and their families are provided with timely mental health care and empowered to thrive. An integral part of achieving this vision is focused on being deliberate in learning from the past, acting in the present and creating for the future when it comes to the mental health of Indigenous children, youth, families and communities. The Truth and Reconciliation Commission (TRC) issued 94 calls to action urging individual and collective entities across Canada to work together in a good way towards reconciliation.

Truth First: As an organization, we acknowledge the continuing harmful impacts of colonization on Indigenous peoples across Canada, particularly as it relates to inequities in mental health and historical trauma. We recognize that there has been an overrepresentation of Western values, beliefs and approaches to mental health and wellness in the lives of Indigenous peoples. This overrepresentation has negatively shaped our understanding of Indigenous communities and has resulted in inequitable care.

Reconciliation in Action: CASA's mission to build resilience through holistic, evidenceinformed and co passionate care, and to advocate for children, youth and families with mental illness must include pathways to reconciliation. The TRC called upon those with decision-making powers in health to enact relevant changes. CASA is in a unique position to support and advocate for change for First Nations, Inuit and Métis peoples on Treaty Six territory, where we are located, as well as for Indigenous children, youth, families and communities across Alberta.

In our collective journey towards reconciliation, CASA is working in collaboration with Indigenous communities on an initiative to build an **Indigenous Wellness Support Program**. The initiative aims to provide every Indigenous child and youth, and their families and communities, with mental health care that draws on Indigenous knowledges. The program will provide consultation to therapists, programs and CASA as a whole on moving towards honouring Indigenous knowledges in our work. The initiative is informed by elements of collaboration, education and consultation with Indigenous Elders, knowledge keepers, communities and co-creators of wise mental health and wellness practices that honour Indigenous knowledges.

For meaningful change to happen, we recognize the need to engage in honest dialogue, listen with humility and act with authenticity in our work with Indigenous communities. While we are learning, growing and creating, we want to start by articulating our commitments to walking together in a good way.

Our Commitments

CASA is uniquely positioned to enact reconciliation through changes to mental health and wellness supports for Indigenous children, youth, families and communities. In response to the calls to action by the Truth and Reconciliation Commission, CASA commits to:

1. Developing meaningful relationships founded on reciprocity, respect and dialogue with Indigenous communities as co-creators of change in Indigenous mental health services.
2. Honouring Indigenous knowledges through actively learning from Indigenous approaches and perspectives of mental health, and mindfully incorporating Indigenous wise practices in our work.
3. Collaborating with Indigenous communities in identifying and building programs and services that meet

their needs, and creating policies, processes and protocols to support respectful Indigenous inclusion.

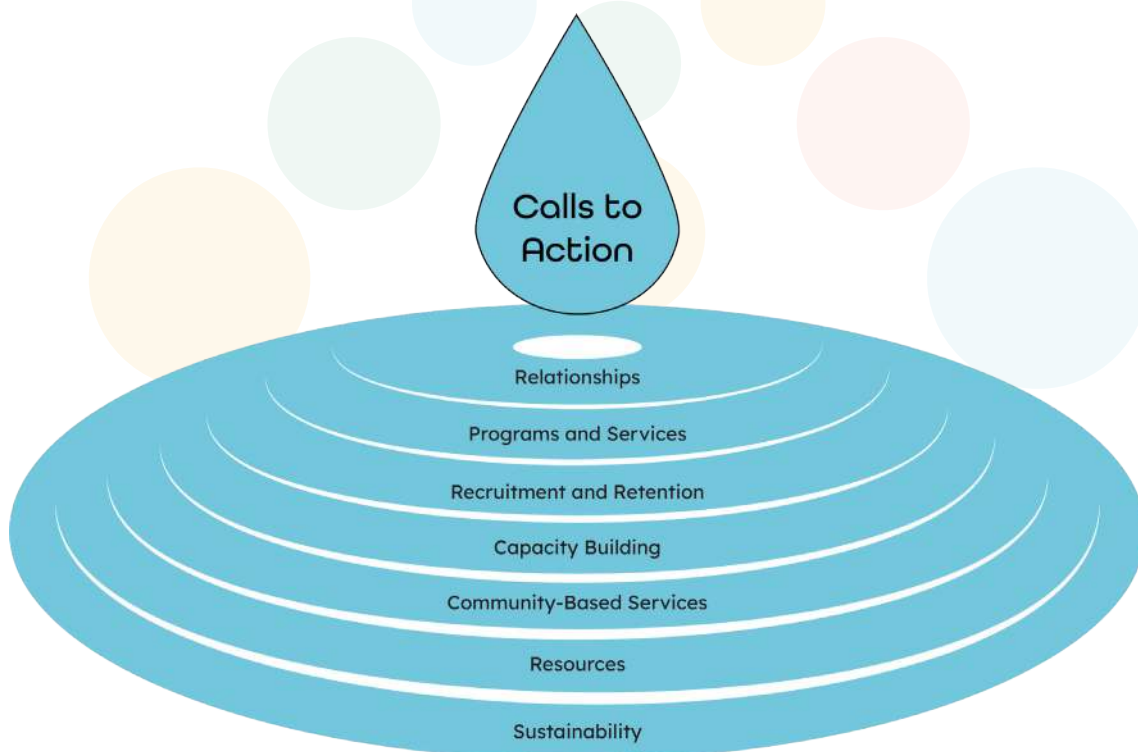
4. Engaging in intentional recruitment and retention of Indigenous staff, creating safe and inclusive workspaces for them and ensuring their authentic involvement in decision-making processes.
5. Developing organization-wide capacity building initiatives to equip staff for reconciliation through access to learning opportunities that promote Indigenous knowledges and prepare staff to respectfully support Indigenous health and wellness.
6. Establishing community-based services that will encourage collaborative capacity building and meaningful community involvement in developing and delivering supports.
7. Allocating resources and partnering with diverse funders to ensure adequate financing to meet the needs of the programs and services.
8. Ensuring sustainability of the programs and services through continued knowledge generation, staffing, resource allocation and ongoing relationship building that will support the evolving mental health and wellness needs of Indigenous communities.

An Intentional Journey

“Getting to the truth was hard, but getting to reconciliation will be harder.”
Honourable Murray Sinclair (Chief Commissioner of the TRC)

As we journey towards reconciliation, we recognize that these commitments represent a living process for CASA. The commitments will change and grow as we engage in ongoing dialogue and thoughtful reflections with Indigenous communities. This is inherently a process of long-term relationship building and will require patience, dedication and an intentional willingness to learn and change. Now let us journey together in a good way as we create ripples of change by honouring the past, acting in the present, and re-imagining Indigenous mental health and wellness for the future.

The Ripple Effect of the Calls to Action





FINISH

Over the next year, CASA Mental Health will finish the following work on eight initiatives started in year one of the roadmap.

1 Implement Ocean Software

Activity:

Successfully launch Ocean software, an Electronic Medical Record (EMR) integrated software that supports automated appointment reminders, allows for direct patient communication for forms and information, and has an Ocean Studies module that can be used to conduct clinical research and patient surveys.

Convenor:

Manager, Privacy and Health Information

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input checked="" type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input checked="" type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input checked="" type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: **Quarter 1**

Resources Required

Technology - Tablets.

Interdependencies

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Communications
<i>Minor</i> | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program | <input checked="" type="checkbox"/> Human Resources
<i>Moderate</i> | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input type="checkbox"/> Information Technology | <input checked="" type="checkbox"/> Other
<i>Business Intelligence, Evaluation and Research - Moderate</i> |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☒ Change Management Plan ☒ Communications Plan

One metric/deliverable to illustrate success:

First data collected from patient demographic survey.

Key Risks:

All risks pertain to continuing to function without implementing the Ocean tool.

- Patient demographic survey will not be easily administrable.
- Without the data, current gaps in services or representation biases, which may already exist within systemic structures, may be perpetuated and opportunities for improvement are left undetermined which could affect actualization of multiple primary strategic and corporate outcomes.
- Impact our eligibility for grants or funding if viewed as providing ineffective services or services which do not reach target populations.
- Gaps in services for certain populations.

2

Redesign Patient Sociodemographic Survey

Activity:

Patient sociodemographic survey implemented into Ocean and first set of data generated.

Convenor:

Manager, Business Intelligence, Evaluation and Research

What primary strategic or corporate outcome/headline does this work support?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Safe, diverse and inclusive workplace | <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input checked="" type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Community | <input checked="" type="checkbox"/> Child-centred and family-inclusive care | <input checked="" type="checkbox"/> Outcomes-based accountability |
| <input checked="" type="checkbox"/> Equity, diversity and inclusivity | | <input checked="" type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

Quarter to be completed: **Quarter 2**

- ☐ No ☒ Yes *Equity, Diversity and Inclusivity*

Interdependencies

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Communications
<i>Minor</i> | <input checked="" type="checkbox"/> Finance
<i>Minor</i> | <input type="checkbox"/> Occupational Health and Safety |
| <input checked="" type="checkbox"/> Clinical Program
<i>All, major</i> | <input checked="" type="checkbox"/> Human Resources
<i>Minor</i> | <input checked="" type="checkbox"/> Privacy and Health Records (EMR)
<i>Major</i> |
| <input checked="" type="checkbox"/> Equity, Diversity and Inclusivity
<i>Minor</i> | <input checked="" type="checkbox"/> Information Technology
<i>Minor</i> | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Facilities
<i>Minor</i> | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☒ Project Plan ☒ Change Management Plan ☒ Communications Plan

One metric/deliverable to illustrate success:

Twenty-five per cent of all patients offered a survey for the first data set (testing phase - important to test the survey in Ocean before sending out to all patients). Fifty to sixty per cent response rate.

Key Risks:

- Ocean is delayed.
- Unexpected bugs/issues with Ocean
- Low response rates from patients/families due to:
 1. Patients not understanding the importance of survey
 2. Limited understanding/communication with staff about the survey

3

Create Staff Well-Being and Resiliency Strategy

Activity:

Create and implement an employee well-being and resiliency strategy and program.

Convenor:

Manager, Human Resources

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: **Quarter 2**

Resources Required:

1.0 FTE Staff Engagement and Experience Coordinator plus approximately \$150,000 in programming dollars.

Interdependencies

- | | | |
|--|--|--|
| <input type="checkbox"/> Communications
<i>Moderate</i> | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety
<i>Minor</i> |
| <input type="checkbox"/> Clinical Program
<i>All, minor</i> | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity
<i>Moderate</i> | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other
<i>Business Intelligence, Evaluation and Research - Minor</i> |
| <input type="checkbox"/> Facilities
<i>Minor</i> | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Staff well-being and resiliency strategy documented and approved.

Key Risks:

- Increased staff burnout.
- Increased turnover rate.
- Decreased culture and lack of competitiveness in the employment market.
- Different cultures value different things - ensure the program is broad enough to be of interest to most if not all staff.
- Ensure the program is supportive of all CASA sites, in the past there was focus at Centre for example.
- Our current workspaces may not allow for activities for example, if we wanted to bring in a yoga instructor at Fort Road, where would there be space for the class to be held?
- Well-being - the definition is different for individual to individual, will the program be broad enough to support mental, physical, emotional well-being?
- We have had many iterations of this type of initiative in the past, will this one be meaningful or lip service?

Mitigation Strategies:

- Consider running a survey or focus groups to gather information from various staff, ensuring positions, locations, tenure and age are accounted for before proposing a program.
- Communicate the program using a variety of channels including email, peer ambassador, leadership group, Connector, CASA Connect.
- If activities are not being held at work sites, consider ease of access for staff for off-site locations, how will staff get there? Will they have sufficient time to get there between work and the activity starting?
- Clearly define whether the program applies to students and contractors in addition to employees.
- Consider what has been done in the past before we make recommendations for a new program.

4

Integrated Equity, Diversity and Inclusivity Strategy

Activity:

Develop an integrated equity, diversity and inclusivity strategy.

Convenor:

Manager, Equity, Diversity and Inclusivity

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input checked="" type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input checked="" type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|---|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input checked="" type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes *Equity, Diversity and Inclusivity; Indigenous services*

Quarter to be completed: **Quarter 4**

Resources Required:

- 1.0 FTE EDI Lead
1.0 FTE EDI Practitioner

Interdependencies

☒ **Communications**
Major

☒ **Clinical Program**
All, minor

☒ **Equity, Diversity and Inclusivity**
Major

☒ **Facilities**
Moderate

☒ **Finance**
Moderate

☒ **Human Resources**
Major

☒ **Information Technology**
Minor

☒ **Marketing and Fund Development**
Major

☒ **Occupational Health and Safety**
Major

☒ **Privacy and Health Records (EMR)**
Minor

☒ **Other**
Board; Business Intelligence, Evaluation and Research; YFAC; Staff Engagement Council; students, volunteers and partners - Moderate

It is anticipated that this work will need a:

- ☒ Project Plan ☒ Change Management Plan ☒ Communications Plan

One metric/deliverable to illustrate success:

EDI Strategic Plan completed, approved by SLT and shared with CASA teams.

Key Risks:

- Ineffective interdependencies.
- Absent and inactive leadership and follow through.
- Miscommunication/lack of clear communication in terms of expectations, directions.

5

Clean-up of all archived organizational records

Activity:

Clean-up all archived records in accordance with records retention policy. This encompasses: identifying any patient files that indicate possible sexual abuse or assault to be retained until patient would reach age 100; storing these files separately; and re-cataloguing remaining files to simplify future destruction of records that have reached the end of the records life cycle. This improvement work will include non-health records stored in archives.

Convenor:

Manager, Privacy and Health Information

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes

Resources Required:

1.0 FTE Health Records Clerk
Health Information Management Student placements through SAIT Program
Temporary desktop required/additional workspace

Quarter to be completed: **Quarter 4**

Interdependencies

- | | | |
|--|---|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance
<i>Major</i> | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program | <input type="checkbox"/> Human Resources
<i>Minor</i> | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other
<i>Volunteer Services - Minor</i> |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development
<i>Minor</i> | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Reduction in cost of storage due to reduced number of boxes at Western Archives.

Key Risks:

All risks are related to not completing this work:

- Liability to the organization continues to increase. This can present/create legal or regulatory exposure and the potential for significant fines and other penalties.
- Controllable costs continue to increase with more personnel required to manage, maintain, and/or destroy records as well as significant storage costs.
- Retrieval challenges continue to increase. Processes for Releases of Information become more burdensome, further resources are required to manage all aspects of processing requests for access and disclosure, and the potential for inaccurate or incomplete responses increases.

6 Implement a Human Resource Information System (HRIS)

Activity:

Implement Ceridian Dayforce as our organizational Human Resource Information and Payroll System (HRIS). This is a two-phase project that will begin in Q2 and be completed by the beginning of Q4.

Modules for both phases include:

- Dayforce Core (Includes Core Elements and HR and Service)
- Dayforce Payroll
- Dayforce Benefits Essential
- Dayforce Time and Attendance
- Dayforce Wallet
- Dayforce Dashboards
- Dayforce Document Management
- Dayforce Compensation Management
- Dayforce Learning
- Dayforce Performance Management
- Dayforce Recruiting
- Dayforce Succession Planning
- Dayforce Education Package

Convenor:

Director, People and Culture and Director, Finance

What primary strategic or corporate outcome/headline does this work support?

- ☐ Safe, diverse and inclusive workplace
- ☐ Canadian leader in trauma-informed, wraparound mental health programming for children and their families
- ☐ Recognized nationally as a learning and teaching organization
- ☐ Financially stable organization through diverse funding sources
- ☐ Provider of culturally safe mental health services
- ☐ Identifiable and trusted organization in western Canada

What primary CASA value(s) does this work support?

- ☐ Community
- ☐ Child-centred and family-inclusive care
- ☐ Outcomes-based accountability
- ☐ Equity, diversity and inclusivity
- ☐ Collaboration

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: **Quarter 4**

Resources Required:

Fiscal 2023-24: \$47,052 (pro-rated as we are starting 3 months into the fiscal year)

Annual: \$62,736 (annually) @ \$26.14/month/staff for 200 staff

Contract Positions (12 months):

- 1.0 FTE Project Manager
- 1.0 FTE HR Implementation Specialist
- 1.0 FTE Finance Implementation Specialist

Interdependencies

- ☐ **Communications**
Major
- ☐ **Clinical Program**
All, Moderate
- ☐ **Equity, Diversity and Inclusivity**
Moderate
- ☐ **Facilities**
Minor
- ☐ **Finance**
Major
- ☐ **Human Resources**
Major
- ☐ **Information Technology**
Moderate
- ☐ **Marketing and Fund Development**
Minor
- ☐ **Occupational Health and Safety**
Minor
- ☐ **Privacy and Health Records (EMR)**
Minor
- ☐ **Other**
Business Intelligence, Evaluation and Research - Moderate

It is anticipated that this work will need a:

- ☐ Project Plan
- ☐ Change Management Plan
- ☐ Communications Plan

One metric/deliverable to illustrate success:

All purchased modules operational and staff trained on use by end of 2023-24 fiscal year.

Key Risks:

- Increased opportunity for human error due to continuation of manual processes in HR and Finance departments.
- Significant financial penalty for delaying implementation.
- Pay and benefit issues and/or discrepancies during system implementation.
- Poor uptake of the system across the organization.
- Ineffective change management plan.
- Training is ineffective and difficult for staff to attend/accommodate with existing work schedules.
- Technical issues with the system upon go live.

Mitigation Strategies:

- Assign a change management specialist to support the change management plan.
- Hold info sessions about the system throughout the implementation period.
- Conduct user acceptance testing.
- Deliver training in a variety of ways - in person and virtual sessions, pre-recorded sessions, click by click guides, assign a super user for each program that can support peers with issues.
- Maintain Ceridian support after go live to address any technical issues or bugs.

7 Define And Streamline Clinical Programs

7(A) Program Design for Adolescent Day Program (ADP) and CASA House Integration

Activity:

Integration of ADP and CASA House. Complete clinical framework with the development of care pathways and transition teams.

☐ Daily work

☐ Improvement work

☐ New initiative/expanded service(s)

Convenor:

Clinical Lead, ADP/House

What primary strategic or corporate outcome/headline does this work support?

☐ Safe, diverse and inclusive workplace

☐ Recognized nationally as a learning and teaching organization

☐ Provider of culturally safe mental health services

☐ Canadian leader in trauma-informed, wraparound mental health programming for children and their families

☐ Financially stable organization through diverse funding sources

☐ Identifiable and trusted organization in western Canada

What primary CASA value(s) does this work support?

☐ Community

☐ Child-centred and family-inclusive care

☐ Outcomes-based accountability

☐ Equity, diversity and inclusivity

☐ Collaboration

Does this work support one of our commitment statements?

☐ No

☐ Yes

Quarter to be completed: Quarter 4

Resources Required:

1.0 FTE temporary contract for program developer shared with PDP/CDP

Interdependencies

☐ Communications

☒ Clinical Program
ADP and House, Major

☐ Equity, Diversity and Inclusivity

☐ Facilities

☐ Finance

☒ Human Resources
Minor

☐ Information Technology

☐ Marketing and Fund Development

☐ Occupational Health and Safety

☐ Privacy and Health Records (EMR)

☒ Other
Business Intelligence, Research and Evaluation - Moderate

It is anticipated that this work will need a:

☒ Project Plan

☐ Change Management Plan

☐ Communications Plan

One metric/deliverable to illustrate success:

Completion of ADP and House clinical framework.

Key Risks:

- Safety of clinical care if we do not have enough FTEs supporting programs; risk of burnout and retention if not fully staffed
- Developing program needs to be evidence-based, otherwise there is a mismatch between clinical care and program capacity/requirements.
- Delivering wrap-around treatment in programs as part of informed care is at risk without having occupational therapy and speech language pathology services specifically, but also admin support.

7(B) Preschool Day Program (PDP) and Children's Day Program (CDP) Evaluation and Enhancement

Activity:

PDP and CDP program evaluation and enhancement. Complete clinical framework with the development of step-up/step-down pathways and transition teams where appropriate.

Convenor:

Clinical Lead, CDP

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|--|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input checked="" type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|---|--|
| <input type="checkbox"/> Community | <input checked="" type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input checked="" type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☒ No ☐ Yes

Quarter to be completed: Quarter 4

Resources Required:

1.0 FTE temporary contract program developer shared with ADP/House

Interdependencies

- | | | |
|--|---|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program | <input checked="" type="checkbox"/> Human Resources
<i>Minor</i> | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☒ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Program clinical frameworks updated.

Key Risks:

- Recruitment and retention (staff burnout).
- Access to timely training, including Therapeutic Crisis Intervention (TCI), Stop Now and Plan (SNAP) and Positive Behaviour Support (PBS)
- Without addressing the above two risks, we are at an increased risk for patient and staff safety events.

7(C) CASA intake, triage and transition process

Activity:

Review of all Core, Triage, and Physician Services request for patient transition to community services. Participate in Core discharge plans with care and family. Establish community linkages and bridge/warm hand off to community services. Provide psychoeducational supportive services, family/patient in community visitation, parent coaching.

Conduct review of all intakes for CASA programs and services. Provide triage/diagnostic assessment for program fit.

Convenor:

Manager, Triage, Transitions and Clinics

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Resources Required:

2.0 FTE Therapy Support Navigators

3.0 FTE Mental Health Therapists

1.0 FTE Registered Nurse

Desktop for staff plus availability to laptops for mobility as needed and six phones.

Quarter to be completed: Quarter 4

Interdependencies

☐ Communications

Minor

☐ Clinical Program

Major

☐ Equity, Diversity and Inclusivity

Major

☐ Facilities

Major

☐ Finance

Major

☐ Human Resources

Major

☐ Information Technology

Major

☐ Marketing and Fund Development

Major

☐ Occupational Health and Safety

Major

☐ Privacy and Health Records (EMR)

Major

☐ Other

Business Intelligence - Major

It is anticipated that this work will need a:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Project Plan | <input type="checkbox"/> Change Management Plan | <input type="checkbox"/> Communications Plan |
|---------------------------------------|---|--|

One metric/deliverable to illustrate success:

Complete 10 intake triage reviews per day and five assessments per week.

Key Risks:

- Staffing - Procurement of qualified staff and retention for daily operations.
Risk mitigation strategies include: Broaden recruitment strategies and provide necessary support for retention. Review function and roles of different professional scopes and determine their practise (i.e. function of nurse/OT/psychologists and social workers.)
- Transition into adult psychiatry: identifying partnerships in the community that are equipped and willing to receive new patients in a timely manner.

Risk mitigation strategies include: initiate stable partnerships with community health clinics (Primary Care Networks) and adult psychiatry.

- Extensive waitlist

Risk mitigation strategies include: Utilize the scope of students in health care who are able to complete assessments with supervision. Perform “BLITZ assessments” utilizing collaboration within the programs (i.e. sharing of resources) and access to our physicians for same purpose. Consider out-of-box ideas such as student pipeline with wanting such experience with supervision. Contracted services is an option.

7(D) Integration of community social work services.

Activity:

Establish partnerships with three community agencies to deliver specialized social work services to CASA patients and their families/caregivers. In addition to CASA being able to refer families to these community agencies, these positions would be able to provide consultation in their area of specialization to CASA clinical staff and/or provide parallel care, provide educational opportunities for CASA, co-facilitate psychoeducational groups to children, youth or parents/caregivers, and provide step-down services to ensure families are transitioned to the required level of care best suited for their needs.

Convenor:

Professional Practice Lead, Systems Navigation and Addictions

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|--|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input checked="" type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Community | <input checked="" type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input checked="" type="checkbox"/> Equity, diversity and inclusivity | | <input checked="" type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes Equity, Diversity and Inclusivity

Quarter to be completed: Quarter 4

Resources Required:

3.0 FTE Clinical Social Workers
Computers and phones

Interdependencies

☒ Communications

Minor

☒ Clinical Program

ADP, House, Trauma, FT, CORE, CDP, Triage and Transition - Minor

☒ Equity, Diversity and Inclusivity

Minor

☐ Facilities

☒ Finance

Minor

☒ Human Resources

Minor

☒ Information Technology

Minor

☒ Marketing and Fund Development

Minor

☐ Occupational Health and Safety

☒ Privacy and Health Records (EMR)

Moderate

☒ Other

YFAC for feedback on most needed resources/possible organizations to partner with - Minor

Clinical Pathways Lead - to determine best flow of clients in and out of CASA with partner organizations - Minor

It is anticipated that this work will need a:

- ☒ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Three signed memorandums of understanding with community agencies.

Increased number of children/youth and their families accessing services.

Key Risks:

- Unclear expectations, referral pathways, and communication processes to guide service delivery.
Mitigation strategies include: Ensure memorandum of understanding is clearly articulated and professional practice lead to meet regularly with contracted agencies to support collaboration and communication flow. Ensure senior manager is consulted early should concerns arise and consult with above business operations departments as their expertise is required.

- Choosing agencies not aligned with CASA values.
Mitigation strategies include: Review network analysis, elicit feedback from all levels of CASA staff about agency suitability, meet with and interview numerous agencies to gauge best organizational fit, and ensure goals of these positions are clearly defined.
- Not providing sufficient opportunity for relationship building between community social workers and existing clinical support workers.
Mitigation strategies include: Commence with retreat and team building event, organize interagency meetings to discuss referral pathways and resource mapping, and encourage opportunities for consultation and/or co-working as required to meet patient need.
- The risk of not completing this deliverable is that our clinical capacity will not be enhanced to support meeting the specialized needs of some of our children, youth and families, which is not in alignment with CASA's commitment to provide culturally safe mental health services. Further, our case flow would not be improved if we did not have these three contracted step-down service providers aiming to ease patients' transition back into community post-discharge, thereby possibly resulting in children and youth 'bouncing back' into service. .

8

Expand Psychological Assessment and Consultation (PAC) Program

Activity:

Expansion of PAC services to support Core, Classrooms and to trial cost recovery assessment services.

Convenor:

Professional Practice Lead, Testing and Treatment

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Resources Required:

1.0 FTE Assessment Psychologist (This will also cover the cost recovery services)
Computer
Additional testing materials for completed assessments with adult population

Quarter to be completed: **Quarter 1**

Interdependencies

- | | | |
|---|--|--|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance
<i>Moderate</i> | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program
<i>Core, Classrooms - Major</i> | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities
<i>Minor</i> | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Increased volume of children/youth served.

Completing enough for-profit assessments to provide financial assistance to the Psychological Assessment and Consultation program.

Key Risks:

- Currently, certain programs only get support rather than universally accessible.
- Internal PAC waitlist and cost recovery clinic waitlist growing resulting in longer wait times for assessments internally and externally.
- Limited access to PAC psychologist when they are completing their "clinic day" for the cost recovery clinic. The PAC psychologist would be at CASA Centre, but their time would be devoted to the cost recovery clinic; they would not be able to address any other internal CASA needs or requests for that day.
- Manage optics of CASA having a cost recovery assessment clinic for the first time. This is very new for CASA and for the community.
- Delivering wrap-around treatment in programs as part of informed care is at risk without having occupational therapy and speech language pathology services specifically, but also admin support.

A photograph of two young children in a library or classroom setting. The child on the left is a young boy with dark, curly hair, wearing a light blue button-down shirt over a white t-shirt. He is looking upwards and to the right with a joyful expression, showing his teeth. The child on the right is a young girl with short hair, wearing a pink shirt, looking towards the boy. The background is filled with bookshelves containing many books. The entire image is overlaid with a semi-transparent blue filter.

FOCUS

In addition to finishing the eight activities/deliverables from 2022-23, CASA Mental Health will pursue 11 improvement deliverables and 10 new activities that will contribute to expanded or increased quality of services.

A young child with curly hair is shown from the side, focused on drawing on a piece of paper. The child is holding a red crayon in their right hand and is in the process of drawing. The background is a soft, out-of-focus light blue. The entire image has a warm, golden-yellow overlay.

**IMPROVEMENT
ACTIVITIES/
DELIVERABLES**

1 Stabilize Core and Reduce Waitlist/Time to Receive Service

Activity:

Core Program Therapeutic Group Delivery

The Core program launched in October 2022. Since that date, we have faced significant challenges with the recruitment of mental health therapists (MHTs). However, we are finally poised to have all of our permanent MHT positions filled by March 2023. Staffing shortages have led to an increasingly long waitlist and we have developed creative solutions to address this issue. Our other main focus is the stability, sustainability and quality of care within the Core program. As leaders, we believe that improvement work in Core takes two main forms: staff retention; and therapeutic skill development for all service providers. We have developed a strategic plan over the next five years to provide training for our mental health therapists, as well as our therapy support navigators, to help our practitioners provide services at the top of their scope of practice. We are also working creatively to provide team building opportunities alongside our training plan, to create a safe and caring environment in which our staff members feel both supported in their work and challenged to continue to improve their skills. We are focused on creating a fun environment for our staff to come to work each day. We believe this balance of creative opportunities for learning, support and care for our staff members is the key to sustainability and improvement of the Core program. We are working from three sites, and so we have requested an additional 1.0 FTE nurse to support the patients at all locations, support the physicians, and manage the increase in patients we plan to serve in the next fiscal year.

Over the next year we must work diligently to reduce wait times for our patients. One of our initiatives to address the waitlist is the addition of group therapy service delivery. We are eager to offer a multitude of therapeutic and psycho-educational groups for CASA families, such as: Incredible Years; Connect Parenting; Theraplay; parental skill development groups; and groups specific to symptomology typically presented by Core patients (anxiety, depression, ADHD, etc.). We have been unable to deliver these groups with our current staffing due to daily work expectations. These additional service providers would be responsible for organizing and prepping therapeutic groups, scheduling service providers from the Core team, booking spaces, connecting and collaborating with community agencies to offer groups in the community, collaborating with other CASA programs, screening patients, and facilitating groups. These therapy support navigators are fundamental in developing comprehensive and sustainable group therapy service delivery within the Core program.

We have specifically chosen therapy support navigators for this position because of their eclectic skill set as well as our ability to quickly hire into this position. We have learned that we receive a large amount of applicants for therapy support navigator positions and we often have skilled applicants from which to choose. We believe we will be able to hire these individuals quickly, and have our groups begin running in Q2, and be fully operational in Q3. We are requesting additional 2.53 FTE therapy support navigators to operationalize our group therapy service delivery plan, and to provide high quality services to the increase in patients we will serve in the next fiscal year. Luckily, these requests come with minimal risks and minimal interdependencies on other departments; the majority of the work will be completed within Core by the leadership team and the service providers. The risks of not implementing this change is that we may continue to have longer wait times. In addition, it will be challenging to implement a robust program of group delivery without these additional supports.

Convenor:

Clinical Managers, Core

What primary strategic or corporate outcome/headline does this work support?

☐ Safe, diverse and inclusive workplace

☒ Recognized nationally as a learning and teaching organization

This improvement work is also connect with helping CASA become as nationally recognized learning and teaching organization, as these service providers would be offered extensive training in group facilitation, as are all of our TSNs (i.e Theraplay training, Incredible Years Training, Connect

Parenting training, etc.)

☐ Provider of culturally safe mental health services

☒ Canadian leader in trauma-informed, wraparound mental health programming for children and their families

☐ Financially stable organization through diverse funding sources

☐ Identifiable and trusted organization in western Canada

What primary CASA value(s) does this work support?

☐ Community

☒ Child-centred and family-inclusive care

☐ Outcomes-based accountability

☐ Equity, diversity and inclusivity

☐ Collaboration

Does this work support one of our commitment statements?

☐ No

☒ Yes *Equity, Diversity and Inclusivity*

Resources Required:

2.53 FTE Therapy Support Navigator

1.0 FTE Registered Nurse

1.0 FTE Program Admin

Part-time Occupational Therapist and Speech Language Therapist

Quarter to be completed: **Quarter 3**

Interdependencies

☒ Communications

Moderate

☒ Clinical Program

Triage/Transition - Minor

☒ Equity, Diversity and Inclusivity

Minor

☒ Facilities

Moderate

☐ Finance

☒ Human Resources

Minor

☒ Information Technology

Minor

☐ Marketing and Fund Development

☐ Occupational Health and Safety

☐ Privacy and Health Records (EMR)

☐ Other

It is anticipated that this work will need a:

☒ Project Plan

☐ Change Management Plan

☐ Communications Plan

One metric/deliverable to illustrate success:

- Multiple groups per month are scheduled and delivered in Core program.
- A group therapy schedule for the year is created, and patients can be booked directly into groups from the Triage program.
- Reduction in wait list for Core program and sustainable short waitlist maintained.
- Reduction in wait times for admission to Core program.
- Increase in monthly admissions to Core program.

Key Risks:

- Space is required for three additional individuals. This can be mitigated by utilizing all CASA Mental Health sites or through hybrid work. Community space may also be a solution for group delivery.
- Patient readiness to access group services – some patients may not be ready to access group services or may only want to pursue individual therapy. This can be mitigated by ensuring patients and families understand the benefits of this type of service.
- Greater risk is in not pursuing this work as it could contribute to a growing waitlist for patients and families, which in turn may impact CASA Mental Health's reputation.

2

Enhance First Nations, Métis and Inuit Mental Health Services

Activity:

Complete intakes, Indigenous informed clinical assessments and mental health treatment to Indigenous children, youth and families residing at Alexander, Enoch, Alexis Nakoda Sioux and Paul Nations, as well as those residing in the urban setting if requested.

Convenor:

Director, Diversity and Belonging

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

☐ No ☒ Yes *Indigenous Services*

Resources Required:

1.0 FTE Clinical Supervisor
2.0 FTE Therapy Support Navigator
1.0 FTE Addictions Counselor
4 laptops and 4 phones

Quarter to be completed: **Quarter 4**

Interdependencies

☐ Communications

Minor

☐ Clinical Program

Moderate

☐ Equity, Diversity and Inclusivity

Major

☐ Facilities

Minor

☐ Finance

Major

☐ Human Resources

Moderate

☐ Information Technology

Moderate

☐ Marketing and Fund Development

Major

☐ Occupational Health and Safety

Moderate

☐ Privacy and Health Records (EMR)

Major

☐ Other

Business intelligence - Moderate

It is anticipated that this work will need a:

☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Forty Indigenous children, youth and families successfully go through intake, are assessed and are provided direct clinical care.

Key Risks:

- Consistent funding.
- Community engagement and stability (political and economic).
- Staffing and travel considerations for rural work.

3

Enhance Indigenous Wellness Internal Supports

Activity:

Hiring an additional person to support clinicians in the provision of culturally safe services to First Nations, Métis and Inuit children.

Convenor:

Senior Manager, Indigenous Services

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Safe, diverse and inclusive workplace | <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input checked="" type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|---|---|--|
| <input type="checkbox"/> Community | <input checked="" type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input checked="" type="checkbox"/> Equity, diversity and inclusivity | | <input checked="" type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes *Indigenous Services*

Resources Required:

1.0 FTE Indigenous Wellness Support Specialist

Cell phone, computer/email access, laptop.

Quarter to be completed: Quarter 3

Interdependencies

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Communications
<i>Minor</i> | <input checked="" type="checkbox"/> Finance
<i>Minor</i> | <input checked="" type="checkbox"/> Occupational Health and Safety
<i>Moderate</i> |
| <input checked="" type="checkbox"/> Clinical Program
<i>Moderate</i> | <input checked="" type="checkbox"/> Human Resources
<i>Moderate</i> | <input checked="" type="checkbox"/> Privacy and Health Records (EMR)
<i>Major</i> |
| <input checked="" type="checkbox"/> Equity, Diversity and Inclusivity
<i>Major</i> | <input checked="" type="checkbox"/> Information Technology
<i>Moderate</i> | <input checked="" type="checkbox"/> Other
<i>Youth and Family Advisory Council - Minor</i> |
| <input checked="" type="checkbox"/> Facilities
<i>Minor</i> | <input checked="" type="checkbox"/> Marketing and Fund Development
<i>Minor</i> | |

It is anticipated that this work will need a:

- ☒ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Improved satisfaction with services by First Nations, Métis and Inuit children, youth and families.

Key Risks:

- Ability to recruit someone with the right skill set.
- Clinicians understanding of how and when to utilize this service.
- Ability to find time to build trust and rapport between this position and clinicians to support children, youth and families.

4

Stabilize Professional Development and Education Team for External Work

Activity:

Re-establish external Professional Development and Education work. Team resources were greatly reduced over the last few fiscal years, making the delivery of grant requirements difficult to achieve.

Convenor:

Senior Manager, Clinical Consultation, Education and Supervision

What primary strategic or corporate outcome/headline does this work support?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Safe, diverse and inclusive workplace | <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input checked="" type="checkbox"/> Recognized nationally as a learning and teaching organization | <input checked="" type="checkbox"/> Financially stable organization through diverse funding sources |
| <input checked="" type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|---|---|
| <input type="checkbox"/> Community | <input checked="" type="checkbox"/> Child-centred and family-inclusive care | <input checked="" type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes *Equity, Diversity and Inclusivity*

Resources Required:

1.0 FTE Program Coordinator
2.4 FTE Mental Health Consultant
Four computers and cell phones
Webex and Zoom licenses

Quarter to be completed: **Quarter 1**

Interdependencies

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Communications
<i>Minor</i> | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input checked="" type="checkbox"/> Equity, Diversity and Inclusivity
<i>Minor</i> | <input checked="" type="checkbox"/> Information Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Additional collaboration and delivery provided.

Key Risks:

- Challenge in maintaining existing relationships and creating new relationships.
- Challenge in redeveloping relationships with funding sources that have languished since the pandemic.
- Not enough staff to further build CASA's reputation prior to roll out of other CASA programs to north and central zones.

5

Improve Professional Development and Education Supports to CASA Internal Teams

Activity:

Determine clinical training needs for clinical staff using staff self-assessments as reported in AG5 software. Managers will receive a report of what baseline skills and training their staff have. Based on this information, managers and the education team will be able to ensure staff are at baseline and identify what additional training is required to enhance their team's capacity. This will inform effective use of education dollars.

CALOCUS Implementation: provide training, plan for and implement the CALOCUS tool in each program.

Clarify/highlight the role of clinical education in CASA: As the education team is growing with the organization, clinical education will clarify what their role is within CASA. This will involve updating the clinical education page on the intranet and housing information related to how we can help with education requests.

Convenor:

Clinical Educator

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Resources Required:

1.0 FTE Clinical Educator
0.8 FTE Educational Assistant
Two computers and two cell phones
AG5 budget ongoing

Quarter to be completed: Quarter 3

Interdependencies

- | | | |
|---|--|--|
| <input type="checkbox"/> Communications
<i>Minor</i> | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program
<i>All clinical programs</i> | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity
<i>Minor</i> | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Additional education provided.

Better tracking of competencies.

Key Risks:

Minimal risk to organization as this supports accreditation, allows for transparent process flow for education, and enhances clarity of education support for staff. There is greater risk to not proceeding with this work as upskilling our staff will allow us to support more complex patients and do so more effectively.

6

Launch Patient Satisfaction/Experience Survey

Activity:

Patient satisfaction/experience surveys redesigned and first set of data generated. Surveys will be electronic and implemented into Ocean.

Convenor:

Manager, Business Intelligence, Evaluation and Research

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: **Quarter 2**

Interdependencies

☐ Communications

Minor

☐ Clinical Program

All clinical programs - major

☐ Equity, Diversity and Inclusivity

Minor

☐ Facilities

☐ Finance

☐ Human Resources

☐ Information Technology

Minor

☐ Marketing and Fund Development

☐ Occupational Health and Safety

☐ Privacy and Health Records (EMR)

Major

☐ Other

Youth and Family Advisory Council -

Minor

It is anticipated that this work will need a:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Project Plan | <input type="checkbox"/> Change Management Plan | <input type="checkbox"/> Communications Plan |
|---------------------------------------|---|--|

One metric/deliverable to illustrate success:

Twenty-five per cent of all patients offered a survey for the first data set (testing phase - important to test the survey in Ocean before sending out to all patients).

Fifty to sixty per cent response rate.

Key Risks:

- Delays in survey consultation with program teams, EDI, Privacy and Youth and Family Advisory Council
- Unexpected bugs/issues with Ocean
- Low response rates from patients/families due to:
 1. Patients not understanding the importance of survey; and
 2. Limited understanding/communication with staff about the survey.

Enhance Human Resources Support through Standardization, Building Relationships and Training

Activity:

The newly formed Human Resources (HR) team will work towards becoming an efficient and effective team, which will result in better support for the larger organization. We will standardize, document and communicate HR processes or best practices so that any one-off situation can be met with some guidance and parameters to resolve or address. For example:

- Evaluate employee orientation process and identify areas for improvement.
- HR Business Partners will develop relationships and rapport with all areas they support and spend time learning the business of each department.
- Capture the recruitment process in writing, outlining roles and responsibilities for the HR team and hiring managers.
- Standardize templates for in-scope and out-of-scope offer letters.
- Develop and deliver training such as Hiring Manager certification, Collective Agreement 101 sessions and CASA Leadership Development Series.
- Maintain and publish organizational chart regularly.
- Collect employee demographic information through recruitment and onboarding channels.

Convenor:

Manager, Human Resources

What primary strategic or corporate outcome/headline does this work support?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input checked="" type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input checked="" type="checkbox"/> Collaboration
<i>HR will work in collaboration with clinical counterparts to provide the service and support required of us</i> |
| <input type="checkbox"/> Equity, diversity and inclusivity | <input type="checkbox"/> Outcomes-based accountability | |

Does this work support one of our commitment statements?

☐ No ☒ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: Daily work

Interdependencies

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Communications
<i>Support recruitment activity for HR team vacancies - Minor</i> | <input checked="" type="checkbox"/> Facilities
<i>Support new team member with appropriate space set up - Minor</i> | <input checked="" type="checkbox"/> Information Technology
<i>Support new FTEs with technology needs - Minor</i> |
| <input type="checkbox"/> Clinical Program | <input checked="" type="checkbox"/> Finance
<i>Support new FTE creation - Minor</i> | <input type="checkbox"/> Marketing and Fund Development |
| <input checked="" type="checkbox"/> Equity, Diversity and Inclusivity
<i>Support HR team to ensure any work we deliver supports EDI initiatives - Minor</i> | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Occupational Health and Safety |
| | | <input type="checkbox"/> Privacy and Health Records (EMR) |
| | | <input type="checkbox"/> Other |

It is anticipated that this work will need a:

- ☒ Project Plan ☒ Change Management Plan ☒ Communications Plan

One metric/deliverable to illustrate success:

Percentage of hiring managers that have completed Hiring Manager certification training by December 31, 2023.

Key Risks:

- Inability to fill currently vacant HR Business Partner and Recruitment Specialist roles.
- Inability to retain staff for key HR roles such as HR Business Partner or Recruitment Specialist.
- Inability to maintain or develop positive reputation of the HR team as trusted advisors and support partners.

8

Improve Data Quality for Board Dashboard

Activity:

Create and implement a governance dashboard for the Board of Directors. Significant development of data, and improvement of data quality, is required to populate the dashboard.

Convenor:

Manager, Business Intelligence, Evaluation and Research

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: **Quarter 4**

Interdependencies

- | | | |
|--|--|---|
| <input type="checkbox"/> Communications
<i>Moderate</i> | <input type="checkbox"/> Finance
<i>Moderate</i> | <input type="checkbox"/> Occupational Health and Safety
<i>Moderate</i> |
| <input type="checkbox"/> Clinical Program
<i>All clinical programs - major</i> | <input type="checkbox"/> Human Resources
<i>Moderate</i> | <input type="checkbox"/> Privacy and Health Records (EMR)
<i>Major</i> |
| <input type="checkbox"/> Equity, Diversity and Inclusivity
<i>Moderate</i> | <input type="checkbox"/> Information Technology
<i>Minor</i> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities
<i>Minor</i> | <input type="checkbox"/> Marketing and Fund Development
<i>Minor</i> | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Dashboard is created and implemented for the Board of Directors.

Key Risks:

- Preferred metrics may not be available due to insufficient data or poor data quality.
- Lack of infrastructure to standardize and automate data processing may be resource-intensive and/or prone to error.
- Lack of support and buy-in from the board.

9 Advancing our Data Strategy

Activity:

CASA's data strategy lays the groundwork for achieving our vision for data. In 2022-23, our work centred around developing data governance, metadata and data quality capabilities; this will continue as daily work. In 2023-24, we will complete an environmental scan and needs assessment for storing data and managing its movement and consolidation across departments/systems (e.g., a cloud-based data warehouse); we will also focus on using data and software to improve our business intelligence.

Convenor:

Lead, Data Information and Governance

What primary strategic or corporate outcome/headline does this work support?

- | | |
|---|--|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input checked="" type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|---|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input checked="" type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input checked="" type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: **Quarter 4**

Interdependencies

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Communications
<i>Minor</i> | <input checked="" type="checkbox"/> Finance
<i>Minor</i> | <input checked="" type="checkbox"/> Occupational Health and Safety
<i>Minor</i> |
| <input checked="" type="checkbox"/> Clinical Program
<i>All clinical programs - Minor</i> | <input checked="" type="checkbox"/> Human Resources
<i>Minor</i> | <input checked="" type="checkbox"/> Privacy and Health Records (EMR)
<i>Moderate</i> |
| <input checked="" type="checkbox"/> Equity, Diversity and Inclusivity
<i>Minor</i> | <input checked="" type="checkbox"/> Information Technology
<i>Moderate</i> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input checked="" type="checkbox"/> Marketing and Fund Development
<i>Minor</i> | |

It is anticipated that this work will need a:

- ☒ Project Plan ☒ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Environmental scan and needs assessment (data architecture planning) complete.

Business Intelligence strategic plan complete.

Research on cloud-based data warehouse platforms complete.

Key Risks:

- Changes to the organizational structure impact data architecture and infrastructure.
- Technological readiness for changes, and staff ability to implement and take advantage of new technologies.
- Staff experience/capacity in key areas of data management (e.g., data architecture experience; capacity of staff subject matter experts).
- Low data quality could result in poor decision-making with that data, which in turn could impact funding agreements.

10 Refresh Information Technology

Activity:

Complete a technology refresh and sustainability plan to upgrade the organization's aging computer equipment and software. The primary goal of this project is to ensure the organization has the appropriate technology and tools in support of its strategic and operational goals.

☐ Daily work

☒ Improvement work

☐ New initiative/expanded service(s)

Convenor:

Lead, Data Information and Governance

What primary strategic or corporate outcome/headline does this work support?

☒ Safe, diverse and inclusive workplace

☒ Recognized nationally as a learning and teaching organization

☒ Provider of culturally safe mental health services

☒ Canadian leader in trauma-informed, wraparound mental health programming for children and their families

☒ Financially stable organization through diverse funding sources

☒ Identifiable and trusted organization in western Canada

What primary CASA value(s) does this work support?

☒ Community

☒ Child-centred and family-inclusive care

☒ Outcomes-based accountability

☒ Equity, diversity and inclusivity

☒ Collaboration

Does this work support one of our commitment statements?

☐ No

☒ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: **Quarter 3**

Resources Required:

New computers and monitors

Interdependencies

☒ **Communications**

Moderate

☒ **Clinical Program**

Moderate

☒ **Equity, Diversity and Inclusivity**

Moderate

☒ **Facilities**

Moderate

☒ **Finance**

Moderate

☒ **Human Resources**

Moderate

☒ **Information Technology**

Moderate

☒ **Marketing and Fund Development**

Moderate

☒ **Occupational Health and Safety**

Moderate

☒ **Privacy and Health Records (EMR)**

Moderate

☐ **Other**

It is anticipated that this work will need a:

☒ Project Plan

☒ Change Management Plan

☒ Communications Plan

One metric/deliverable to illustrate success:

Organization has an IT refresh plan and aging equipment is replaced.

Key Risks:

- Access to administration dollars.
- Unplanned work that must be accommodated.
- Lack of people resources.

11 Enhance Business Operations and Internal Supports

Activity:

Enhanced business operations and internal supports to assist the organization with its growth and meeting its five-year roadmap deliverables. Additional support required in finance, communications, facilities and occupational health and safety.

Finance

Convenor:

Director, Finance

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input checked="" type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|---|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input checked="" type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input checked="" type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☒ No ☐ Yes

Quarter to be completed: Quarter 2

Resources Required:

Annual budgets for each program
 1.0 FTE Payroll Specialist
 1.0 FTE Financial Analyst (Accounts receivable/Funds development specialist)
 1.0 FTE Accounts Payable & Payroll Support
 0.6 FTE Intermediate Accountant

Interdependencies

- | | | |
|--|--|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program | <input checked="" type="checkbox"/> Human Resources
<i>Minor</i> | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input checked="" type="checkbox"/> Information Technology
<i>Minor</i> | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Facilities
<i>Minor</i> | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Rollout of monthly variance reports to program areas and management.

Key Risks:

- Timely processing of payroll and payables and risk of staff burnout. Mitigation strategy is to increase staffing resources and document processes.
- Accuracy and timeliness of external reporting to funders. Mitigation strategy is to increase staffing resources so that proper reviews and checks can be in place.
- Capacity to support fund development initiatives (grant applications, tracking events/activities, etc.). Mitigation strategy is to increase staffing resources and learn from the Philanthropy team.

Communications

Convenor:

Director, Communications

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed:

Quarter 1 - comms positions

Quarter 2 - volunteer position

Resources Required:

1.0 FTE Communications specialist

This additional specialist position is intended to support government relations, CASA Classrooms, media relations and projects that may emerge from government funding and priorities.

1.0 FTE Communications assistant

The communications assistant position is intended to provide administrative support to the director and department, as well as entry level communications skills to support daily work.

1.0 FTE Volunteer coordinator

This additional volunteer coordinator position is intended to manage increasing volunteer requests and applications, particularly as we prepare for year three roadmap increase targets.

Interdependencies

- | | | |
|--|---|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Metrics of success as identified in each operational communications plan.

Increase in volunteer hours and people.

Key Risks:

- Ability to recruit staff.
- Competing priorities and ability for effective collaboration with interdependencies on communications plans and support.
- Rapid growth and ability to support subsequent communications needs.

Facilities

Convenor:

Manager, Facilities

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input checked="" type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|---|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input checked="" type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input checked="" type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes

Resources Required:

1.0 FTE Facilities Coordinator

Cell phone, computer/email access, laptop (not immediately).

Quarter to be completed: Quarter 1

Interdependencies

☒ Communications

Minor

☒ Clinical Program

Minor

☒ Equity, Diversity and Inclusivity

Minor

☒ Facilities

Major

☒ Finance

Moderate

☒ Human Resources

Moderate

☒ Information Technology

Minor

☒ Marketing and Fund Development

Minor

☒ Occupational Health and Safety

Minor

☒ Privacy and Health Records (EMR)

Minor

☐ Other

It is anticipated that this work will need a:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Project Plan | <input checked="" type="checkbox"/> Change Management Plan | <input checked="" type="checkbox"/> Communications Plan |
|---------------------------------------|--|---|

One metric/deliverable to illustrate success:

Facilities related requests submitted by staff via email (until help ticket system is operational) are being acknowledged within one to two business days with plan of action to rectify the issue/concern.

Key Risks:

- Staff training will take time away from current obligations/projects.
- Pre-existing work habits result in process inefficiencies, thus additional training is required.
- Find that new employee is not suitable for the position therefore reinitiating the recruiting process to find a replacement. This will cause a delay in providing timely service to our staff.

Occupational Health and Safety

Convenor:

Lead, Occupational Health and Safety

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes

Quarter to be completed: Quarter 4

Resources Required:

1.0 FTE OH&S Administrator/Coordinator

This position will allow us to update and re-establish the occupational health and safety program and infection prevention and control programs at CASA. OHS work will include hazard assessments, emergency planning, and other essential occupational health and safety program elements. Infection prevention and control will include hand hygiene, cleaning and disinfection, toy protocol, sick/isolation procedures, etc.

Interdependencies

☐ Communications

Minor

☐ Clinical Program

All Programs - IPC and OHS principles apply to all - Moderate

☐ Equity, Diversity and Inclusivity

Moderate

☐ Facilities

Minor

☐ Finance

☐ Human Resources

Minor

☐ Information Technology

☐ Marketing and Fund Development

☐ Occupational Health and Safety

Major

☐ Privacy and Health Records (EMR)

☐ Other

It is anticipated that this work will need a:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Project Plan | <input type="checkbox"/> Change Management Plan | <input type="checkbox"/> Communications Plan |
|---------------------------------------|---|--|

One metric/deliverable to illustrate success:

Occupational health and safety regulatory compliance and accreditation status renewed.

Key Risks:

- Occupational health and safety non-compliance can result in fines and other penalties.
- Standard procedures increase staff safety and thus can reduce incidents and events escalation.
- To achieve regulatory compliance, other programs, initiatives and current practices may be impacted and require change.
- Continued change within CASA may contribute to staff change fatigue.
- Continue to provide the best care to patients and support to staff by having a robust infection. prevention and control program. Planned programs may impact recruitment efforts.



**NEW or EXPANDED
PROGRAM/SERVICES
INITIATIVES**

12 Roll-out of Year 2 CASA Classrooms

Activity:

Continue to roll out CASA Classrooms. Year two implementation plan includes launching three more classrooms in September 2023 and eight in February 2024.

Convenor:

Clinical Director

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Resources Required:

- | | |
|--|---|
| <ul style="list-style-type: none"> 1.0 FTE Senior Manager 2.0 FTE Clinical Managers 4.0 FTE Professional Practice Leads 8.1 FTE Mental Health Therapists 9.9 FTE Classroom Behavioral Specialists | <ul style="list-style-type: none"> 1.8 FTE RN 3.6 FTE Therapy Support Navigators 0.2 FTE SLP 0.2 FTE OT 0.2 FTE Testing Psychologist 0.8 FTE Clinical Educator Contract Multicultural supports |
|--|---|

Quarter to be completed: Quarter 4

Resources Required:

Laptops and phones for new staff as per policy.

Interdependencies

- | | | |
|--|---|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance
<i>Minor</i> | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities
<i>Minor</i> | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan - *complete* ☐ Change Management Plan ☐ Communications Plan - *complete*

One metric/deliverable to illustrate success:

Three additional classrooms launched September 2023 and eight launched in February 2024 with services reaching more than 140 additional children and youth.

Key Risks:

- Ability to recruit staff, particularly to more rural locations.
- Ability to recruit staff who fit the culture of the organization.
- Buy-in of the respective school divisions.
- Shifting government priorities.

13 Enhance Indigenous School-Based Services

Activity:

Provide level 1 (universal mental health programming) and level 2 (targeted groups) within schools at Kipohtakaw Education Centre (KEC) with potential to move to another school at the Enoch, Alexis Nakoda Sioux or Paul Nation.

Convenor:

Clinical Director

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes *Indigenous Services*

Resources Required:

1.0 FTE Mental Health Therapist
1.5 FTE Therapy Support Navigator
1.0 FTE Classroom Behavioural Specialist
1.0 FTE Elder (cultural integration)

Five phones and laptops

Quarter to be completed: **Quarter 4**

Interdependencies

☐ Communications

Minor

☐ Clinical Program

Moderate

☐ Equity, Diversity and Inclusivity

Major

☐ Facilities

Minor

☐ Finance

Major

☐ Human Resources

Moderate

☐ Information Technology

Moderate

☐ Marketing and Fund Development

Moderate

☐ Occupational Health and Safety

Moderate

☐ Privacy and Health Records (EMR)

Minor

☐ Other

Business Intelligence - Moderate

It is anticipated that this work will need a:

- ☒ Project Plan ☒ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Complete monthly universal program themes.

Key Risks:

- Stable funding.
- Community engagement and stability (political and economic).
- Staffing and travel considerations for rural work.

14 Develop Clinical Pathways

Activity:

Clinical pathway development will provide the opportunity to expand the reach of CASA services across Alberta through exploration and collaboration with community partners to ensure that patients and their families are able to receive the correct level of care when they need it. Clinical pathways will create efficiencies for clinicians and physicians when their patients are ready to move down and up the treatment continuum, as they will have one source of transparent, timely support. Clinical pathways will encompass the concept of healing-centred engagement and recovery language.

Convenor:

Manager, Clinical Pathway Development

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes

Quarter to be completed: **Quarter 4**

Resources Required:

Process mapping software (Visio, Canva, etc.)

Interdependencies

- | | | |
|---|--|--|
| <input type="checkbox"/> Communications
<i>Moderate</i> | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program
<i>Major</i> | <input type="checkbox"/> Human Resources
<i>Minor</i> | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity
<i>Minor</i> | <input type="checkbox"/> Information Technology
<i>Minor</i> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Reduced barriers to access while increasing CASA's reach, which will result in increased collaboration with community partners while decreasing fragmentation of services.

Key Risks:

Community partners may not have capacity to participate in step-down services if pathways create increased business for them. **Mitigation strategy:** Collaborate with community partners to ensure clear understanding of their capacity and explore ways in which CASA or other agencies can support increased referrals.

Documented transparent clinical pathways may identify areas of improvement within CASA clinical programs to address duplication or waitlist management that have not been planned for. **Mitigation strategy:** Provide strategy and change management support to clinical leaders to prioritize any urgent improvements to programs.

Changes in people in key roles in CASA or in community organizations. **Mitigation strategy:** Succession planning to ensure that relationships within and across organizations are solid, transparent and established resulting in no change in status if a person leaves or changes occur with a position.

15 Implement Therapist Supervision Program

Activity:

Develop and Implement Clinical Supervision

Convenor:

Senior Manager, Clinical Consultation, Education and Supervision

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes Equity, Diversity and Inclusivity

Quarter to be completed: Quarter 3

Resources Required:

3.0 FTE Clinical Supervisors
Three computers

Interdependencies

- | | | |
|---|---|--|
| <input type="checkbox"/> Communications
<i>Minor</i> | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program
<i>All clinical programs - Moderate</i> | <input type="checkbox"/> Human Resources
<i>Minor</i> | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity
<i>Minor</i> | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Increased staff satisfaction with education, through survey.

Increased patient satisfaction with quality of clinical services received.

Key Risks:

- Not having a supervision framework and policy leaves supervisors who may be trained or not to provide varying types of supervision to supervisees.
- Risk of no direction or standard of supervision with lack of framework or policy.

16

Develop and implement plan for virtual care, evening and weekend delivery and potential expansion

Activity:

Year one of a virtual care program will be program development. The development will be completed by hiring a clinical manager who will work in consultation with the senior manager to build out the project management plan for delivery of service in Q1 the following fiscal year. In addition, there will be work undertaken to determine which CASA programs can be offered on evenings and weekends and how these service offerings may be expanded.

Convenor:

Senior Manager, Clinical Operations

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes

Quarter to be completed: Quarter 4

Resources Required:

1.0 Clinical Manager
Cellphone and laptop.

Interdependencies

☐ Communications

Minor

☐ Clinical Program

Could be linked in all clinical areas -
Moderate

☐ Equity, Diversity and Inclusivity

Minor

☐ Facilities

☐ Finance

Minor

☐ Human Resources

Minor

☐ Information Technology

Minor

☐ Marketing and Fund Development

☐ Occupational Health and Safety

Minor

☐ Privacy and Health Records (EMR)

Minor

☐ Other

It is anticipated that this work will need a:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Project Plan | <input type="checkbox"/> Change Management Plan | <input type="checkbox"/> Communications Plan |
|---------------------------------------|---|--|

One metric/deliverable to illustrate success:

Virtual care program ready to operationalize in April 2024.

At least one CASA program has expanded service to evenings or weekends.

Key Risks:

- Inability to recruit a clinical manager in a timely manner therefore delaying project implementation.
- Funding not extended. If funder does not extend dollars into the following fiscal year for service delivery, there are major reputational risks as well as credibility with funder.
- Risk that CASA would not meet set goal of doubling number of children served without implementation.

Implement Electronic Patient and Staff Safety Incident Tracking System

Activity:

We will work to improve the reporting and tracking of workplace and patient safety incidents. This will include assessing the viability of implementing digital, logic-based incident reporting software. This project is a CAN Health Network initiative that will support electronic/mobile entry of incidents, improve reporting inefficiencies by decreasing the time and effort required to complete incident/event forms, and improve the process for incident management, follow-up and reporting.

Convenor:

Clinical Director and Lead, Occupational Health and Safety

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes

Quarter to be completed: Quarter 3

Resources Required:

1.0 FTE Occupational Health and Safety Administrator
Incident Reporting Software (CAN Health Call for Innovation):
\$50,000 - \$70,000

Interdependencies

☐ Communications

Moderate

☐ Clinical Program

All clinical programs - Moderate

☐ Equity, Diversity and Inclusivity

☐ Facilities

☐ Finance

Minor

☐ Human Resources

Minor

☐ Information Technology

Minor

☐ Marketing and Fund Development

☐ Occupational Health and Safety

Major

☐ Privacy and Health Records (EMR)

Moderate

☐ Other

*Data Governance and Privacy, Nursing
PPL - Major*

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Incident reporting rates increase and decreased time in response/follow up post incident.

Key Risks:

- We currently have no data, tracking of trends, or ability to evaluate improvement and support needs. Incident reporting, investigating and remedial actions are an occupational health and safety regulatory requirement.
- There are organizational risks in high staff turnover, liability for personal injury, reputation in child safety and some CASA programs with high incident rates are struggling to recruit due to negative reputation.
- User acceptance, change management and ensuring clarity in direction/path of information flow - new software and change fatigue.

18 Develop Quality Improvement Strategy

Activity:

Develop a quality improvement and assurance strategy and embed sustainably throughout the organization. This work includes supporting the organization with the accreditation process as well as the on-site Accreditation Canada survey in May 2023. As a learning organization focused on improvement, we will use the results of the Accreditation process to inform our improvement and assurance strategy.

Convenor:

Manager, Business Intelligence, Evaluation and Research

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

Quarter to be completed: Quarter 4

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Interdependencies

- | | | |
|--|---|---|
| <input type="checkbox"/> Communications
<i>Moderate</i> | <input type="checkbox"/> Finance
<i>Moderate</i> | <input type="checkbox"/> Occupational Health and Safety
<i>Major</i> |
| <input type="checkbox"/> Clinical Program
<i>All clinical programs - Major</i> | <input type="checkbox"/> Human Resources
<i>Moderate</i> | <input type="checkbox"/> Privacy and Health Records (EMR)
<i>Moderate</i> |
| <input type="checkbox"/> Equity, Diversity and Inclusivity
<i>Major</i> | <input type="checkbox"/> Information Technology
<i>Moderate</i> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development
<i>Moderate</i> | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

A quality improvement strategy for continuous sustainable improvement is developed.

Successfully accredited.

Key Risks:

- Lack of enthusiasm and readiness to continue quality improvement after accreditation in May 2023 (sustainability issues).
- Data challenges. Lack of reliable and high-quality data for performance measurement and quality improvement.
- Inefficient strategies and methods to communicate significant and rapid organizational changes.

19 Develop Logic Models and Evaluation Frameworks

Activity:

Logic models and evaluation frameworks will be developed for all program/services at CASA. Evaluation frameworks will align with the Alberta Quality Matrix for Health.

Convenor:

Manager, Business Intelligence, Evaluation and Research

What primary strategic or corporate outcome/headline does this work support?

- | | |
|---|--|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input checked="" type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|---|---|
| <input type="checkbox"/> Community | <input checked="" type="checkbox"/> Child-centred and family-inclusive care | <input checked="" type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input checked="" type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes *Indigenous Services*

Quarter to be completed: **Quarter 4**

Resources Required:

1.0 FTE Evaluation and Data Analyst
1 Laptop

Interdependencies

- | | | |
|---|---|--|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input checked="" type="checkbox"/> Clinical Program
<i>All clinical programs - Major</i> | <input type="checkbox"/> Human Resources | <input checked="" type="checkbox"/> Privacy and Health Records (EMR)
<i>Moderate</i> |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input checked="" type="checkbox"/> Information Technology
<i>Minor</i> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☒ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Evaluation frameworks completed for all programs/services.

Key Risks:

- Delays in consultations with clinical teams.
- Delays in development of programs/services (e.g., Concurrent Addictions and Mental Health).
- Lack of agreement/consensus on what should be incorporated in evaluation framework.

Review of Information Technology (IT) Infrastructure and Expansion Planning

Activity:

CASA's provincial expansion has necessitated a third-party review of the organization's current IT infrastructure. The assessment will also include recommendations on expansion and improvement of our IT department to accommodate our anticipated provincial footprint.

Convenor:

Director, People and Culture

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☐ Yes *Equity, Diversity and Inclusivity*

Quarter to be completed: Quarter 2

Resources Required:

Contract (12 month) IT support specialist
Consultant review- \$50,000

Interdependencies

- | | | |
|--|---|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Clinical Program | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Privacy and Health Records (EMR) |
| <input type="checkbox"/> Equity, Diversity and Inclusivity | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Marketing and Fund Development | |

It is anticipated that this work will need a:

- ☐ Project Plan ☐ Change Management Plan ☐ Communications Plan

One metric/deliverable to illustrate success:

Third party assessment and recommendation report documented.

Key Risks:

- The most significant risk is in not taking on this work. With provincial expansion, an assessment of IT capacity and recommendations on a growth strategy are required. Without reliable IT services, the success of our CASA Classrooms may be compromised.

21 Migrate Email to Microsoft 365

Activity:

Migrate on-premise email to Microsoft 365. A more flexible and scalable email platform is required to support the organization's expanding hybrid and remote work force. Microsoft 365 (cloud-based) provides a secure and reliable email platform, including a collaborative suite of industry-leading tools and business applications.

Convenor:

Manager, Information Technology

What primary strategic or corporate outcome/headline does this work support?

- | | |
|--|---|
| <input type="checkbox"/> Safe, diverse and inclusive workplace | <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families |
| <input type="checkbox"/> Recognized nationally as a learning and teaching organization | <input type="checkbox"/> Financially stable organization through diverse funding sources |
| <input type="checkbox"/> Provider of culturally safe mental health services | <input type="checkbox"/> Identifiable and trusted organization in western Canada |

What primary CASA value(s) does this work support?

- | | | |
|--|--|--|
| <input type="checkbox"/> Community | <input type="checkbox"/> Child-centred and family-inclusive care | <input type="checkbox"/> Outcomes-based accountability |
| <input type="checkbox"/> Equity, diversity and inclusivity | | <input type="checkbox"/> Collaboration |

Does this work support one of our commitment statements?

- ☐ No ☒ Yes *Equity, Diversity and Inclusivity*

Resources Required:

Microsoft 365 E3 – includes email and office suite (Word, Excel, PowerPoint, Outlook)
\$35,000 (9K for Q4 implementation)

Quarter to be completed: **Quarter 4**

Interdependencies

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Communications
<i>Moderate</i> | <input checked="" type="checkbox"/> Finance
<i>Moderate</i> | <input checked="" type="checkbox"/> Occupational Health and Safety
<i>Moderate</i> |
| <input checked="" type="checkbox"/> Clinical Program
<i>Moderate</i> | <input checked="" type="checkbox"/> Human Resources
<i>Moderate</i> | <input checked="" type="checkbox"/> Privacy and Health Records (EMR)
<i>Moderate</i> |
| <input checked="" type="checkbox"/> Equity, Diversity and Inclusivity
<i>Moderate</i> | <input checked="" type="checkbox"/> Information Technology
<i>Moderate</i> | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Facilities
<i>Moderate</i> | <input checked="" type="checkbox"/> Marketing and Fund Development
<i>Moderate</i> | |

It is anticipated that this work will need a:

- ☒ Project Plan ☒ Change Management Plan ☒ Communications Plan

One metric/deliverable to illustrate success:

Successful email migration to Microsoft 365.

Key Risks:

- Unplanned work that must be accommodated.
- Lack of people resources.

Q1-April-June 2023	
Professional Development and Education Team Stabilization for External Work	Focus
Implement Ocean Software	Finish
Psychological Assessment and Consultation (PAC) Program Expansion	Finish
Q2-July-Sept. 2023	
Patient Satisfaction/Experience Survey Launched	Focus
Enhanced Business Operations and Internal Supports	Focus
Information Technology (IT) Infrastructure and Expansion Review	Focus
Redesign Patient Sociodemographic Survey	Finish
Staff Well-Being and Resiliency Strategy	Finish
Q3-Oct-Dec 2023	
Core Stability and Waitlist Reduction	Focus
Enhanced Indigenous Wellness Internal Supports	Focus
Improve Professional Development and Education Supports to CASA Internal Teams	Focus
Information Technology Refresh	Focus
Implement Therapist Supervision Program	Focus
Electronic Patient and Staff Safety Incident Tracking System Implemented	Focus
Q4-Jan-March 2024	
Enhanced First Nations, Metis and Inuit Mental Health Services	Focus
Improvement of Data Quality for Board Dashboard	Focus
Advancing our Data Strategy	Focus
CASA Classroom Roll-Out Year 2	Focus
Enhanced Indigenous School-Based Services	Focus
Clinical Pathways Developed	Focus
Work Plan developed and implemented for virtual care, evening and weekends delivery, and potential expansion	Focus
Quality Improvement Strategy	Focus
Logic Models and Evaluation Frameworks Developed	Focus
Email Migration to Microsoft 365	Focus
Integrated Equity, Diversity and Inclusivity Strategy	Finish
Clean-up of all archived organizational records	Finish
Human Resource Information System (HRIS) implementation	Finish
Clinical Programs Defined And Streamlined	Finish



Assessment of CASA's Strengths, Weaknesses, Opportunities and Threats (SWOT)

As part of the catchball process, leaders were engaged in a SWOT analysis exercise (illustration below). The SWOT analysis acts as a framework for identifying and analyzing the organization's strengths, weaknesses, opportunities and threats.

Strengths and weaknesses involve internal factors. These considerations are not necessarily permanent and can fluctuate over time. These are typically within the organization's control to keep or change.

Opportunities and threats relate to external influences such as competitors, environmental and social trends, and cost of resources or materials. These are typically not in the organization's control; however, recognizing them provides an advantage as we can proactively adopt strategies to respond to the changing environment.

Internal	Strengths	Weaknesses
	What do we excel at? What separates us from other organizations? What are our competitive advantages?	What are our better ifs? Are there things that others do better than we do? Are there resources we lack?
External	Opportunities	Threats
	Do the economic and political climates help us? Are there external factors that we can take advantage of?	Are there conditions emerging in our environment that we need to be aware of? Are there any trends or competitors that could hurt us?

The completed SWOT analysis, found below, helps position us to seize opportunities and prepare effective strategies. It provides us with a clear and realistic view of our internal environment and helped us to identify ways to better meet our patients and families.

Strengths	Weaknesses
<div data-bbox="37 695 61 793" data-label="Text">Internal</div> <ul style="list-style-type: none"> Leadership team: Our leadership team is cohesive, accountable and has a clear vision for the organization. Clear purpose, role and direction: We have a clear purpose as the 'missing middle' in our community and a well-defined strategy to get there through our five-year roadmap. Commitment to our values: We make decisions according to our core values and live them out on a daily basis, which has led to the emergence of a strong and positive organizational culture. Investment in equity, diversity and inclusivity: We are living out our commitment to EDI and reconciliation through providing learning opportunities, allowing us to better serve one another and our community. Financial stability: We have secure and stable funding, and are building additional avenues because of our entrepreneurial spirit and business acumen. Organizational adaptability: We are willing to explore new and innovative ways of doing things including triage and transition, being open on evenings and weekends and expanding provincially. Effective relationships and partnerships: We have re-built and strengthened community partnerships and have started to develop new relationships in our local community and across the province. Wrap-around service delivery and programming: We deliver high quality, wrap-around care to patients and their families through a highly-skilled, interdisciplinary team of experts. Effective business operations: Our clinical service delivery is supported by a strong and effective business operations team. Competitive compensation package: We have made significant investments in our people through competitive wages, increased work-life harmony, and increased opportunity for professional development and growth. Effective onboarding of new staff: CASA 101, our comprehensive three-day orientation, ensures new staff feel welcomed, understand our culture and are trained before they step into their new roles. 	<ul style="list-style-type: none"> Internal communication and collaboration: We are still learning how to effectively communicate and collaborate within the organization as we define new roles and processes. We acknowledge that we are working hard on this and are seeing improvements. Brand awareness: We need to be more visible in our community to ensure potential staff, patients and families, as well as funders know who we are and what we do. Workload fatigue: Given the amount of organizational growth and our constant hiring state, our existing staff have high-volume workloads, are tired and have change fatigue. We need to be thoughtful about strategies to reduce burnout and focus on staff wellness. Transition to a high-performing organization: We are still in the process of developing processes, workflows and implementing new technology 'on the fly,' which can decrease our efficiency. Long wait times: We need to ensure we are proactively managing our waitlists, especially as demand for our services increases. Technological readiness: Many of our processes continue to be manual and we need to implement appropriate technological solutions to support our growth. People resources: While we have done a significant amount of hiring, we continue to have vacancies and need to fill them in order to accomplish our goals and roadmap. Patient safety: We need to improve our overall patient safety knowledge and training in order to better serve our patient populations. Effective space management: We need to ensure our people have the appropriate space resources to be able to do their work. Data quality: We need to emphasize the importance of good data in the organization in order to continuously improve our operations and clinical service delivery. Inexperienced work force: We have an abundance of new graduates which require mentorship of experienced practitioners to deliver high-quality service.

	Opportunities	Threats
External	<ul style="list-style-type: none"> ▪ Mental health is topical: Post-pandemic mental health has become extremely topical given the increased demand for service, and we are well positioned to increase service delivery. ▪ Relationship with post-secondary institutions: We will continue to invest in our relationships with post-secondary institutions, as they are critical to advancing our long-term research agenda, disseminating information about us as a model organization and helping to build our talent pipeline (student placements and future staff). ▪ Upcoming provincial election: We strive to work with all political parties and a potential change in government provides an opportunity to expand our network and build new relationships. ▪ Edmonton's philanthropic community: The city has a very strong spirit of philanthropy and we need to continue to invest in building these relationships. ▪ Expanded philanthropic opportunity: As we grow provincially, there is an opportunity to expand our philanthropic network. ▪ Partnership with Indigenous communities: We have opportunity and financial ability to serve Indigenous communities in ways that are most meaningful and effective for them. ▪ Expected recession: The impending recession is likely to create an 'employer' recruitment market, which will assist us in securing our people resources. 	<ul style="list-style-type: none"> ▪ Competition for funding: As we expand provincially, we will be competing with more organizations for funding. ▪ Competition with Alberta Health Services: As we grow, we will face comparisons to AHS, and continue to compete for talent and resources. ▪ Competition with private sector: The private sector is a lucrative alternative in the space we occupy and we will continue to compete with the private sector for talent. ▪ Competitive employment market: We are in a highly competitive talent market, where job seekers have increased agency and power, making recruitment difficult. ▪ Replication of programming: Ability for other organizations to replicate our service delivery model at a lower cost and/or more efficiently. ▪ Expected recession: The recession may lead to increased difficulty in generating new fund development streams depending on its length and severity.

Internal Risk Rating, Prevention and Mitigation Strategies Report

CASA Mental Health uses an integrated risk management approach in an effort to effectively mitigate risks. As part of this approach, we engaged leaders and staff from our clinical and business operations departments in a risk identification and prevention discussion during the catchball process. Through this work, leaders identified risks to their respective operational plan activities as well as larger organizational risks. We identified 14 organizational risks that require mitigation strategies. Each risk was assessed against the severity of the risk ranging from insignificant to extreme and on the likelihood that the risk will occur ranging from rare to almost certain. (Illustration A)

Each organizational risk was given a rating and placed on the heat map. Mitigation strategies were identified to manage the severity of the risk and/or mitigate the likelihood of the risk happening. These are contained in the table below. The identified risks will be monitored monthly by the senior leadership team (SLT) at the first SLT meeting of each month.

Illustration A

Severity	A	1A	2A	3A	4A	5A
	B	1B	2B	3B	4B	5B
	C	1C	2C	3C	4C	5C
	D	1D	2D	3D	4D	5D
	E	1E	2E	3E	4E	5E
		1	2	3	4	5
Likelihood/Probability						

Rating	Likelihood	Rating	Severity
5	Almost Certain	A	Extreme
4	Likely	B	Major
3	Possible	C	Moderate
2	Unlikely	D	Minor
1	Rare	E	Insignificant

Unique Identifier	Risk	Risk Ratio
2023.01	Retention of existing staff	3C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Ensure strong value proposition and 'stay' strategy through increased staff engagement, recognition and incentives. Improve total compensation package, including wages, professional development opportunities, health and dental benefits and pension. Invest intentionally in staff wellness and resiliency. 		
2023.02	Pace of organizational growth	4C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Regular monitoring and evaluation of the pace of growth at all levels. Regular consultation and engagement with staff. Acknowledgment and consideration of the learning curve for leaders and staff. Ensure implementation of effective change management plans for the organization as well as operational deliverables, as required. Delayed provincial rollout of mental health classrooms. 		
2023.03	Health information privacy breach	5C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Appropriate and timely administration of records retention schedule. Ongoing professional development and education of new and existing staff through CASA 101, policy and procedure awareness and understanding. Training on cyber security and patient privacy procedures. 		
2023.04	Securing a fully-funded Alberta Health Services agreement	2C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Intentional and strategic relationship building and maintenance with key AHS stakeholders. Investment in 'fee for service' initiatives to reinvest in existing service delivery and programming. Development of diversified fund development streams. 		
2023.05	Change in government	3D
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Remain politically neutral, maintaining the ability to work and build relationship with any political party. Ensure all potential grants and dollars are secured prior to the upcoming provincial election. Continuing to build awareness in community of our organizational mission, vision, values and five-year roadmap. Ensure decision making is aligned with who we are and what we do; staying true to who we are. 		

2023.06	Current economic climate specifically the impending recession	4B
Risk Prevention and Mitigation Strategies:		
<ul style="list-style-type: none"> ▪ Donor strategy for communicating our impact through stories and data, ensuring funders and donors consider CASA a priority regardless of economic climate. ▪ Strong partnerships and collaboration with other organizations and non-profits in our community. ▪ Negotiate longer-term funding and grant agreements to ensure stability, where possible. ▪ Emphasize the need for in-kind donations (i.e. buildings, materials, resources). ▪ Focus on building relationships in industries that are less likely to be impacted by a changing economic climate. ▪ Ensure establishment of diverse funding avenues to bridge any existing or potential financial gaps 		
2023.07	Organizational succession planning	3C
Risk Prevention and Mitigation Strategies:		
<ul style="list-style-type: none"> ▪ Develop and implement organizational performance evaluation system and process. ▪ Develop documented succession plans beyond the senior leadership team. ▪ Identify skill gaps and professional development opportunities for existing staff. ▪ Ensure documentation of core competencies for every position in the organization. 		
2023.08	Quality of clinical programming due to rapid growth	2C
Risk Prevention and Mitigation Strategies:		
<ul style="list-style-type: none"> ▪ Secure appropriate financial and people resources for all new initiatives. ▪ Ensure appropriate project and change management plans are developed and used for any new initiatives. ▪ Develop well-defined evaluation plans and outcome measures to evaluate quality of programming. ▪ Inter-departmental collaboration to promote thoughtful change. ▪ Ensure span of control is manageable through thoughtful ratio of managers to front line staff in the organizational structure. ▪ Utilize literature reviews and complete best practice research. ▪ Consider scope of practice expansion where possible. 		
2023.09	Recruitment of new staff in competitive market	3B
Risk Prevention and Mitigation Strategies:		
<ul style="list-style-type: none"> ▪ Develop and implement employer brand strategy. ▪ Escalate full and broad recruitment strategy. ▪ Continue to embrace work-life harmony through offering flexibility in work times, locations, and FTEs and innovate in this area where possible. ▪ Continue to implement talent and sourcing strategies (i.e. campus recruitment, partnerships with associations, recruitment mixers, and previously untapped markets). 		

2023.10	Length of wait times for patients and families	4B
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Develop effective process for internal step-up and step-down to streamline service delivery and ensure patients are getting to the right service, at the right time, with the right provider. Internal implementation and training on the Child and Adolescent Level of Care Utilization System (CALOCUS). Develop alternative services and resources for patients and families while on waitlist for services (i.e. FamilySmart). Redesign admission and intake processes and implement effective transitions. 		
2023.11	Technology: software integration, infrastructure and security	3B
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Third-party review of existing IT infrastructure and recommendations with respect to provincial expansion plan to be completed. Ensure integration and scalability of systems and software. Ensure effective business continuity plan is in place in case of infrastructure failure. Delivery of effective IT training and acknowledgement of acceptable use for staff. 		
2023.12	Reputation: maintaining our new brand and focus on the 'missing middle'	2D
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Continue to build awareness and understand of the 'missing middle' in community. Emphasize the importance of telling our story in public, highlighting the patient and family voice. Effectively utilize the Youth and Family Advisory Council. Develop reputation strategy highlighting "Who is CASA" and "What does CASA do?" We have a niche; let's be well-known for it. 		
2023.13	Not maintaining accreditation status	1B
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Implement annual review of policies and procedures for all staff. Build sustainable processes and systems to ensure quality improvement is embedded into the organization on an ongoing basis. Intentional and consistent communication with staff regarding the need for and importance of the accreditation process and function. Thoughtful staff engagement in accreditation process. 		
2023.14	Interdepartmental and program communication and collaboration	4C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Interdepartmental communications plan and relationship building. Use of common language. Ensuring intentional and regular times and spaces for clinical and business operations staff to collaborate and interact (i.e. operational huddle for leadership team, catchball). Developing resources for staff to gain understanding of roles of different programs and departments. Regular communication on multiple platforms and in different ways (i.e. email, in person meetings, CASA Connect). 		



FLOURISH

Roadmap Year 2 Deliverables



Strategic Roadmap 2022-2027

CASA Mental Health is an established non-profit organization delivering holistic, culturally safe wrap-around mental health services to Albertans aged three to 18 and their families. CASA provides mental health service to the missing middle – mental health treatment for diagnosed children and youth, in between prevention and promotion in primary and community care, and acute treatment in hospital.

Focus Area	Leaders in delivering child-centred, family-inclusive mental health services		Programming efficacy and relevance		Financial health	
Focus Area Definitions	<ul style="list-style-type: none"> Encompasses occupational health and safety, resiliency as well as equity, diversity and inclusivity Focuses on creating a workplace where staff have physical, emotional and mental safety Reflects focus on child-centred, family-focused wrap-around approach to mental health services 	<ul style="list-style-type: none"> Encompasses onboarding process, learning and professional development and succession planning Encompasses creating a vibrant learning environment that supports student placements, preceptorships, graduate studies and post-doctoral research 	<ul style="list-style-type: none"> Recognizes emerging needs of a diverse population in the development of and approach to offering programs and services Requires building collaborative relationships to ensure seamless delivery of services and transitions across the health, education and social systems Encompasses Youth and Family Advisory Council 	<ul style="list-style-type: none"> Encompasses both evaluation and research. Focuses on business intelligence Encompasses focus on patient safety and mitigation of adverse events. Requires collaboration and integrated planning with AHS, Alberta Children's Services and other non-profits serving children and adolescents. Encompasses our commitment to providing services that address psychosocial, biological and individual psychological. Encompasses our commitment to providing wrap-around services for children, adolescents and their families. 	<ul style="list-style-type: none"> Encompasses fund development and community granting and government partnerships/agreement. Encompasses business development. Encompasses private/public partnerships. Encompasses collaboration and partnerships with other non-profits. 	<ul style="list-style-type: none"> Encompasses brand and reputation loyalty. Encompasses client/customer and community awareness. Encompasses volunteer services. Encompasses stakeholder relations and strategic communications
Year Two (2023-24)	<ol style="list-style-type: none"> Employee well-being and resiliency strategy/program implemented. Integrated equity, diversity and inclusivity strategy documented. Electronic patient and staff safety incident tracking system implemented. Successfully Accredited and quality improvement plan developed. 	<ol style="list-style-type: none"> Professional Development and Education services to external health care professionals and internal CASA Mental Health Teams increased. Clinical therapist supervision program implemented. Logic models and evaluation frameworks documented for all programs and services. 	<ol style="list-style-type: none"> Ocean software successfully launched. First set of patient sociodemographic and satisfaction data generated. School-based services delivered at Kipohatakw Education Centre (KEC) Clinical pathways for the greater Edmonton area documented. 	<ol style="list-style-type: none"> Clear organizational admission, transition and discharge pathways documented with appropriate triage and transition teams in place. Core program capacity increased to improve waitlist management. Eleven new CASA Classrooms launched. 5,500 children, youth and families served. 	<ol style="list-style-type: none"> Human resource information and payroll system implemented and staff trained. Cost recovery psychological assessment consultation (PAC) services trial complete. 	<ol style="list-style-type: none"> 100% of all archived records are cleaned up in accordance with records retention policy. \$3.3M net raised through donor relations and fundraising activities. Information technology infrastructure and expansion reviewed with recommendations for provincial footprint. Technology sustainability plan approved.
Year Three Picture (2025-2026)	<ol style="list-style-type: none"> Equity, diversity and Inclusion (EDI) targets/ key deliverables set based on the integrated EDI strategy. 80% of staff surveyed indicate CASA is a safe, diverse and inclusive workplace. Receive Silver Level Certification as a Healthy Workplace from Excellence Canada. 	<ol style="list-style-type: none"> Integrated student training/placement approach established with post secondary institutions and functioning in concert with the virtual research hub. Partnership agreements with five post-secondary institutions in Alberta to support student placements and fellowships. 	<ol style="list-style-type: none"> Increased number of patient/clients seeking our services from diverse backgrounds. 80% of patients/families served complete a patient satisfaction/ experience survey. Patient records are in alignment with NetCare, Connect Care and any other platform that allows for effective information to be shared between providers. 	<ol style="list-style-type: none"> At least two children's mental health programs being offered province-wide through technology-based platforms. CASA services will be offered in at least three physical footprints/locations occupied by a partner organization. Number of patients/clients served increased to 8,000 annually. 	<ol style="list-style-type: none"> Successfully achieve Imagine Canada certification 25% of revenue comes from sources other than government or Alberta Health Services. Three additional (and/ or expanded) multi-year grants secured, through public, private or non-profit partnerships, for CASA to deliver mental health services. 	<ol style="list-style-type: none"> \$5M per year raised through donor relations and fundraising activities. 50% more volunteers and 100% more volunteer hours. Increased knowledge of CASA in western Canada.
Year Five Vision (2026-2027)	Safe, diverse and Inclusive Workplace	Recognized nationally as a learning and teaching organization.	Provider of culturally safe mental health services.	Model organization in delivering trauma-informed, wrap-around mental health programming for children and their families.	Financially stable organization through diverse funding sources.	Nationally Identifiable and trusted organization
Draft Dashboard Metrics	LEADING a. Number of staff attending diversity and inclusivity training. b. Number of near misses reported. c. Percentage of positive ratings of managers and supervisors by staff LAGGING a. Percentage of staff identifying as visible minority. b. Percentage of staff identifying as being from the 2SLGBTQIA+ community. c. Absenteeism	LEADING a. Number of candidates in external pipeline. b. Number of training opportunities provided to staff. c. Number of students placements at CASA. d. Number of articles published by CASA staff or CASA-supported students/ researchers LAGGING a. Retention rates. b. Time from vacancy to hire	LEADING a. Percentage of patients/ clients completing satisfaction surveys. b. Percentage of those we serve who would recommend us to their family, friends or community. LAGGING a. Percentage of patients/ clients identifying as visible minority or from our 2SLGBTQIA+ community b. Percentage of those served indicating they feel we provided them with culturally sensitive services.	LEADING a. Waitlist for services b. Number and type of critical/ adverse events c. Percentage of successful warm handoffs/transitions to community services or homes LAGGING a. Patient outcomes – to be determined. b. Adverse outcomes.	LEADING a. Percentage of successful grant applications b. Number of funding sources. LAGGING a. Revenue from grants received. b. Overall revenue.	LEADING a. Donor retention. b. Average donor growth. c. Website traffic. d. Number of volunteers. LAGGING a. Average gift size. b. Gifts secured. c. Number of followers. d. Volunteer hours.

Fundraising Pillars

The following are the areas of focus for CASA Mental Health fundraising efforts in 2023-24.

AREAS OF FOCUS – FUNDRAISING PILLARS	
Area of greatest need	<ul style="list-style-type: none"> ▪ Unrestricted funding supports emerging needs and our ability to be nimble enough to double the number of kids and families we reach in three years.
Children, family and caregivers	<ul style="list-style-type: none"> ▪ Wrap-around services (facilities, culturally safe spaces, online care) ▪ Supports (FamilySmart, gift cards, holiday events, etc.) ▪ Programming (therapeutic programs, school-based programs, clinics)
Support and technology	<ul style="list-style-type: none"> ▪ Staff wellness ▪ Expanded technology (to support virtual care) ▪ Testing and evaluation tools ▪ Personal protective equipment
Translational research and innovation	<ul style="list-style-type: none"> ▪ Training (safety, therapeutic, clinical) ▪ Virtual research hub (therapeutic breakthroughs) ▪ Studentships and fellowships (the best and brightest)
Diversity and belonging	<ul style="list-style-type: none"> ▪ Indigenous programming and services ▪ Community research (partnering with stakeholders to identify and connect with diverse kids and youth who need our services) ▪ Cultural events ▪ Equity, diversity and inclusivity training for staff ▪ Cultural care delivery training for front-line staff



Appendix A

CASA Mental Health Program and Service Descriptions

Programs

Adolescent Day Program

Who we can help:

The Adolescent Day Program provides mental health treatment and academic support to 12 adolescents aged 13 through 17 who require tertiary level assessment, diagnosis, therapy and/or medication review because of emotional, psychological/psychiatric concerns. Patients attend the Adolescent Day Program for an average of one semester (4.5 months), which allows for two intake periods per year (September and February; no program during summer months of July and August), in accordance with the Edmonton Public Schools calendar.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
24	24	24	24	24

What happens in the program:

The goal of this program is to help the adolescent and their family to move on in more positive ways and to enable the adolescent to return to the community school system. This is achieved by strengthening existing abilities and developing new skills in the areas of interpersonal relationships, problem-solving, conflict management, organization, task management and family function.

Our framework is evidence-based and focused on five key areas:

1. Application of current brain science and neurodevelopment towards a strengths-based, resiliency approach;
2. Reducing toxic stress for the adolescent through building upon strengths individually, within the family setting, and in the classroom and larger community;
3. Effective learning strategies to build success across home, school and community;
4. Trauma-Informed interventions for the adolescent, families and staff within the program; and
5. Multiply-informed, evidence-based programming to serve individual needs (DBT, CBT, motivational Interviewing), and can include risk assessment and safety planning as necessary.

Therapeutic Program

ADP consists of: two Edmonton Public school teachers; two classroom behaviour specialists; two mental health therapists; two psychiatrists; a clinical manager; and other adjunctive therapies/therapists such as OT, SLP, educational psychology and an art therapist. Therapeutic modalities include:

- Large/small group therapy (Psychodynamic and Dialectical Behavior Therapy)
- Individual therapy (adolescents)
- Individual family therapy
- Art therapy
- Therapeutic milieu
- Therapeutic Crisis Intervention
- Bi-weekly parent group and multi-family group therapy, Tuesdays 0900-1100

** Attending Parent Group is a mandatory requirement of ADP*

Step-down/Step-up Care

During a patient's treatment in the program, the multidisciplinary team may determine, in conjunction with the family, that a different level of care is required. CASA House and ADP work together to collaborate appropriate treatment planning for some patients, whether through a step-down approach (CASA House to ADP), or a step-up approach (ADP to CASA House). Staff from both programs will work together to transition the patient and family into their services, which includes the school components. In ADP, a step-up may be recommended if there are significant family dynamics that interfere in therapy progress (parent-child relational problems) where space may afford the family an opportunity to gain individual skills before integrating each family member together. If a patient presents with an increase in therapy-interfering behaviours or increasing acuity in suicidal ideation or self-harm during treatment, we may also consider a step-up care into CASA House for more intensive supports.

Step-down care from CASA House to ADP may be appropriate when a patient and their family has completed their program, and it is recommended to come to ADP for continued support as a step-down point from intensive in-patient treatment, before returning to the community/community school full-time. Some patients struggling with anxiety and mood dysregulation may have a difficult time being separated from their family each night, and therefore be less compliant to treatment; this would be another opportunity for an appropriate referral to ADP.

CASA 2023-2024 Budget ADP

2023-2024 Budget

Expenses

Salary & Wages	710,016
Benefits	142,003

Total Salaries and Employee Benefits 852,020

Education, Conferences & Workshops	17,040
Office Materials & Supplies	2,000
Program Materials & Supplies	12,000
Travel & Subsistence	2,204
Clinical Consultation	17,280
Clinical Travel	
Child & Family Supports	
Recreation	1,700
Food & Kitchen	
Software and Subscriptions	1,200
Professional Fees	36,333
Health Information & Privacy	45,318
Indigenous Wellness Services	48,629
Triage & Transition Services	
Testing & Treatment Services	93,760
Rehab Services	21,962
Concurrent Services	16,597
Social Work Services	51,290

Total Program Expenses 367,312

Total Expenses	1,219,332
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Clinical Operations	14,240
Communications	30,330
Business Intelligence & Evaluation	27,457
Diversity & Belonging	17,072
HR	75,958
Finance	45,007
Corporate	26,161
IT (Including Telecomm)	35,273
Facilities	80,961

Total Administration Expenses	352,458
Total Expenses	1,571,790

Current FTE Positions

Position Name	FTE
Classroom Behavioural Specialist	1.74
Manager, Clinical	0.50
Mental Health Therapist	1.87
Occupational Therapist (Embedded from Rehab)	0.33
Occupational Therapist Assistant (Embedded from Rehab)	0.13
Mental Health Nurse	1.00
Senior Manager	0.20
Speech Language Pathologist Assistant (Embedded from Rehab)	0.11
Addictions Counsellor	0.5
Program Support Specialist	0.33
Assessment Psychologist (Embedded from PAC)	0.5

New FTE Positions

Position Name	FTE
Classroom Behavioural Specialist	0.87
Speech Language Pathologist (Embedded from Rehab)	0.10

CASA Classrooms Program

The CASA Classroom program is for children aged 9 to 18 years, who:

- Have accessed a range of less intense interventions, such as intensive community-based child and youth mental health service involvement and support, but still have persisting symptoms and functional impairments that are impacting their schooling; or
- Require extended and intensive clinical intervention due to functional impairments that impact schooling but do not need or would not benefit from an acute inpatient admission; and
- Are considered reasonably likely by the referrer and CASA Classroom team to substantially benefit from Classroom service engagement.

Children/adolescents who access CASA Classrooms are provided with more support than a community child and youth mental health service clinic, with therapy-based interventions (individual and group) supported by frequent psychiatric contact and regular case management to progress towards recovery. The benefit of a staff-supported reintegration to school and the opportunity to 'practice' classroom engagement in a smaller, safe, lower-pressure environment is recognized as a positive component of the CASA Classroom model. Patients' families are also supported throughout the program.

Projected number of classrooms (and children) served annually by this program (by school year):

2022/23		2023/24		2024/25		2025/26		2026/27	
Fall	Winter	Fall	Winter	Fall	Winter	Fall	Winter	Fall	Winter
0 (0)	4 (48)	11 (132)	17 (168)	20 (240)	20 (240)	TBD		TBD	

What happens in CASA Classrooms:

Patients in CASA Classrooms are supported by health professionals in a community classroom setting, in partnership with local school divisions which provide teachers, to deliver an integrated recovery-focused mental health treatment and educational support program. Treatment and care is provided by clinical mental health workers (including doctors, mental health therapists, nurses and allied health staff) as well as a range of non-clinical staff (including teachers and classroom behavioral specialists).

For roughly five months, or half of a traditional school year, patients benefit from medical as well as mental health assessments and engage in in-class mental health and academic programming. The goals of this time include providing diagnostic clarity, a streamlined process for medication trials, treatment and integrated support to promote mental health, understanding the impacts of mental illness, as well as learning the resources available to promote ongoing mental health in the community.

During the second half the school year, patients, as well as receiving school staff are supported by the CASA Classroom team in a prolonged and integrated transition process. Patients are supported in the receiving school with the goal of implementing and strategies and practices which were found to be helpful in the CASA Classrooms setting. Receiving school staff are also supported through modelling, consulting, and planning how best to support each patient in their school setting. Over the course of the five month supported transition period, receiving school staff and community based mental health supports are increasingly relied on to act as a support network for the patient.

Aside from the patient's support in CASA Classrooms, and in the schools they return to, patients' families are supported with a range of psychoeducational programming, access to mental health professionals, as well as encouragement and personal connection, with the primary goal of supporting families continued engagement in required community services.

Our framework is evidence-based and is built upon the following foundational beliefs:

1. Adolescents and their parents/guardians lead all aspects of learning and care planning and collaborative goal setting - this engagement is paramount

2. There is an explicit attitude that adolescents and their parents/guardians will progress in their recovery by maintaining hope and learning to live with mental health problems where such problems persist in the long term
3. Service delivery is well integrated, with established procedures that support continuity of care across settings and between services
4. Education programs are individually planned, monitored, adjusted where necessary and integrated as part of the holistic care plan
5. Patients, as well as communities benefit when service providers collaborate on individual interventions and relevant service-wide initiatives

Therapeutic Interventions

The CASA Classrooms team consists of: public school teachers; classroom behaviour specialists; mental health therapists; psychiatrists; therapy support navigators; a nurse; a clinical manager; with access to adjunctive therapists such as OT and SLP therapists. Therapeutic modalities include:

- Pharmacotherapy
- Group and Individual Family psychoeducation
- Large/small group therapy
- Individual therapy
- Therapeutic milieu
- Therapeutic Crisis Intervention

Step-Down/Step-up Services

CASA Classrooms are part of the provincial child and youth mental health service continuum of care designed to provide treatment to adolescents in the least restrictive environment possible. This recognizes the need for safety, with the minimum possible disruption to their family, education, social and community networks.

CASA Classrooms is a step-up from mental health supports which are typically available in the school and community settings. Referral to CASA Classrooms requires previous access to community level supports which may have not been as successful as hoped, or where mental illness may restrict the efficacy of attempted supports.

For patients who may require supports which are beyond those available in CASA Classrooms, CDP, ADP, and possibly CASA House could be considered for referral. Targeted tertiary level supports available could also be considered for referral based on location, history of previous services, as well as the results from the assessments conducted in the early stages of the Classrooms program.

CASA 2023-2024 Budget Classrooms

2023-2024 Budget

Expenses

Salary & Wages	2,867,758
Benefits	573,552
Total Salaries and Employee Benefits	3,441,310

Education, Conferences & Workshops	68,826
Office Materials & Supplies	
Program Materials & Supplies	82,500

Travel & Subsistence	15,000
Clinical Consultation	79,948
Clinical Travel	56,000
Child & Family Supports	
Recreation	
Food & Kitchen	
Professional Fees	
Health Information & Privacy	266,517
Indigenous Wellness Services	48,629
Triage & Transition Services	
Testing & Treatment Services	93,760
Rehab Services	21,962
Concurrent Services	16,597
Social Work Services	51,290

Total Program Expenses	801,028
Total Expenses	4,242,338

Clinical Operations	83,744
Communications	178,372
Business Intelligence & Evaluation	161,477
Diversity & Belonging	112,581
HR	446,718
Finance	264,688
Corporate	153,854
IT (Including Telecomm)	207,446
Facilities	476,138

Total Administration Expenses	2,085,019
Total Expenses	6,327,357

Current FTE Positions

Position Name	FTE
Therapy Support Navigator	1.8
Classroom Behaviour Specialist	5.4
Mental Health Therapist	5.4
Registered Nurse	0.9
Speech Language Pathologist	0.1
Occupational Therapist	0.1
Educational Psychologist	0.1
Professional Practice Lead - Teaching	1.0
Professional Practice Lead - Therapy	1.0
Clinical Manager	1.0
Consultant of Mental Health Classrooms	1.0

New FTE Positions

Position Name	FTE
Therapy Support Navigator	3.6
Classroom Behaviour Specialist	9.0
Mental Health Therapist	7.2
Registered Nurse	1.8
Speech Language Pathologist	0.2
Occupational Therapist	0.2
Educational Psychologist	0.2
Professional Practice Lead - Teaching	2.8
Professional Practice Lead - Therapy	2.0
Clinical Manager	2.0
Senior Manager	1.0

CASA House Program

Who we can help:

CASA House is a voluntary, residential program for youth aged 12 to 17. The CASA House multidisciplinary team works closely with youth from a biological-psychological-social treatment approach. Youth who come to CASA House have complex needs that could include severe mental health challenges, family dysfunction, school issues, peer-related issues and social/economic challenges. The youth have caregivers who are able and willing to participate in the family components of the program. The youth accessed less intensive mental health services. The treatment goals of CASA House include diagnostic clarification, symptom stabilization and functional improvement.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
57	57	57	57	57

What happens in the program:

Referrals come from AHS Edmonton Zone (11 beds), and AHS North and East Central Zones (8 beds). The youth stay at CASA House for an average of four months, with an additional month of post-discharge follow-up by a transition team. Youth and their families are provided with a thorough assessment, medication stabilization and/or evidence-informed individual and group psychotherapeutic treatments.

CASA House is a comprehensive program that consists of psychiatry services, therapeutic services, school program (Edmonton Public Schools classrooms onsite), transition services, therapeutic milieu and recreation programming. The family component of the CASA House program focuses on improving the parent-child relationship, implementing effective parenting strategies, and increasing the parent's understanding of their adolescent's diagnosis and knowledge of normal adolescent growth and development.

CASA House is a family-centred and trauma-informed service. Family-centred residential care is focused on five key areas:

- Providing trauma-informed programming that places the patient and their family at the centre of every care decision;
- Providing care that is focused on the persons as individuals, rather than the illnesses, in the context of their family and community;
- Considering youth and their families as the experts on their own needs and values;
- Enabling youth (and their families) to be active participants in the decision-making around their own (or their family member's) care;
- Developing a truly collaborative relationship or partnership between health professionals and youth and their families that is based on mutual respect.

Therapeutic Program

CASA House consists of: four Edmonton Public school teachers; three mental health therapists; three psychiatrists; a transition coordinator; a unit manager, a clinical manager; unit leads; registered nurses; licensed practical nurses; child care counsellors; a registered dietitian; an addictions therapist; OT; SLP; educational psychology; music therapist; art therapist; recreation coordinator; and other support residential support staff.

Therapeutic modalities include:

- Large/small group therapy (Psychodynamic and Dialectical Behavior Therapy);
- Individual therapy adolescents);
- Individual family therapy;
- Music therapy;
- Art therapy or other bottom-up experiential therapies;

- Therapeutic Crisis Intervention;
- Animal assisted activities
- Therapeutic milieu;
(focuses on social skills, life skills, personal hygiene, sleep hygiene, reinforcing positive coping strategies, improving self-esteem and self-identity, increase school and therapy attendance)
- Bi-weekly parent group and multi-family group therapy.
(Attending parent group is a mandatory requirement of CASA House.)

Step-down/Step-up Services

CASA House works collaboratively with CASA's Adolescent Day Program (ADP) to support the treatment needs of our patients and their families. If the multidisciplinary team determines, in conjunction with the family, that a less intensive care option is required, the patient may step-down care to ADP. A step-down in care may be appropriate for a patient who has completed the CASA House program and requires a high level of support before transitioning back to their community mental health care provider and community school. A step-down in care may also be appropriate for patients who are struggling with the separation from their families, are relatively stable in their home environment, and are at a low risk for suicide or self-injury.

A patient may step up from ADP to CASA House if there is an increased risk for suicide or self-injury, or if the family dynamics and home environment interfere with the therapy process.

CASA 2023-2024 Budget House

2023-2024 Budget

Expenses

Salary & Wages	2,612,431
Benefits	522,486
Total Salaries and Employee Benefits	3,134,917

Education, Conferences & Workshops	62,698
Office Materials & Supplies	21,706
Program Materials & Supplies	23,511
Travel & Subsistence	
Clinical Consultation	17,280
Clinical Travel	
Child & Family Supports	4,000
Recreation	24,000
Food & Kitchen	113,281
Professional Fees	107,098
Health Information & Privacy	199,410
Indigenous Wellness Services	48,629
Triage & Transition Services	
Testing & Treatment Services	93,760
Rehab Services	21,962
Concurrent Services	16,597
Social Work Services	51,290

Total Program Expenses	805,222
Total Expenses	3,940,139

Clinical Operations	62,658
Communications	133,459
Business Intelligence & Evaluation	120,818
Diversity & Belonging	75,119
HR	334,238
Finance	198,041
Corporate	115,115
IT (Including Telecomm)	155,213
Facilities	-

Total Administration Expenses	1,194,661
Total Expenses	5,134,800

Current FTE Positions

Position Name	FTE
Child Care Counsellor	8.12
Cook	1.62
Licensed Practical Nurse	9.72
Mental Health Therapist	3.00
Reception - Patient Care Specialist	1.00
Recreation Coordinator	1.00
Registered Nurse	1.14
Speech Language Pathologist Assistant (Embedded from Rehab)	0.13
Occupational Therapy Assistant (Embedded from Rehab)	0.13
Transition Coordinator	1.00
Unit Lead	2.00
Senior Manager	0.20
Unit Manager	1.00
Manager, Clinical	1.50
Addictions Counsellor	0.50
Therapy Support navigator	0.80
Assessment Psychologist	0.50

New FTE Positions

Position Name	FTE
Occupational Therapist (Embedded from Rehab)	0.45
Speech Language Pathologist (Embedded from Rehab)	0.20

Children's Day Program

Who we can help:

The Children's Day Program provides interdisciplinary diagnostic and therapeutic resource for children in grades 3 to 6 experiencing severe challenges managing or regulating their emotions and behaviour. This includes those children that have been unable to participate meaningfully in home, school and community environments. Children attending the program may also have associated difficulties with executive function in the domains of attention, impulse control, planning, judgment and cognitive flexibility as well as learning disability.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
24	24	24	24	24

What happens in the program:

The program serves 12 students at a time with an average length of stay of five months. Children attend Monday through Friday and receive both academic and clinical support within a therapeutic environment. Individual, group and family treatment are provided along with specialized education, consultation with the community school, and medication management.

Our framework is evidence-based and focused on two key areas:

- Enhancing emotional and behavioural regulation, academic learning, social competence and self-worth; and
- Enhancing the ability of home and school to support the child's development and learning.

Therapeutic Program

CDP consists of: two Edmonton Public school teachers; three classroom behaviour specialists; a mental health therapist; a psychiatrist; a clinical manager; and other adjunctive therapies/therapists such as OT, SLP and educational psychology. Therapeutic modalities include:

- Large/small group therapy (Psychodynamic Behavior Therapy)
 - Individual therapy
 - Individual family therapy
 - Therapeutic milieu
 - Art therapy
 - Therapeutic Crisis Intervention
 - Classroom behavioral management and organizational skills training
 - Bi-weekly parent group and Stop Now And Plan (SNAP) parenting group.
- * Attending Parent Group is a mandatory requirement of CDP

Step-down/Step-up Care

During a patient's treatment in the program, the multidisciplinary team may determine, in conjunction with the family, that a different level of care is required. If a higher level of care is required, a referral to an inpatient setting may be made. If less intensive care is required, other programs such as Core, Family or Trauma programs may be accessed.

Step-down care from CDP may be appropriate when a patient and their family has completed their episode of care and less intensive supports are required. The staff in our program may then work to connect the patient and family to community programs to build their natural support network.

CASA
2023-2024 Budget
CDP

2023-2024 Budget

Expenses

Salary & Wages	664,754
Benefits	132,951
Total Salaries and Employee Benefits	797,705

Education, Conferences & Workshops	15,954
Office Materials & Supplies	2,000
Program Materials & Supplies	10,000
Travel & Subsistence	1,102
Clinical Consultation	17,280
Clinical Travel	
Child & Family Supports	
Recreation	1,200
Food & Kitchen	
Software & Subscriptions	900
Professional Fees	34,333
Health Information & Privacy	44,313
Indigenous Wellness Services	48,629
Triage & Transition Services	
Testing & Treatment Services	93,760
Rehab Services	21,962
Concurrent Services	16,597
Social Work Services	51,290

Total Program Expenses	359,319
Total Expenses	1,157,024

Clinical Operations	13,924
Communications	29,658
Business Intelligence & Evaluation	26,849
Diversity & Belonging	16,693
HR	74,275
Finance	44,009
Corporate	25,581
IT (Including Telecomm)	34,492
Facilities	79,167

Total Administration Expenses	344,647
Total Expenses	1,501,671

Current FTE Positions

Position Name	FTE
Classroom Behavioural Specialist	2.61
Manager, Clinical	0.50
Mental Health Therapist	2.00
Occupational Therapist (Embedded from Rehab)	0.33
Registered Nurse	0.50
Senior Manager	0.20
Speech Language Pathologist Assistant (Embedded from Rehab)	0.22
Occupational Therapy Assistant (Embedded from Rehab)	0.25
Program Support Specialist	0.34
Assessment Psychologist (Embedded from PAC)	0.70

New FTE Positions

Position Name	FTE
Speech Language Pathologist (Embedded from Rehab)	0.35

Core Program

Who we can help:

The CASA Core program provides goal-oriented, voluntary, community-based mental health care for children and adolescents aged 3 to 17 who are experiencing mental illness. The program is designed to promote mental well-being by providing an integrated bio-psycho-social approach to mental health assessment, treatment, consultation, and referral services to appropriate community supports.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
1000	1000	1100	1200	1200

What happens in the program:

The Core program aims to deliver the highest quality of mental health care that:

- Provides timely and flexible access to mental health care.
- Delivers mental health care programming that is efficient, sustainable and accountable.
- Redirects referrals when appropriate to other CASA specialized programs in order to ensure families are matched with the right care at the right time.
- Active inclusion/participation of the family in treatment.
- Inclusion of the school and community network of the child and family to provide a holistic approach.

Our framework is evidence-informed and has foundations in four key areas:

1. Developmental Theory and Brain Development
2. Trauma-informed Care
3. Attachment theory
4. Systems theory

Therapeutic Program

The Core program is provided by a transdisciplinary team including psychiatrists, social workers, psychologists, occupational therapists, and nurses. Together, these registered professionals employ a multi-faceted blend of therapeutic modalities to facilitate the healing and growth of patients and their families. Therapeutic modalities include:

- Play-based and expressive arts based therapeutic approaches
- Psychotherapy such as: Cognitive Behavioral Therapy, DBT-informed interventions, Emotion Focused Therapy, Narrative Therapy, etc.
- Therapeutic Groups and Psychoeducational Groups
- Dyadic Interventions such as: Theraplay, Modified Interactive Guidance, etc.

Step-down/Step-up Care

During a patient's treatment in the program, the transdisciplinary team may determine, in conjunction with the family, that a different level of care is required. Other programs such as CASA House, a Day Program, Family Team or the Trauma program may be accessed if a more intensive care is required.

Step-down care may be appropriate when a patient has completed their episode of care and less intensive supports are required. The staff in our program, or the CASA Transition Program, will work with the patient and family to connect them with community programs and help them build their natural support network.

CASA
2023-2024 Budget
Core

2023-2024 Budget

Expenses

Salary & Wages	3,563,033
Benefits	712,607
Total Salaries and Employee Benefits	4,275,639

Education, Conferences & Workshops	85,513
Office Materials & Supplies	8,000
Program Materials & Supplies	8,599
Travel & Subsistence	10,000
Clinical Consultation	42,280
Clinical Travel	
Child & Family Supports	7,000
Recreation	
Food & Kitchen	
Software & Subscriptions	1,800
Professional Fees	
Health Information & Privacy	218,422
Indigenous Wellness Services	48,629
Triage & Transition Services	1,501,132
Testing & Treatment Services	93,760
Rehab Services	21,962
Concurrent Services	16,597
Social Work Services	51,290

Total Program Expenses	2,114,983
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Total Expenses	6,390,623
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Clinical Operations	68,632
Communications	146,183
Business Intelligence & Evaluation	132,337
Diversity & Belonging	82,282
HR	366,105
Finance	216,923
Corporate	126,090
IT (Including Telecomm)	170,011
Facilities	390,215

Total Administration Expenses	1,698,778
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Total Expenses	8,089,401
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Current FTE Positions

Position Name	FTE
Therapy Support Navigator	5.0
Mental Health Therapist	18.98
Registered Nurse	2.00
Senior Manager	0.20
Speech Language Pathologist (Embedded from Rehab)	0.40
Manager, Clinical	2.00
Addictions Counsellor	2.00
Assessment Psychologist (Embedded from PAC)	1.0

New FTE Positions

Position Name	FTE
Therapy Support Navigator	2.0
Occupational Therapist (Embedded from Rehab)	0.45
Program Support Specialist	1.0
Registered Nurse	1.0
Assessment Psychologist (Embedded from PAC)	0.9

Family Therapy Program

Who we can help:

The CASA Family Therapy Program provides voluntary, community-based family therapy services for families of index patients between the ages of 3 to 17 who are experiencing mental illness.

The program views the familial relationship as the “patient” and is designed to enhance family functioning, address parenting blocks, improve caregiver competencies in parenting and raising children with a mental illness, and boost communication and connection between all family members in care of the recovery and healing of the index patient.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
307	420	420	440	460

What happens in the program:

Throughout the course of therapy, therapist(s) complete an assessment of family functioning. In collaboration with the family, family therapy goals are established and a family treatment plan is created. Adult family members may be referred to adult psychiatry to complement ongoing family therapy treatment as needed, and concurrent individual therapy for the youth with other programs may occur to work with the family system holistically.

Our framework is evidence-based and focused on the following key areas:

- Delivering family-centred and trauma-informed care with the familial relationship as the patient;
- Strength-based: Highlighting and nurturing existing strengths within the family to help family members understand and support each other and to shift any unhealthy relational patterns;
- Building skills and enhancing caregiver capacities to raise children living with a mental illness; and
- Nurturing healthy attachment between caregiver and their child.

Therapeutic Program

The Family Therapy Program comprises a multidisciplinary team including social workers, psychologists, occupational therapists, a clinical support worker and an administrative assistant. Together, the registered professionals employ a multi-faceted blend of therapeutic modalities to facilitate the healing and growth of families.

- Therapeutic modalities include:
- Family therapy/Co-therapy
- Attachment-focused Family therapy/dyadic developmental psychotherapy
- Emotion-focused family therapy
- Narrative therapy
- The Gottman Method
- Interpersonal patterns
- Reflecting teams

Co-therapy/family therapy with other clinicians observing the therapy session behind a one-way mirror followed by a conversation between therapists about what they noticed about the session with the family observing this conversation behind a one way mirror.

Step-down/Step-up Care

During a patient’s treatment in the program, the multidisciplinary team may determine, in conjunction with the family, that concurrent therapy may be needed in parallel to family therapy involvement. In such cases, the team will support the family to seek a referral to individual therapy for the index patient or make a referral for adult

mental health for caregivers as appropriate.

If the care team determines that the index patient requires stepped-up level of care, the care team will connect with the index patient's primary mental health provider or primary physician to advocate for a referral to the Trauma Program, Day Program or CASA House.

Upon the completion of an episode of care, families will be transferred back to their primary care mental health provider or discharged into the community if continued individual therapy is not appropriate. The clinical support worker in our program may work to connect the index patient and their family to community programming that build on their natural and formal support networks.

CASA 2023-2024 Budget Family Therapy

2023-2024 Budget

Expenses

Salary & Wages	687,937
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Benefits	137,587
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Total Salaries and Employee Benefits	825,524
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Education, Conferences & Workshops	16,510
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Office Materials & Supplies	2,000
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Program Materials & Supplies	4,000
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Travel & Subsistence	1,004
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Clinical Consultation	17,280
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Clinical Travel	
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Child & Family Supports	2,000
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Recreation	
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Food & Kitchen	
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Software & Subscriptions	1,200
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Professional Fees	10,000
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Health Information & Privacy	43,330
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Indigenous Wellness Services	48,629
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Triage & Transition Services	321,671
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Testing & Treatment Services	
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Rehab Services	
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Concurrent Services	16,597
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Social Work Services	51,290
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Total Program Expenses	535,510
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Total Expenses	1,361,034
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Clinical Operations	13,615
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Communications	28,999
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Business Intelligence & Evaluation	26,253
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Diversity & Belonging	16,323
HR	72,627
Finance	43,032
Corporate	25,013
IT (Including Telecomm)	33,726
Facilities	77,409

Total Administration Expenses	336,998
Total Expenses	1,698,032

Positions

Position Name	FTE
Addictions Counsellor	0.5
Clinical Manager	0.5
Senior Manager	0.2
Clinical Support Worker	1
Mental Health Therapist	5.62

Fetal Alcohol Spectrum Treatment Resources and Community Support (FASTRACS) Program

Who can we help:

FASTRACS provides parent education, parent-child interactional sessions and a therapeutic summer camp to families residing in the Edmonton area where there is a query or confirmed diagnosis of FASD for their child age three to 17. This program supports eight to 12 families for parent education and parent-child interactional therapy sessions. Parent education sessions are six weeks in duration, with an additional two weeks of parent-child interaction sessions. Parent education sessions are held twice per year (fall and late spring) in Edmonton and in rural Indigenous communities, specifically Alexander, Paul, Alexis Nakoda Sioux and Enoch Cree Nations.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
12	25	60	100	150

What happens in this service:

The goal of this program provides caregivers with an understanding of FAS and concrete strategies on how to manage their child's disability from a rehabilitation and mental health approach. This program emphasizes positive caregiver and child interactions and relationships to foster the mental health of the child and family. Caregivers are also connected to the program navigator to help connect to other relevant community services, programs and funding as needed

Our framework is evidence-based and focused on four key areas:

1. Application of current brain science and neurodevelopment towards a strengths-based, resiliency approach;
2. Reducing toxic stress for children through building upon strengths individually, within the family setting, and larger community;
3. Effective learning strategies for caregivers to build success across home, school and community;
4. Trauma and indigenous informed interventions and practices for children, youth, families and staff within the program; and

Therapeutic Service Delivery:

FASTRACS caregiver education services are delivered by Mental Health Therapists through Indigenous Services. Parent educators are also a key component to the delivery of caregiver education both locally and in rural Indigenous communities. Therapeutic modalities include:

- Caregiver management skills education and training
- Child-parent relational therapy approaches
- Theraplay based approaches
- Social skills training
- Other adjunctive therapies including OT, SLP and PT (Therapeutic summer camps only)

Step up/ Step down care:

Parents will be referred to regional mental health or First Nations, Inuit, Metis Mental Health Program where indicated. Parents will be offered TSN services to ensure that their child is connected to the right services.

CASA
2023-2024 Budget
FASTRACS Program

2023-2024 Budget

Expenses

Salary & Wages 138,423

Benefits 27,685

Total Salaries and Employee Benefits 166,108

Education, Conferences & Workshops 3,322

Office Materials & Supplies

Program Materials & Supplies 5,000

Travel & Subsistence 2,000

Clinical Consultation

Clinical Travel

Child & Family Supports 5,000

Recreation

Food & Kitchen

Professional Fees

Health Information & Privacy 9,198

Indigenous Wellness Services 48,629

Triage & Transition Services

Testing & Treatment Services

Rehab Services

Concurrent Services

Social Work Services

Total Program Expenses 73,149

Total Expenses 239,256

Clinical Operations 2,890

Communications 6,156

Business Intelligence & Evaluation 5,573

Diversity & Belonging 3,885

HR 15,417

Finance 9,135

Corporate 5,310

IT (Including Telecomm) 7,159

Facilities 16,432

Total Administration Expenses 71,957

Total Expenses 311,213

Current FTE Positions

Position title	FTE
Therapy Support Navigator	1.0
Clinical Manager	0.25

New FTE Positions

Position title	FTE
Senior Manager	0.25

First Nations, Inuit and Métis Mental Health Program

Who can we help:

The First Nations, Métis and Inuit (FNMI) program provides direct Indigenous informed and culturally safe mental health care to children, youth, families and communities residing in the 4 First Nations surrounding Edmonton and to those residing in the Edmonton urban area. The 4 Nations include Alexander, Alexis Nakoda Sioux, Enoch Cree and Paul. The FNMI program also includes services to the 3 Aboriginal Head start programs in Edmonton and each Nation. The program is designed to promote Indigenous mental health and wellness using an approach where traditional Indigenous healing, ceremony, teachings, values, spirituality, cultural practices and world view are integrated into the Western mental health approaches to assessment, treatment, consultation, and referral to community supports.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
25	100	150	200	250

What happens in this program:

The goal of the FNMI program is to provide the highest quality of mental health care to the FNMI community recognizing the historical impacts of colonialism and the over representation of Eurocentric world views and values in Indigenous mental health care of children, youth, families, and communities. The FNMI program provides care that is:

- Indigenous and trauma informed as well as culturally inclusive.
- Provides timely and flexible access to mental health care.
- Provides services in community to the 4 Nations.
- Active collaboration and inclusion of family or community in mental health care of child or youth.
- Matches clinical presentation of the child/adolescent and their family with appropriate level of clinical service, while acknowledging that clients may need to step up or step down in levels of care.
- Provides a range of service streams that address common problem presentations and provide multiple pathways of care using the least intensive levels of services first.
- Delivers mental health care programming that is efficient, sustainable and accountable.
- Redirects referrals when appropriate to other CASA specialized programs in order to ensure families are matched with the right service at the right time.

Our framework is evidence-based and focused on:

1. An understanding of Indigenous cultures, histories, worldviews, spiritualities, healing practices and knowledges.
2. Trauma- Informed Care.
3. Application of current brain science and neurodevelopment towards a strengths-based, resiliency approach;

Therapeutic Service Delivery:

The FNMI program services are provided by a multidisciplinary team consisting of a program psychiatrist, mental health therapists, Indigenous wellness support specialists, therapy assistant navigators, an addictions counsellor, and Indigenous parent liaison support educators. Together, this team works collaboratively with families and communities to employ a multi-faceted blend of therapeutic modalities to promote healing and growth.

Therapeutic modalities include:

- Traditional healing, ceremony, and land based practice
- Traditional parenting
- Relationship building and caregiver support

- Caregiver management skills education and training
- Child-parent relational therapy approaches
- Theraplay based approaches
- Social skills training
- Addictions counselling
- Other therapies including CBT, Trauma therapy, art based therapies, and GPM
- Other adjunctive therapies when indicated to include OT, SLP

Step up/ Step down care:

During a patient's treatment in the program, the multidisciplinary team may determine, in conjunction with the family, that a different level of service is required. Other programs such as CASA House, a Day Program, Family or Trauma Services may be accessed if a more intensive service is required.

CASA 2023-2024 Budget First Nations, Métis and Inuit (FNMI) Program

	2023-2024 Budget
Expenses	
Salary & Wages	963,936
Benefits	192,787
Total Salaries and Employee Benefits	1,156,723
Education, Conferences & Workshops	23,134
Office Materials & Supplies	7,000
Program Materials & Supplies	10,000
Travel & Subsistence	25,000
Clinical Consultation	10,000
Clinical Travel	5,000
Child & Family Supports	15,000
Recreation	
Food & Kitchen	
Professional Fees	
Health Information & Privacy	68,042
Indigenous Wellness Services	48,629
Triage & Transition Services	
Testing & Treatment Services	
Rehab Services	
Concurrent Services	
Social Work Services	
Total Program Expenses	211,805
Total Expenses	1,368,529

Clinical Operations	21,380
Communications	45,539
Business Intelligence & Evaluation	41,225
Diversity & Belonging	28,742
HR	114,048
Finance	67,575
Corporate	39,279
IT (Including Telecomm)	52,961
Facilities	121,559

Total Administration Expenses	532,308
Total Expenses	1,900,837

Current FTE Positions

Position title	FTE
Clinical Manager	0.25
MHT	2.62
TSN	4.0
Addictions Counselor	1.0

New FTE Positions

Position title	FTE
Clinical Supervisor	1.0
TSN	2.0
Addictions Counselor	1.0
Senior Manager	0.25

Indigenous School-based Programming

Who can we help:

The Success coach program is a rural school based program which serves the Alexander, Alexis Nakoda Sioux, Enoch Cree and Paul Nations. The Success Coach will focus on the development and delivery of universal capacity building initiatives that will support increasing mental health literacy in all students and school staff. CASA Indigenous Services has established partnerships with four local First Nation communities where the Success Coach Program will be implemented as the first of three phases in the comprehensive school-based mental health service model. The specialised mental health classroom is a new initiative which has at its goal to work collaboratively with First Nation schools in building culturally-informed comprehensive school-based mental health programming for students with higher level complex mental health needs.

Projected number of children served annually by this program (Universal programming-Tier 1):

2022/23	2023/24	2024/25	2025/26	2026/27
265	530	795	1060	1060

Projected number of children served annually by this program (Targeted group programming-Tier 2):

2022/23	2023/24	2024/25	2025/26	2026/27
0	20	40	80	100

Projected number of children served annually by this program (Individualised intervention-Tier 3):

2022/23	2023/24	2024/25	2025/26	2026/2027
7	20	20	20	40

What happens in this service:

Success coaches provide universal mental health programming on various mental health topics. As well they deliver Social Emotional Learning curricula in classrooms, small groups or individually to students. Targeted groups such as self esteem, managing test anxiety, making friends and goal setting are offered. The success coach ensures that all programming

- Is rooted in Indigenous cultures, histories, ceremonies, healing practices, worldviews, and ways of being in the world.
- Trauma informed as well as culturally inclusive.
- Actively participates in school culture and community.
- Is a part of the school wellness team.
- Provides informal counselling and helps in the early identification and referral to in school supports and FNMI program in discussion with school team and caregivers.
- Receives support through FNMI mental health therapists for consultation and coaching for school staff.

Our framework is evidence-based and focused on:

1. An understanding of Indigenous cultures, histories, worldviews, spiritualities, healing practices and knowledges;
2. Trauma- Informed Care.
3. Application of current brain science and neurodevelopment towards a strengths-based, resiliency approach.
4. Social Emotional Learning.

Service Delivery:

Services are provided directly, in school to students of all grades by success coaches. Success coaches are also supported by FNMI mental health therapists. Mental health therapists offer guidance and direct coaching to staff regarding students who have greater mental health needs and have challenges in the classroom or school environment.

Modalities include:

- Relationship building and support
- Goal attainment
- Social emotional learning
- Staff coaching and mentorship on mental health issues (MHT)

Step up/ Step down care:

Services are provided in schools. Students may be referred to the FNMI program for intensive services where indicated.

CASA 2023-2024 Budget Indigenous Services School Based Success Coach Program

	2023-2024 Budget
Expenses	
Salary & Wages	440,807
Benefits	88,161
Total Salaries and Employee Benefits	528,969
Education, Conferences & Workshops	10,579
Office Materials & Supplies	2,500
Program Materials & Supplies	10,000
Travel & Subsistence	15,000
Clinical Consultation	10,000
Clinical Travel	5,000
Child & Family Supports	20,000
Recreation	
Food & Kitchen	
Professional Fees	
Health Information & Privacy	33,412
Indigenous Wellness Services	48,629
Triage & Transition Services	
Testing & Treatment Services	
Rehab Services	
Concurrent Services	
Social Work Services	
Total Program Expenses	155,120
Total Expenses	684,088

Clinical Operations	10,499
Communications	22,361
Business Intelligence & Evaluation	20,243
Diversity & Belonging	12,586
HR	56,002
Finance	33,182
Corporate	19,288
IT (Including Telecomm)	26,006
Facilities	59,690

Total Administration Expenses	259,859
Total Expenses	943,947

Current FTE Positions

Position title	FTE
Clinical manager	0.25
Therapy Support Navigator (success coach)	2.50

New FTE Positions

Position title	FTE
Therapy Support Navigator (success coach)	0.50
Senior Manager	0.25
Mental Health Therapists	1.00
Classroom behavioural specialist	1.00
Elder-cultural integration	1.00



Pre-School Day Program

Who we can help:

The CASA Preschool Day Program (Pre-Kindergarten and Kindergarten) is a tertiary-level, interdisciplinary diagnostic and therapeutic educational resource for children aged 4 and 5 who are experiencing severe challenges managing or regulating their emotions and behavior, such that they have been unable to participate meaningfully in the home and community options. Associated difficulties with development, executive functioning, and learning may be evident.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
18	18	18	18	18

What happens in the program:

The program is intended to provide intensive family-centered diagnostic review and therapeutic education, developmental intervention, and clinical care in a specialized early childhood setting. Children attend 2 full days a week for the 10 month school year, either Tuesday and Thursday, or Wednesday and Friday. There is a maximum class size of 9 children

Our framework is evidence-based and focused on two key areas:

- Enhancing healthy social-emotional, cognitive and physical development.
- Strengthen the family's ability to support their child's development and learning by promoting parent confidence and competence.
- Promote school readiness and prepare children for success in both school and community settings.
- Facilitate effective transition and reintegration into community-based services.

Therapeutic Program

The family, along with the interdisciplinary care team of professionals from the areas of education, psychology, psychiatry, speech-language pathology, occupational therapy, and nursing collaborate on the following broad goals:

Therapeutic modalities include:

- Diagnostic Review
- Medication Review
- OT Group
- SLP Group
- Parent Group
- Individual Family Orientated Therapy
- PATHS: Promoting Alternative Thinking Strategies
- Handwriting Without Tears

Step-down/Step-up Care

During a patient's treatment in the program, the multidisciplinary team may determine, in conjunction with the family, that a different level of care is required. If a higher level of care is required, a referral to an inpatient setting may be made. If less intensive care is required, other programs such as Core, Family or Trauma programs may be accessed.

Step-down care from PDP may be appropriate when a patient and their family has completed their episode of care and less intensive supports are required. The staff in our program may then work to connect the patient and family to community programs to build their natural support network.

CASA
2023-2024 Budget
PDP

2023-2024 Budget

Expenses

Salary & Wages 395,220

Benefits 79,044

Total Salaries and Employee Benefits 474,264

Education, Conferences & Workshops 9,485

Office Materials & Supplies 2,000

Program Materials & Supplies 26,500

Travel & Subsistence

Clinical Consultation 17,280

Clinical Travel

Child & Family Supports 6,500

Recreation 1,200

Food & Kitchen 1,500

Professional Fees 10,000

Health Information & Privacy 24,532

Indigenous Wellness Services 48,629

Triage & Transition Services

Testing & Treatment Services 93,760

Rehab Services 21,962

Concurrent Services 16,597

Social Work Services 51,290

Total Program Expenses 331,235

Total Expenses 805,499

Clinical Operations 7,708

Communications 16,419

Business Intelligence & Evaluation 14,864

Diversity & Belonging 9,242

HR 41,119

Finance 24,364

Corporate 14,162

IT (Including Telecomm) 19,095

Facilities 43,827

Total Administration Expenses 190,800

Total Expenses 996,299

Current FTE Positions

Position Name	FTE
Therapy Assistant	0.87
Speech Language Assistant (Embedded from Rehab)	0.22
Mental Health Therapist	0.87
Occupational Therapist (Embedded from Rehab)	0.34
Occupational Therapy Assistant (Embedded from Rehab)	0.25
Registered Nurse	0.50
Senior Manager	0.20
Program Support Specialist	0.33
Manager, Clinical	0.50

New FTE Positions

Position Name	FTE
Speech Language Pathologist (Embedded from Rehab)	0.35

Professional Development and Education Program

Who we can help:

The Professional Development and Education (PD&E) team provides consultation, education, training, and skills coaching and supervision to mental health professionals within CASA as well as the rural regions of east central and northern Alberta zones. Our program goal is to enhance the knowledge and skill of clinicians in the field of children's mental health.

Projected number of clinicians served annually by this program

Number of education presentations/training sessions delivered	45	
Number of participants	700	This figure represents the total number of participants, not unique number of participants. Some individuals have attended multiple events, and will have been counted more than once as a result.
Number of communities reached (please list communities in the notes column)	20	Communities that the PD&E team reached
Meetings with outside service providers	500	<p>This count includes the following individual and group direct/indirect activities:</p> <ul style="list-style-type: none">▪ education/training▪ consultations▪ coaching▪ mentoring

Emerging Trends in Mental Health Treatment:

Children, adolescents and their families have experienced high levels of stress and uncertainty. Impacts of the COVID-19 pandemic include high rates of isolation, addiction, family conflict and violence, complex PTSD and grief and loss, as well as employment and financial pressures and crisis. In addition, there are increased levels of vicarious trauma, compassion fatigue, and mental health related clinician burnout. Increased demands on clinicians related to changes to policies and procedures have affected service providers. Clinicians experience the expectation to provide increased access to services by, at times, limiting the number of sessions or length of service to those who might present with complex needs.

What happens in the program:

Stream 1: External

The Professional Development and Education Team enhances the capacity of communities in Northern and Central East Alberta to support children and families experiencing mental illness and co-occurring conditions by providing case consultation, mentoring, education, and training on mental health topics to service providers in those regions. Service delivery is planned in consultation with each region and community to address specific professional development needs. Principles of adult education are utilized to confirm that educational learning objectives are met.

Mental Health Consultants typically provide support to a specific area or region. PD&E consultants collaborate to respond to requests for coaching or consultation in a meaningful manner. PD&E consultants hold masters or doctorate degrees in various disciplines, and work from interprofessional foundation.

Stream 2: Internal Education

The internal PD&E team facilitates clinical training requests as well as manages the ongoing clinical educational calendar.

Stream 3: Internal Supervision

The internal PD&E team as well as Professional Practice Leads provide clinical supervision across various disciplines to support the mental health therapists in meeting their college requirements for credentialing and maintaining/expanding CASA's mental health therapist work force.

Our framework is evidence-based and focused on the following key areas:

- Blooms Taxonomy of Adult Learning Principals
- Trauma informed approaches, as well as approaches related to complex grief Providing training and consultation events based on research best practices including CBT, DBT, ACT, Unified Protocol, attachment based therapeutic approaches, play based therapy approaches
- Assessment and intervention related to biopsychosocialspiritual holistic approach to client and family centred care
- Anti-oppressive practice, with a foundation of an EDI lens
- Strength-based approaches

CASA 2023-2024 Budget PD & Education Budget

2023-2024 Budget

Expenses

Salary & Wages	1,486,488
Benefits	297,298

Total Salaries and Employee Benefits 1,783,785

Education, Conferences & Workshops	35,676
Office Materials & Supplies	2,000
Program Materials & Supplies	15,000
Travel & Subsistence	60,000
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Software and Subscriptions	10,000
Professional Fees	30,000
Health Information & Privacy	88,654
Indigenous Wellness Services	
Triage & Transition Services	
Testing & Treatment Services	
Rehab Services	
Concurrent Services	

Total Program Expenses	241,330
Total Expenses	2,025,115

Clinical Operations	27,857
Communications	59,334
Business Intelligence & Evaluation	53,714
Diversity & Belonging	37,449
HR	148,596
Finance	88,046
Corporate	51,178
IT (Including Telecomm)	69,005
Facilities	158,383

Total Administration Expenses	693,561
Total Expenses	2,718,677

Current FTE Positions

Position Name	FTE
Senior Manager	0.2
Educational Assistant/Admin Support	1.0
Clinical Quality Improvement Lead	1.0
Manager, Clinical Pathway Development	0.9
Mental Health Consultants - External	2.9
Clinical Educator - Internal	2.0
Professional Practice Lead - Nursing (internal)	1.0
Professional Practice Lead - Therapy (internal)	3.0

New FTE Positions

Position Name	FTE
Continuous Improvement Lead	1.0
Team Lead	0.2
TCI Training Lead	1.0
Program Team Coordinator	1.0
Educational Assistant/Admin Support	0.8

Trauma Program

Who we can help:

The CASA Trauma program provides intensive, trauma- and attachment- focused, voluntary community based mental health care for children and adolescents aged 3 to 17 who have experienced complex developmental trauma and, as a result, is experiencing significant challenges to their daily functioning that requires stepped-up care from primary mental health. Children within the program carry a diagnosis of complex developmental trauma (eg. Complex PTSD, Reactive Attachment Disorder, Disinhibited Social Engagement Disorder) and may also experience a myriad of other needs, including significant mental health challenges, family dysfunction, socio-economical challenges and intergenerational trauma. Due to the dyadic focus of the therapy, children accepted into the program must be in a stable and permanent home for the past six months to a year, preferably under the care of caregivers who were/are not part of the child's trauma story.

Projected number of children served annually by this program:

2022/23	2023/24	2024/25	2025/26	2026/27
230	230	260	300	330

What happens in the program:

The Trauma Program delivers care in three streams:

Stream 1: Outpatient Trauma Clinic (10-30 sessions)

The outpatient clinic works with families and youth through individual and family/dyadic therapy. This clinic may be utilized as a standalone full-course of trauma treatment, or for the initial stabilization work in preparation for enrollment in the Trauma and Attachment Group.

Throughout the course of therapy, therapist(s) complete an assessment of the child/youth and caregiver's trauma and attachment history, the child's functioning and presenting issues, and the family's functioning. In collaboration with the family, trauma therapy goals are established and a trauma treatment plan is created.

Stream 2: Trauma and Attachment Groups (TAG)

(Full year commitment to weekly therapy with winter and summer breaks)

The Trauma and Attachment Group (TAG) is a highly structured treatment program for children and their guardians who have experienced trauma and severely disrupted attachment. The TAG program is designed to promote attachment behaviours in adopted or foster children/youth who live with attachment disorders. Traumatic events most evident in this program are neglect and/or physical, mental or sexual abuse.

Entry into the TAG Stream is contingent on the successful establishment of group readiness, stability and safety through the Trauma Clinic.

Stream 3: Consultation

The Trauma Program's consultative program provides one-time or limited session consultations with therapists from other mental health programs interested in building further trauma therapy components into the work with their clients.

Currently the Trauma Program is providing ongoing consultations to the Indigenous Services Team to support the creation of a series of Trauma and Attachment Groups tailored to individual Indigenous nations with an Indigenous lens that can be delivered on reserve.

Our framework is evidence-based and guided by the following key areas:

1. Utilizing an evidence-based tri-phasic trauma treatment approach:
 - Phase 1: Establishing safety
 - Phase 2: Reconstructing the trauma story (trauma processing)
 - Phase 3: Restoring the connection between the survivor and their community

2. Nurturing connection and safety in the dyadic relationship between the child and primary caregiver to mend attachment injuries by way of upskilling caregivers' attachment-focused and trauma-informed parenting approaches;
3. Providing treatment sensitive to the neurobiological and neuro-sequential developmental needs of the child;
4. Adopting a flexible and integrative treatment approach by weaving in skills-oriented talk-based therapies (eg. CBT, DBT) with emotion-based, family-focused and sensorimotor based approaches (eg. Somatic work, ART/EMDR, attachment focused play-based therapies);
5. Acknowledging the interplay between trauma and addictions and integrating concurrent capable care into therapy; and
6. Developing a community-care approach to chronic mental health needs by supporting caregivers and/or teens in connecting with natural supports and facilitating connections with formal social services supports.

Therapeutic Program

The Trauma Therapy Program comprises of a core multidisciplinary team including psychiatrists, social workers, psychologists, occupational therapists, nurses and clinical support workers. Contracted Indigenous elders provide additional programming support to provide a whole person approach to trauma treatment.

Together, these professionals employ a multi-faceted blend of therapeutic modalities to facilitate the healing of trauma and attachment wounds and support the growth and resiliencies of families.

Therapeutic modalities include:

- Large group therapy (parent groups and children groups in TAG1, TAG2, Teen TAG);
- Individual therapy
- Accelerated Resolution Therapy/ Eye Movement Desensitization and Reprocessing
- Sensorimotor Psychotherapy/ Smart Moves
- Family Therapy: Attachment Focused Family Therapy / Dyadic Developmental Psychotherapy
- Play Based Therapies: Sand Play/ Attachment-focused play/ Non-directive play
- CBT/DBT
- Motivational Interviewing
- Seeking Safety
- Family and caregiver coaching and psychoeducation; and
- Therapeutic Crisis Intervention.

Step-down/Step-up Care

During a patient's treatment in the program, the multidisciplinary team may determine, in conjunction with the family, that a different level of care may be required. Other programs such as CASA House, Day Programs or Family Therapy may be recommended.

Step-down care may be appropriate when a patient and their family has completed their episode of care or if the therapeutic readiness for trauma processing has decreased, and primary care stabilization is required instead of trauma processing. The staff in our program may then work to connect the patient and family to community programs to build their natural and formal support networks and make a referral to primary care mental health.

CASA
2023-2024 Budget
Trauma

2023-2024 Budget

Expenses

Salary & Wages	709,168
Benefits	141,834
Total Salaries and Employee Benefits	851,002

Education, Conferences & Workshops	17,020
Office Materials & Supplies	4,000
Program Materials & Supplies	6,000
Travel & Subsistence	5,547
Clinical Consultation	17,280
Clinical Travel	
Child & Family Supports	2,000
Recreation	
Food & Kitchen	
Software & Subscriptions	900
Professional Fees	
Health Information & Privacy	43,773
Indigenous Wellness Services	48,629
Triage & Transition Services	321,671
Testing & Treatment Services	
Rehab Services	
Concurrent Services	16,597
Social Work Services	51,290

Total Program Expenses	534,707
Total Expenses	1,385,709

Clinical Operations	13,754
Communications	29,296
Business Intelligence & Evaluation	26,521
Diversity & Belonging	16,490
HR	73,370
Finance	43,473
Corporate	25,269
IT (Including Telecomm)	34,071
Facilities	78,201

Total Administration Expenses	340,445
Total Expenses	1,726,154

Positions

Position Name	FTE
Addictions Counsellor	0.5
Clinical Manager	0.5
Senior Manager	0.2
Clinical Support Worker	1.0
Mental Health Therapist	5.7
Registered Nurse	1.0

Virtual Care Program – Under Development

CASA 2023-2024 Budget Virtual Care Program

2023-2024 Budget

Expenses

Salary & Wages 134,000

Benefits 26,800

Total Salaries and Employee Benefits 160,800

Education, Conferences & Workshops 3,216

Office Materials & Supplies 2,000

Program Materials & Supplies

Travel & Subsistence

Clinical Consultation

Clinical Travel

Child & Family Supports

Recreation

Food & Kitchen

Professional Fees

Health Information & Privacy

Indigenous Wellness Services

Triage & Transition Services

Testing & Treatment Services

Rehab Services

Concurrent Services

Social Work Services

Total Program Expenses 5,216

Total Expenses 166,016

Clinical Operations

Communications

Business Intelligence & Evaluation

Diversity & Belonging

HR

Finance

Corporate

IT (Including Telecomm)

Facilities

Total Administration Expenses -

Total Expenses 166,016

Positions

Position Name	FTE
Senior Manager	0.2
Manager, Clinical	1.0

Services

Concurrent Services

Who we can help:

Children and youth aged 7-18 either at risk of developing or who meet criteria for a substance use disorder or process addiction and concurrently meet criteria for a mental health disorder. This often includes patients who present with a complex range of symptoms and possible trauma history.

Projected number of children served annually by this service:

2022/23	2023/24	2024/25	2025/26	2026/27
0	350	540	580	620

How services are engaged and integrated into the patient care plan:

Based on the unique presentation and situation of the patient and program, Concurrent Care Services can be integrated into the patient care plan.

The following clinical programs in CASA are supported by a Concurrent Care Counsellor within Core, Trauma Program, Family Therapy Program, Adolescent Day Program, and CASA House.

What happens in the service?

Stream 1: Integrated Concurrent Care

At the triage level, patients that meet indicators for concurrent care needs and who are open and willing to engage in concurrent care will be assigned an Concurrent Care Counsellor along with a Mental Health Therapist in order to deliver integrated concurrent care through co-therapy.

Integrative therapy sessions weave in the therapeutic modalities and approaches from the Mental Health Therapist along with the concurrent care expertise and knowledge brought forward by the Concurrent Care Counsellor. This approach builds capacity amongst therapists to work with concurrent addictions and builds capacity Concurrent Care Counsellor to better understand the interaction between addictions and idiosyncratic mental illness presentations.

Stream 2: Parallel Concurrent Care

This stream may be explored if integrated concurrent care is prohibitively difficult to arrange. Examples may include patients that are only supported by physicians without Mental Health Therapist involvement, or for waitlist management where addictions related concerns have been identified as a significant area of concern and the child/youth may benefit from earlier intervention.

Stream 3: Consultative Services

A. Clinician-to-Clinician Consultation

The Concurrent Care Services team can meet individually with clinicians to provide concurrent care consultation or attend case conferences to provide recommendations for concurrent concerns.

B. Capacity Building Workshops

The Concurrent Services team can deliver workshops or learning opportunities to teams or clinicians wanting to skill up their concurrent care knowledge.

C. Concurrent Care Parent Coaching Consultation

Limited session guardian/caregiver coaching sessions with a Concurrent Care Counsellor will be provided to caregivers who are motivated to support their child with concurrent care needs, but the child is yet to be ready or willing to connect with a Concurrent Care Counsellor. Depending on level of need, this may be provided through individual sessions or a group psychoeducational format.

Stream 4: Concurrent Care Groups

A. Guardian/Caregiver Coaching (Group Sessions)

Concurrent Care Counsellor will lead caregiver psychoeducational groups to discuss guardian and caregiver strategies to manage complex concurrent presentations in the home. If patients are connected with a Mental Health Therapist, the Concurrent Care Counsellor will arrange to provide updates and consultation via case conference, individual patient consultation meetings, or updates via the electronic medical system.

B. Concurrent Care Groups for Youth

Co-facilitated by an Concurrent Care Counsellor and a Mental Health Therapist, the concurrent care group follows the evidence-based, and present-focussed Seeking Safety counselling model. Seeking Safety offers 25 skills-based modules for work on interpersonal skills, cognitive reframing and behavioural pattern shifts and can be tailored to the needs of each cohort entering the group.

Concurrent Care Services strive to support patients and their families in the following areas:

- Abstain or reduce addictive behaviours.
- Improvement in personal, social, academic/occupational and family/caregiver functioning.
- Improvement in mental and physical health.
- Reduction in risky or self-harming behaviors.
- Identify triggers/risk factors, develop adaptive coping strategies, and co-create comprehensive relapse prevention plans.
- Guardians/caregivers will be equipped with strategies to support their child/youth effectively.

Therapeutic modalities include:

- Motivational Interviewing/Motivational Enhancement Therapy
- Seeking Safety
- Polyvagal Theory
- Relapse Prevention Therapy
- Family-based Therapy
- Harm Reduction and Recovery-Oriented Care

CASA 2023-2024 Budget Concurrent Services

2023-2024 Budget

Expenses

Salary & Wages	78,881
Benefits	15,776
Total Salaries and Employee Benefits	94,658
Education, Conferences & Workshops	1,893
Office Materials & Supplies	1,000
Program Materials & Supplies	
Travel & Subsistence	1,000
Clinical Consultation	
Clinical Travel	

Child & Family Supports	
Recreation	
Food & Kitchen	
Software & Subscriptions	
Professional Fees	
Health Information & Privacy	3,879

Total Program Expenses	7,772
Total Expenses	102,429

Clinical Operations	1,219
Communications	2,596
Business Intelligence & Evaluation	2,350
Diversity & Belonging	1,638
HR	6,501
Finance	3,852
Corporate	2,239
IT (Including Telecomm)	3,019
Facilities	6,929

Total Administration Expenses	30,343
Total Expenses	132,773

Allocation to Programs:	(132,773)
House	16,596.59
ADP	16,596.59
CDP	16,596.59
PDP	16,596.59
Core	16,596.59
Trauma	16,596.59
Family	16,596.59
Classrooms	16,596.59

Positions

Position Name	FTE
Senior Manager	0.2
Professional Practice Lead	0.5
Addictions Counsellor	
2.0 Allocated to Core	
1.0 Allocated to ADP/House	
1.0 Allocated to Family/Trauma	
1.0 Allocated to Indigenous	5.0

Indigenous Wellness Support Services

Who can we help:

Indigenous Wellness Support Services is a CASA wide services which aims to provide consultation to all CASA programs, treatment teams and direct Indigenous care that includes ceremony, traditional healing and other cultural practices to every Indigenous child, youth or family that is served by CASA

Projected number of children served annually by this program: Under development

What happens in this service:

The goal of Indigenous Wellness Support Services provide cultural care that is rooted in Indigenous practices as an integrated part of patient treatment. As well, IWSS offers cultural guidance to treatment teams and programs. IWSS provides care that:

- Is rooted in Indigenous cultures, histories, ceremonies, healing practices, worldviews, and ways of being in the world.
- Trauma informed as well as culturally inclusive.
- Provides timely and flexible access to traditional Indigenous mental health care through Indigenous wellness practices.
- Connects children, youth and families to cultural elders and teachers as needed.
- Works collaboratively CASA programs and treatment teams to provide guidance as well as active participation in patient care.

Our framework is evidence-based and focused on:

- An understanding of Indigenous cultures, histories, worldviews, spiritualities, healing practices and knowledges.
- Trauma- Informed Care.
- Application of current brain science and neurodevelopment towards a strengths-based, resiliency approach.

Therapeutic Service Delivery:

Indigenous wellness support services are provided by a team of Indigenous wellness support specialists, Elders and teachers who have cultural knowledge and understanding of ceremonies, healings, teachings and cultural practices relevant to mental health and wellness.

Therapeutic modalities include:

- Traditional healing, ceremony, and land based practice
- Traditional parenting
- Relationship building and caregiver support

Step up/ Step down care:

Services are provided in all programs. Services are transferred to appropriate community resources when CASA services have been completed.

CASA
2023-2024 Budget
Indigenous Wellness Support Services

2023-2024 Budget

Expenses

Salary & Wages 295,842

Benefits 59,168

Total Salaries and Employee Benefits 355,011

Education, Conferences & Workshops 7,100

Office Materials & Supplies 2,500

Program Materials & Supplies 30,000

Travel & Subsistence 5,000

Clinical Consultation

Clinical Travel

Child & Family Supports 5,000

Recreation

Food & Kitchen

Professional Fees

Health Information & Privacy 20,280

Total Program Expenses 69,880

Total Expenses 424,891

Clinical Operations 6,372

Communications 13,573

Business Intelligence & Evaluation 12,287

Diversity & Belonging 8,566

HR 33,991

Finance 20,140

Corporate 11,707

IT (Including Telecomm) 15,785

Facilities 36,230

Total Administration Expenses 158,652

Total Expenses 583,543

Allocation to Programs: (583,543)

House 48,628.59

ADP 48,628.59

CDP 48,628.59

PDP 48,628.59

Core 48,628.59

Trauma	48,628.59
Family	48,628.59
Classrooms	48,628.59
Indigenous Classrooms	48,628.59
FNMI	48,628.59
FASTRACS	48,628.59
Clinics	48,628.59

Current FTE Positions

Position title	FTE
Professional practice lead	1.0
Senior Manager	0.25

New FTE Positions

Position title	FTE
Professional practice lead	1.0
Indigenous wellness support specialists	2.0
Senior Manager	0.25



Privacy and Health Information Services

Who we can help:

The Privacy and Health Information team supports the organization through direct and indirect support across clinical programs and services as well as all business departments. The Privacy and Health Information team also provides external, public facing support to CASA patients and families through multiple avenues as detailed below in the “What happens in the service” description.

What happens in the service:

Patient Care Specialists – provide direct support to the clinical team by facilitating open and close of business operations at each CASA site including opening of buildings; greeting and checking in patients; making appointment reminder calls; starting Webex meetings for therapists; booking future appointments with patients as required; and contacting patients to cancel appointments when service providers have unplanned absences.

Intake Services – provide indirect support to the clinical team by setting up referrals in the Electronic Medical Record (EMR) for review; scheduling initial appointments for accepted patients; sending correspondence when clinical declines a referral; entering admission information on the program profile; auditing for referrals that were closed in error; and correcting program profile errors.

Health Records – provide indirect support to the clinical team by retrieving paper files for therapists; auditing the patient health record upon discharge to ensure all components are completed; archiving paper files; scanning records and cataloging each appropriately on to the electronic health record within the EMR; tracking files that are sent to other sites; restricting patient files as required; and ensuring record management policies are applied appropriately.

EMR Coordinator – provides indirect support to the clinical team by adding and suspending accounts in the EMR and all other behind the scenes work on user profiles; providing help desk support on the EMR; training employees in the overall use of the EMR; creates new programs, templates, and appointment types in EMR; updates EMR form and letter templates; creating and updating EMR procedures on CASA Connect; as well as creating and updating clinical forms on CASA Connect.

Privacy Team – ensures privacy-by-design compliance including all legislative and regulatory mandates across the organization, making key decisions and delivering effective policy and procedure advice across all business areas; provides indirect support to the clinical team and other areas of expertise by managing privacy breaches including conducting independent investigations, determining risk mitigation and improvements and overseeing implementation of recommendations; providing privacy training to all staff (new hire, refresher and continued education); working with clinical to determine when appropriate to complete Privacy Impact Assessments; liaise with the Office of the Information and Privacy Commissioner and other health organizations as necessary; provide sound advice when responding to privacy consultations; respond to inquiries based on legislative and regulatory requirements, define and implement privacy best practices and standards in concert with information security provisions; audit activities within the EMR to verify against unauthorized access to patient information; responding to requests for access and disclosure of health information in accordance with the Health Information Act; as well as create, maintain and update health information policies and procedures as necessary and to support accreditation.

CASA
Proposed 2023-2024 Budget
Health Information & Privacy

	2023-2024 Budget
Expenses	
Salary & Wages	902,895
Benefits	180,579
Total Salaries and Employee Benefits	1,083,473
Education, Conferences & Workshops	21,669
Office Materials & Supplies	2,000
Program Materials & Supplies	33,438
Travel & Subsistence	
Subscriptions & Software	96,809
Professional Fees	
Total Program Expenses	153,916
Total Expenses	1,237,390
Clinical Operations	
Health Information & Privacy	
Communications	
Business Intelligence & Evaluation	
Diversity & Belonging	
HR	
Finance	
Corporate	
IT (Including Telecomm)	
Facilities	
Total Administration Expenses	-
Total Expenses	1,237,390

Current FTE Positions

Position Name	FTE
Director, People and Culture	0.16
Manager, Privacy and Health Information	1.0
EMR Administrator	1.0
Health Records Clerk	1.0
Intake Services	2.0
Privacy Advisor	1.0
Reception	6.0
Senior Health Records Clerk	1.0
Executive Assistant	0.1

New FTE Positions

Position Name	FTE
EMR Administrator	1.0
Intake Services	1.0

Psychological Assessment and Consultation Services

Who we can help:

Psychological Assessment and Consultation team provides assessment and consultation services to patients within CASA programs who are also experiencing concerns with cognitive functioning, academic achievement, adaptive functioning and behavioural/emotional/social problems.

Projected number of children served annually by this service:

	2022/23	2023/24	2024/25	2025/26	2026/27
PAC	100	100	200	200	200

How services are engaged and integrated into the patient care plan:

Non-Tertiary Programs: Assessment results and recommendations are discussed at case conferences with patient's treatment team. Recommendations from the assessment are incorporated into a patient's treatment plan.

Tertiary Programs: Educational psychologists provide assessment and consultation services upon referral from patient's treatment team. Assessment results and recommendations support treatment planning within CASA and transition back into and programming in the community.

What happens in the service:

Stream 1: Assessment - PAC offers specialized assessments catered to specific concerns and/or questions of care teams, individual therapists and care providers. Assessments offered include direct and/or indirect evaluation of cognitive functioning, academic achievement, executive functioning, memory, personality, behavioural/emotional/social functioning and adaptive functioning. Assessment results and recommendations support treatment planning, school programming and enhancing understanding of child's strengths and needs.

Stream 2: Classroom Observation - PAC offers observations without intervention within the classroom and daycare natural environment to observe a child's behavioural functioning. The collected information, combined with child history, is amalgamated into a written report and provided to service providers to assist in treatment planning within CASA programs and to facilitate the implementation of intervention techniques in partnership with parents/guardians, schools and daycares.

Stream 3: Report Translation - PAC offers interpretation of previous psychological assessments to CASA service providers and caregivers to enhance their understanding of assessment results and recommendations and to facilitate implementation of information into treatment, home, and school environments. As well, report translation may lead to further recommendations for assessment and/or observation.

Stream 4: Consultation - PAC offers consultation services to CASA service providers and caregivers. The consultation offered is mainly related to educational programming and supports and/or accommodations for learning; however, PAC also offers consultation regarding clarification of mental health problems and/or diagnosis, type of treatment based on cognitive/academic functioning and possibility of assessment.

CASA
2023-2024 Budget
Psychological Assessment and Consultation Team

2023-2024 Budget

Expenses

Salary & Wages	291,448
Benefits	58,290
Total Salaries and Employee Benefits	349,737

Education, Conferences & Workshops	6,995
Office Materials & Supplies	1,000
Program Materials & Supplies	9,000
Travel & Subsistence	
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Software & Subscriptions	580
Professional Fees	1,800
Health Information & Privacy	21,925

Total Program Expenses	41,300
Total Expenses	391,037

Clinical Operations	6,889
Communications	14,674
Business Intelligence & Evaluation	13,284
Diversity & Belonging	9,261
HR	36,749
Finance	21,774
Corporate	12,657
IT (Including Telecomm)	17,065
Facilities	39,169

Total Administration Expenses	171,522
Total Expenses	562,559

Allocation to Programs:	(562,559)
House	93,759.83
ADP	93,759.83
CDP	93,759.83

PDP
Core
Classrooms

93,759.83
93,759.83
93,759.83

Positions

Position Name	FTE
Educational Psychologist 1.7 FTE in Tertiary 1.9 FTE Core 0.1 Classrooms	3.7
Psychometrician	1.0
Psychologist Assistant	1.0
Classroom Behaviour Specialist	0.87
Professional Practice Lead, PAC	1.0
Senior Manager	0.2



Rehabilitation Services

Who we can help:

Speech Language Pathology (SLP), and Occupational Therapy (OT) provide assessment, consultation and at times intervention services to patients CASA programs who are also experiencing concerns with motor development, speech/language development, social/emotionally and behavioural problems, as well as sensory concerns.

Projected number of children served annually by this service:

	2022/23	2023/24	2024/25	2025/26	2026/27
SLP/OT (Tertiary)	50	50	50	50	50
SLP/OT (CORE)	72	72	72	72	72

Note: These numbers are projected for a full time position (e.g., a full time OT in tertiary programs would see 50 patients per year)

How services are engaged and integrated into the patient care plan:

Non-Tertiary Programs: Assessment results and recommendations are discussed at case conferences with patient's treatment team. Recommendations from the assessment are incorporated into a patient's treatment plan.

Tertiary Programs: OT and SLP services are directly embedded within these programs. OT and SLPs work directly with patients and their families (within classroom and parent meetings) and are part of all case conferences and discharge meetings.

What happens in the service:

Stream 1: Assessment – Rehabilitation services offers specialized assessment for children and adolescents who are receiving services at CASA. The areas assessed include:

- **Speech-Language Pathology** – receptive and expressive language, pragmatic language (social communication), higher-level language (language based executive functioning or problem solving), speech sounds, reading and writing, phonological awareness, oral motor screening (structures and function needed for speech), and hearing screening.
- **Occupational Therapy** – fine and gross motor proficiency, visual motor integration, visual perception, printing, classroom accommodation, assistive technology, activities of daily living, sensory processing and feeding.

Stream 2: Intervention – Rehabilitation services offers OT and SLP intervention on a case-by-case basis. Intervention may be provided in a group context, or may be carried out by an assistant under the direct supervision of the SLP/OT. Intervention is prioritized for patients participating in CASA's tertiary level treatment programs (i.e. CASA's Day Programs) as OT and SLP services are directly embedded within these programs.

Stream 3: Consultation – Rehabilitation services offers consultation to care teams, individual CASA clinicians and caregivers who are seeking assistance on a child's speech and language and sensory-motor development. Resources and information are shared to address challenges that may occur as a result of a developmental delay or neurodevelopmental condition. Recommendations about accommodations/supports and strategies to promote development or improve functional performance in a variety of environmental contexts are provided.

CASA
2023-2024 Budget
Rehab Services

2023-2024 Budget

Expenses

Salary & Wages	78,881
Benefits	15,776
Total Salaries and Employee Benefits	94,658

Education, Conferences & Workshops	1,893
Office Materials & Supplies	1,000
Program Materials & Supplies	
Travel & Subsistence	
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Software & Subscriptions	
Professional Fees	
Health Information & Privacy	3,879

Total Program Expenses	6,772
Total Expenses	101,429

Clinical Operations	1,219
Communications	2,596
Business Intelligence & Evaluation	2,350
Diversity & Belonging	1,638
HR	6,501
Finance	3,852
Corporate	2,239
IT (Including Telecomm)	3,019
Facilities	6,929

Total Administration Expenses	30,343
Total Expenses	131,773

Allocation to Programs:	(131,773)
House	21,962.12
ADP	21,962.12
CDP	21,962.12

PDP
Core
Classrooms

21,962.12
21,962.12
21,962.12

Positions

Position Name	FTE
Speech-Language Pathologist 1.0 Allocated to Tertiary 0.40 Allocated to Core 0.10 Allocated to Classrooms	1.5
Speech Pathology Assistant Allocated across Tertiary & Core	1.0
Occupational Therapist 1.45 Allocated to Tertiary 0.45 Allocated to Core 0.10 Allocated to Classrooms	2.0
Occupational Therapy Assistant Allocated across Tertiary & Core	1.0
Professional Practice Lead, Rehab	0.5

Social Work Services

Who we can help:

Social Work Services is designed to support guardians/caregivers requiring enhanced systems navigation in support of ongoing therapeutic progress and for guardians/caregivers requiring additional support as they transition from clinical care to community care.

Projected number of children served annually by this service:

2022/23	2023/24	2024/25	2025/26	2026/27
0	350	540	580	620

How services are engaged and integrated into the patient care plan:

Referrals for Community Social Workers are made by Therapy Support Navigators (TSNs) in discussion with the clinical care team. Referrals are made when TSNs identify a need for stepped-up system navigation services or if enhanced supports in specialty areas are identified (see below).

Community Social Workers will have expertise in working with the following special populations:

- QTPOC /Indigenous
- FASD/PDD/Foster, Kinship and Adoptive Care
- Transient/Addictions/Justice

What happens in the service:

Community Social Workers will hold a small caseload of patients with high complexity in their social support needs. Community Social Workers will meet the unique social service needs of families through community connections with appropriate agencies/supports, applications for additional funding that families are eligible for, in-home visits and supports, and other systems navigation tasks such as the utilization of approved funding (e.g., connecting families to respite services with approved FSCD funds).

Monthly updates with the care team during Clinical Case Conferences will promote multidisciplinary collaboration.

Our framework is evidence-based and focused on the following key areas:

Social Work Services optimizes the social and occupational components of a bio-psycho-social-occupational framework. By reducing socioeconomic stressors for families, extending additional support to navigate a complicated healthcare and social service system, and enabling family members and patients' occupational engagement in self-care, productivity and leisure. The Social Work Services team is essential in creating a stable foundation for healing, recovery and growth.

The Bio-Psycho-Social-Occupational Framework is guided by the Person-Environment-Occupation model developed by Law et al., in 1996.

Therapeutic Services

- Therapeutic modalities include and are aligned with
- Trauma-Informed and Culturally Inclusive Care
- Attachment-based Parenting
- EDI Practices
- Child-Centred and Family-Inclusive Care
- Harm Reduction and Recovery-Oriented Care

CASA
2023-2024 Budget
Social Work Services

2023-2024 Budget

Expenses

Salary & Wages 306,452

*Includes Contracted Social Work Positions (\$273,085) Remaining
Level Up Social Work funding covers PPL position*

Benefits 61,290

Total Salaries and Employee Benefits 367,743

Education, Conferences & Workshops 7,355

Office Materials & Supplies 1,000

Program Materials & Supplies

Travel & Subsistence

Clinical Consultation

Clinical Travel

Child & Family Supports

Recreation

Food & Kitchen

Software & Subscriptions

Professional Fees

Health Information & Privacy 3,879

Total Program Expenses 12,233

Total Expenses 379,976

Clinical Operations 1,219

Communications 2,596

Business Intelligence & Evaluation 2,350

Diversity & Belonging 1,638

HR 6,501

Finance 3,852

Corporate 2,239

IT (Including Telecomm) 3,019

Facilities 6,929

Total Administration Expenses 30,343

Total Expenses 410,319

Allocation to Programs:

House	(410,319)
ADP	51,289.93
CDP	51,289.93
PDP	51,289.93
Core	51,289.93
Trauma	51,289.93
Family	51,289.93
Classrooms	51,289.93

Positions

Position Name	FTE
Senior Manager	0.2
Professional Practice Lead	0.5



Triage and Transition Services

Who we can help:

The Triage and Transition Program works with families beginning their journey at CASA, and those who are ready to transition out of CASA programs into the community. The program is designed to eliminate gaps in services, while offering a streamlined intake experience and a warm hand off to community partners. Our program will improve the client's journey through our organization as well as the service providers experience at CASA by way of ensuring the right client is accessing the right program.

Projected number of children served annually by this service:

	2022/23	2023/24	2024/25	2025/26	2026/27
Triage	0	800	1000	1000	1600
Transition	7	50	100	150	200

How services are engaged and integrated into the patient care plan:

Intake services are the first steps toward integrated mental health care. Services also pre-admission clinic assessment. The transition program works collaboratively with all CASA internal program to develop transition care plans with patient/families and the care teams to ensure completion of transition goals.

What happens in the service:

Services are provided by a multidisciplinary team including Psychiatrists, Clinical Support Workers, Mental Health Therapists, and Nurses. Together, these professionals work to reinforce therapeutic strategies previously implemented through CASA programs and connect families to resources in their communities. Using a strengths based approach, our team creates an individualized transition plan to meet the unique needs and goals of each family as they transition into the community.

Pre Admission Clinic

- Psychiatric assessment and diagnosis
- Health promotion/harm reduction interventions

Transition Services

- Consult with families directly to assess individual needs
- Parent Coaching
- Assist with internal/external program referrals and applications
- Identify natural supports present
- May work with families on site, at home, or in the community
- Psychoeducational Groups

Therapeutic Services

- Therapeutic modalities include:
- psychopharmacotherapy, programming, Connect family programming.

Step-down/step-up services:

Triage and pre-admission services are initial service contact for patient referrals into CASA programs. The transition program is a step-down service at the end of patient care.

CASA
2023-2024 Budget
Triage & Transition

2023-2024 Budget

Expenses

Salary & Wages	1,150,420
Benefits	230,084

Total Salaries and Employee Benefits	1,380,504
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Education, Conferences & Workshops	27,610
Office Materials & Supplies	4,000
Program Materials & Supplies	2,500
Travel & Subsistence	
Clinical Consultation	10,000
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Software & Subscriptions	1,200
Professional Fees	
Health Information & Privacy	81,451

Total Program Expenses	126,761
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Total Expenses	1,507,265
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Clinical Operations	25,593
Communications	54,513
Business Intelligence & Evaluation	49,350
Diversity & Belonging	34,406
HR	136,523
Finance	80,892
Corporate	47,020
IT (Including Telecomm)	63,398
Facilities	145,514

Total Administration Expenses	637,210
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Total Expenses	2,144,475
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Allocation to Programs:	(2,144,475)	
Core	1,501,132.36	70%
Trauma	321,671.22	15%
Family	321,671.22	15%

Current FTE Positions

Position Name	FTE
Therapy Support Navigator	7.0
Mental Health Therapist	1.0
Registered Nurse	2.0
Senior Manager	0.2
Manager, Clinical	0.5

New FTE Positions

Position Name	FTE
Registered Nurse	1.0
Mental Health Therapist	3.0





Appendix C

CASA Mental Health Business Operations and Internal Support Department Budgets and Positions

All internal support department budgets are embedded in the cost of our Clinical Programs and Services in order to capture the total actual cost to deliver each. Internal support departments include Business Intelligence, Evaluation and research, Communications, EDI, Facilities, Finance, Human Resources, Information Technology and Occupational Health and Safety.

In addition, CASA Mental Health is supported by a Philanthropy department which acts as a revenue source for the organization. This department is not explicitly captured in the Clinical Program and Service budgets as the Philanthropy budget is self-funded through fundraising activities with dollars raised supporting the respective fundraising pillars, mentioned previously.

Below are the budgets and positions for each internal service department.

Business Intelligence, Evaluation and Research

CASA 2023-2024 Budget Business Intelligence, Evaluation and Research

	2023-2024 Budget
Expenses	
Salary & Wages	607,002
Benefits	121,400
Total Salaries and Employee Benefits	728,403
Education, Conferences & Workshops	14,568
Office Materials & Supplies	2,000
Program Materials & Supplies	500
Travel & Subsistence	3,000
Subscriptions & Software	1,238
Professional Fees	
Total Program Expenses	21,306
Total Expenses	749,709

Current FTE Positions

Position Name	FTE
Director, People and Culture	0.16
Manager, Business Intelligence, Evaluation and Research	1.0
Business Intelligence Lead	1.0

Data and Information Governance Lead	1.0
Evaluation and Data Analyst	3.0
Quality and Continuous Improvement Lead	1.0
Executive Assistant	0.1

New FTE Positions

Position Name	FTE
Evaluation and Data Analyst	1.0



Communications

CASA 2023-2024 Budget Communications

2023-2024 Budget

Expenses

Salary & Wages 610,333

Benefits 122,067

Total Salaries and Employee Benefits 732,400

Education, Conferences & Workshops 14,648

Office Materials & Supplies 2,000

Program Materials & Supplies 24,500

Travel & Subsistence 5,000

Media & Advertising 15,000

Software & Subscriptions 5,000

Memberships & Dues 2,000

Professional Fees 27,600

Total Program Expenses 95,748

Total Expenses 828,148

Current FTE Positions

Position Name	FTE
Director, Communications	1.0
Communications Specialist	2.0
Graphic Designer	1.0
Volunteer Services Coordinator	1.0
Youth and Family Advisory Liaison	1.0

New FTE Positions

Position Name	FTE
Volunteer Services Coordinator	1.0
Communications Specialist	1.0
Communications Assistant	1.0

Equity, Diversity and Inclusivity

Who we can help

The EDI team supports the development of CASA towards becoming an equitable and inclusive workplace and service provider. The team is committed to removing barriers that have been, and continue to be, encountered by historically excluded groups including persons experiencing mental illness, women, Indigenous peoples, visible/racialized minorities, persons with disabilities, and 2SLGBTQIA+. We are fostering a community of change-makers through supporting CASA staff, physicians, patients, families, students, volunteers, leadership, and stakeholders in meaningfully participating in their EDI journeys. Support happens in various contexts including:

- **Individual** - one on one dialogues and reflections
- **Interpersonal** - teams learning and growing together
- **Organizational** - identification of barriers to equity and opportunities for growth, then working towards systemic and structural changes
- **Community** - listening to and meeting the needs of those around us, contributing to and creating partnerships for impact
- **Society** - advocating for systemic changes and leading by example

What happens in the service

The EDI team at CASA prioritizes the organizational goals of creating a safe, diverse, and inclusive workplace and becoming a provider of safe and culturally sensitive mental health services. The process of embedding EDI values creates impact in the dimensions of:

- Individuality
- Relationships
- Accessibility
- Service provision
- Experiences
- Demographics
- Environment

Daily works includes supporting EDI knowledge growth, advocacy, review of policies and practices, gap identification and charting the way ahead. The team will be developing an organizational strategic plan. This will form CASA's framework for change and outline an action plan to guide EDI implementation. EDI initiatives will be enacted through **six pillars**.

- Thriving Communities (Who We Are and Who We Serve)
- Responsive Services (What We Do)
- Reciprocal Relationships (How We Connect)
- Knowledge Generation (How We Grow)
- Inclusive Spaces (Where We Gather)
- Accountable Leadership (How We Keep the Fire Burning/Sustainability)

CASA
2023-2024 Budget
Equity, Diversity and Inclusivity Services

2023-2024 Budget

Expenses

Salary & Wages	279,114
Benefits	55,823
Total Salaries and Employee Benefits	334,937

Education, Conferences & Workshops	71,699
Office Materials & Supplies	2,000
Program Materials & Supplies	10,000
Travel & Subsistence	1,000
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Memberships & Dues	5,000
Software & Subscriptions	1,500
Professional Fees	40,000

Total Program Expenses	131,199
Total Expenses	466,136

Current FTE Positions

Position Name	FTE
Manager, Equity, Diversity and Inclusivity	1.0

New FTE Positions

Position Name	FTE
EDI Practitioner	2.0

Facilities

CASA 2023-2024 Budget Facilities

2023-2024 Budget

Expenses

Salary & Wages 182,011

Benefits 36,402

Total Salaries and Employee Benefits 218,413

Education, Conferences & Workshops 4,368

Office Materials & Supplies

Program Materials & Supplies 202,200

Travel & Subsistence

Software & Subscriptions 17,485

Professional Fees

Lease 552,461

Insurance (Property & General Liability) 90,799

Repairs & Maintenance 82,200

Facility Operating Costs

Janitorial 200,000

Utilities 110,000

Total Program Expenses 1,259,513

Total Expenses 1,477,926

Current FTE Positions

Position Name	FTE
Manager, Facilities	1.0
Director, People and Culture	0.16
Executive Assistant	0.1

New FTE Positions

Position Name	FTE
Facilities Coordinator	1.0

Finance

CASA 2023-2024 Budget Finance

2023-2024 Budget

Expenses

Salary & Wages 895,120

Benefits 179,024

Total Salaries and Employee Benefits 1,074,144

Education, Conferences & Workshops 21,483

Office Materials & Supplies 2,000

Program Materials & Supplies

Travel & Subsistence 1,000

Liability Insurance 45,630

Audit 40,000

Bank Charges 10,000

Memberships and Dues 2,300

Software & Subscriptions 27,340

Professional Fees 5,000

Total Program Expenses 154,753

Total Expenses 1,228,897

Current FTE Positions

Position Name	FTE
Director, Finance	1.0
Manager, Finance	1.0
Intermediate Accountant	1.0
Payroll Coordinator	1.0
Financial Analyst	1.0
Accounts Payable Administrator	1.0
Executive Assistant	0.4

New FTE Positions

Position Name	FTE
Accounts Payable & Payroll Support	1.0
Lead - Reporting, Budgeting & Forecasting	1.0

HRIS - Project Manager	0.5
HRIS - Finance Implementation Specialist	1.0
Financial Analyst	1.0
Payroll Assistant	1.0

Human Resources

CASA 2023-2024 Budget Human Resources

2023-2024 Budget

Expenses

Salary & Wages 1,021,265

Benefits 204,253

Total Salaries and Employee Benefits 1,225,518

Education, Conferences & Workshops 24,510

Office Materials & Supplies 9,000

Program Materials & Supplies

Travel & Subsistence 1,500

Subscriptions & Software 124,002

Recruitment 301,500

Staff Recognition & Retention 240,000

Membership & Organization Fees 98,000

Legal 50,000

Professional Fees

Total Program Expenses 848,512

Total Expenses 2,074,030

Current FTE Positions

Position Name	FTE
Director, People and Culture	0.2
Manager, Human Resources	1.0
HR Business Partner	3.0
HR Coordinator	3.0
Recruitment Specialist	1.0
Senior Recruitment Specialist	1.0
Student Placement Coordinator	1.0
Executive Assistant	0.1

New FTE Positions

Position Name	FTE
HRIS - Project Manager	0.5
HRIS - HR Implementation Specialist	1.0
Staff Engagement and Experience Coordinator	1.0

Information Technology

CASA 2023-2024 Budget Information Technology

2023-2024 Budget

Expenses

Salary & Wages	381,457
Benefits	76,291
Total Salaries and Employee Benefits	457,748

Education, Conferences & Workshops	9,155
Office Materials & Supplies	1,000
Program Materials & Supplies	10,000
Travel & Subsistence	1,500
Telecommunications	236,332
Maintenance & Support	51,500
Software & Subscriptions	135,900
Professional Fees	60,000

Total Program Expenses	505,387
Total Expenses	963,135

Current FTE Positions

Position Name	FTE
Director, People and Culture	0.16
Manager, Information Technology	1.0
IT Network Administrator	2.0
Executive Assistant	0.1

New FTE Positions

Position Name	FTE
IT Support Specialist - 1 Year Temporary	1.0

Occupational Health and Safety

CASA 2023-2024 Budget Occupational Health & Safety

2023-2024 Budget

Expenses

Salary & Wages 182,552

Benefits 36,510

Total Salaries and Employee Benefits 219,062

Education, Conferences & Workshops 4,381

Office Materials & Supplies 2,500

Program Materials & Supplies 76,500

Travel & Subsistence 2,500

Software & Subscriptions 71,500

Professional Fees

Lease

Insurance (Property & General Liability)

Repairs & Maintenance

Facility Operating Costs

Janitorial

Utilities

Total Program Expenses 157,381

Total Expenses 376,443

Current FTE Positions

Position Name	FTE
Lead, Occupational Health and Safety Lead	1.0
Director, People and Culture	0.16
Executive Assistant	0.1

New FTE Positions

Position Name	FTE
Occupational Health and Safety Coordinator	1.0

Philanthropy

CASA 2023-2024 Budget Philanthropy

2023-2024 Budget

Expenses

Salary & Wages	969,456
Benefits	193,891
Total Salaries and Employee Benefits	1,163,347

Education, Conferences & Workshops	23,267
Office Materials & Supplies	1,000
Program Materials & Supplies	
Travel & Subsistence	3,000
Annual Giving	150,000
Community Fundraising	1,000
Major Gifts	1,500
Gaming	1,500
Mid-level Giving	1,000
Planned Giving	1,500
Endowments	
Stewardship	2,000
Events	555,000
Software & Subscriptions	5,000
Advertising	33,000
Professional Fees	

Total Program Expenses	778,767
Total Expenses	1,942,114

Positions

Position Name	FTE
Chief Donor Love Officer	1.0
Director, Philanthropy	1.0
Manager, Philanthropy	1.0
Executive Assistant	1.0
Philanthropy Officer, Community Fundraising	1.0
Marketing and Philanthropy Officer	1.0
Philanthropy Officer, Annual Giving	1.0
Philanthropy Officer, Stewardship	1.0
Philanthropy Officer, Events	1.0
Philanthropy Officer, Major Gifts	2.0
Data and Reporting Specialist	1.0