



THRIVE

Engage, Excel, Evolve

2024-2025 Operational Plan



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.

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Introduction to 2024-25 operational plan

CASA Mental Health's 2024-25 operational plan represents the third year of our five-year strategic roadmap. The activities and deliverables are aligned with our vision, mission and values, and guided by our equity, diversity and inclusivity commitment statement and our commitment to the provision of mental health services for Indigenous children, youth, families and communities.

The plan reflects the organization's maturity, pursuit of continuous improvement and willingness to expand programming to meet the communities needs and fill the 'missing middle'. Our journey began by building relationships, securing resources and realigning programming; it then transitioned to focused work, including expansion activities, which has allowed us to flourish delivering more programming to more kids across Alberta. This year we focus on excelling through the meaningful evolution of our programs, achieving critical targets and striving to excel in the delivery of mental health services to children, youth and families across Alberta.

We are proud of our achievements over the past two years.

- **We served more kids and families.** We are living our value of results based accountability. We reached more than 8,972 children, youth and families, exceeding our goal for the year.
- **We launched seven mental health classrooms** working collaboratively with host schools and our education partners.
- **We learned more about those we serve.** Of the patients and families completing our sociodemographic survey: 18.4 per cent were first generation immigrants (10 per cent higher than the national average); 11.7 per cent identified as being from the 2SLGBTQIA+ community and 4.3 per cent identified as transgender; 13 per cent self identified as First Nations, Métis or Inuit; 8 per cent as Black and 7.1 per cent as Southeast Asian. This information is helping us create safe and inclusive environments that honour and respect the lived experience of every person and community.
- **We supported student placements.** In alignment with our vision to be a nationally recognized learning and teaching organization, we had 51 students from 11 different universities work alongside our talented CASA professionals.
- Finally, **we recruited and onboarded more than 100 new staff and a half a dozen physicians** to help us achieve our goals.

In 2024-25 we will build on our achievements. We will engage our teams and community partners as we strengthen pathways for patient transitions, revise our Adolescent Day and CASA House staffing model, expand trauma programming into Calgary and establish pediatric medical clinics to serve kids with more complex mental health needs. We will excel by reaching more kids in more locations across Alberta through expanding our Classrooms initiative, reducing wait times for assessments, adopting standardized acuity screening tools, expanding service hours and virtual care service delivery, as well as volunteer support. Finally, we will continue to evolve our clinical programs and services through enhancements to clinical pathways, nursing services, data governance and information sharing, as well as improvements to our business operations focused on human resources, information technology and occupational health and safety initiatives.

This is a critical year in our roadmap. It is the time where hard work and hope becomes a reality - where we begin to see the impact of actions over the past two years. We move from doing activities and accomplishing deliverables to seeing results and achieving targets. Our roadmap, found within this plan, outlines the results we are striving to achieve and the way we will measure our impact.

It is an exciting time for everyone, but most of all for the children, youth and family members we serve - past, present and future.

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			



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

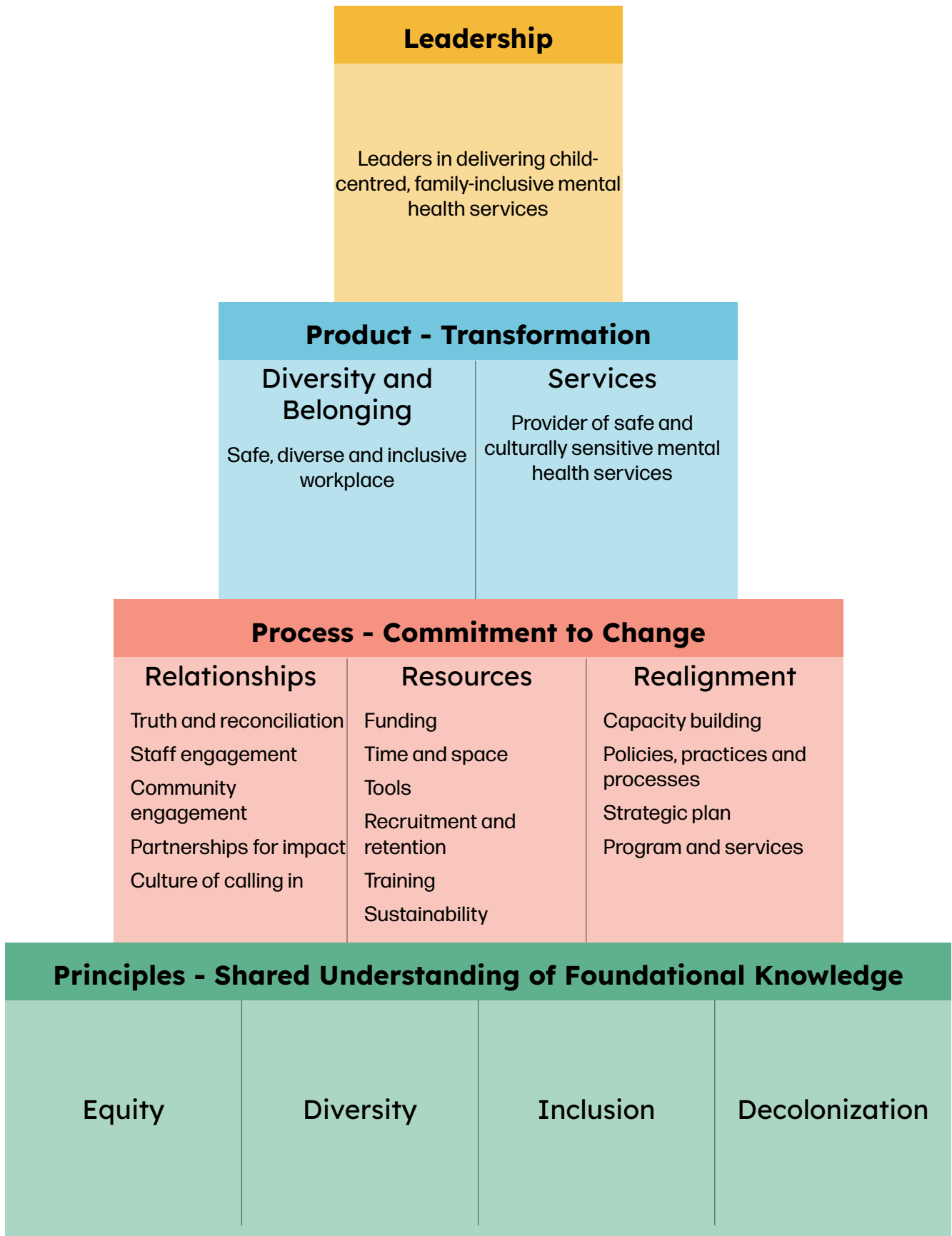
In line with embedding equity, diversity and inclusivity as building blocks of our organizational culture shift, CASA commits to:

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.

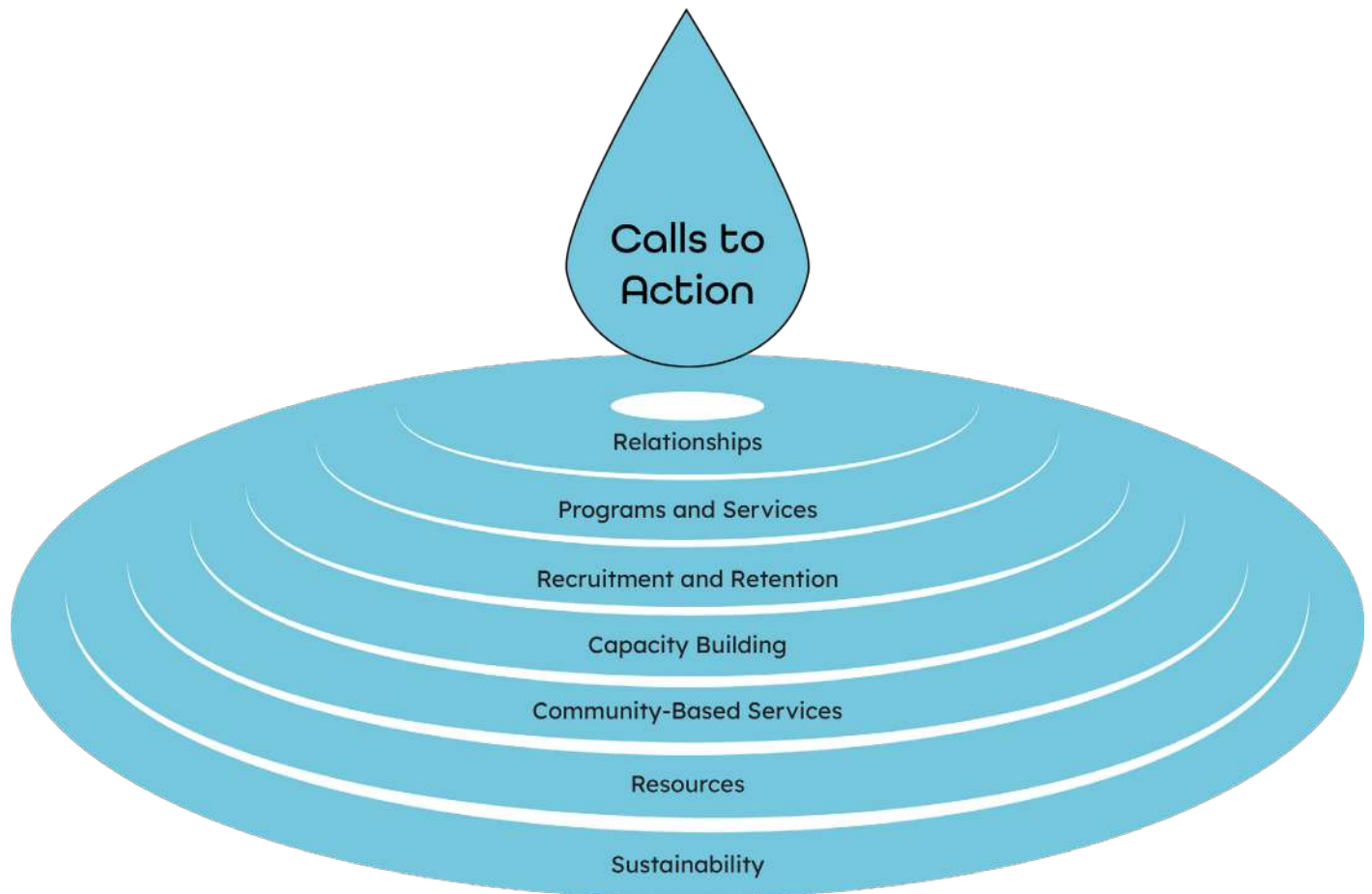
An Intentional Journey

“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



CASA Change Management

As CASA Mental Health enters the third year of its five-year roadmap, change has become nearly universal for staff, careholders, patients and families. Preparing and equipping people for these changes is critical to the success of projects and is necessary to maintain momentum and reduce change fatigue. A structured and resourced change management approach will provide support for individuals, direction for projects and efficiency for the organization overall.

Change management at CASA is first centred around the organization's values, and secondly around the ADKAR framework (Awareness, Desire, Knowledge, Ability, Reinforcement), building upon Prosci training provided to many employees over the last two years. CASA's change management framework is important for all staff and leadership to understand, and will be incrementally developed and deployed by project teams and the Program Management Office in 2024-25.

Change Management Process



Q1-April-June 2024	
Reaching high-risk youth through community mental health partnerships	Engage
Sustaining CASA Classroom operations in the Edmonton Zone	Evolve
Building leadership capacity to advance provincial clinical pathways	Evolve
Q2-July-Sept. 2024	
Continuing to Improve Privacy and Health Information	Engage
Deepening a sense of belonging and trust through a festival for CASA patients, families and staff	Engage
Reducing wait times and enhancing quality of child and adolescent assessments	Excel
Implementing an IT Equipment Evergreen Strategy	Excel
Improving nursing practice and service delivery across CASA	Evolve
Q3-Oct-Dec 2024	
Responding to community need through the launch of Trauma programming in Calgary	Engage
Improving patient care through advancing the Community Information Integration (CII) between Med Access and Netcare	Evolve
Expanding Professional Development and Education: Rural Services to support CASA Classrooms	Evolve
Implementing a content management strategy for critical program and service documentation	Evolve
Managing facility space through the adoption of OfficeSpace software	Evolve
Provincial Expansion	Evolve
Q4-Jan-March 2024	
Improving patient care by transitioning CASA House and day programs to the Electronic Medical Record	Engage
Revamping ADP and CASA House staffing model to support patient needs and strengthen transition process	Engage
Enhancing clinical education and training to improve staff retention and service quality	Engage
Establishing Pediatric Psychiatric and Medical Clinic to better serve children with complex mental health	Engage
Building robust electronic human resource tools through continued implementation of Dayforce	Engage
Continued expansion of CASA Classrooms in Calgary	Excel
Continued expansion of CASA Classrooms in central Alberta	Excel
Continued expansion of CASA Classrooms to northern Alberta	Excel
Expansion of CASA Classrooms to southern Alberta	Excel
Improving appropriateness and timeliness of service through adoption of standardized acuity screening	Excel
Reaching more children and families by expanding service hours and virtual care service delivery	Excel
Improving the usability and accessibility of data to support decision-making	Excel
Serving more families through expanded volunteer culture, engagement and impact	Excel
Creating safe and supportive environments by caring for our facilities	Excel
Implementing a Safety Incident Management System	Excel
Advancing data governance and information management in preparation for data migration to the cloud	Evolve
Investing in philanthropic support to grow revenue	Evolve
Supporting employees by improving human resource tools, programs and strategies	Evolve
Improving our approach to Occupational Health and Safety	Evolve
Transforming our Information Technology	Evolve

About the operational planning worksheets

The operational planning worksheets in this section of the 2024-25 operational plan were submitted on a template, requesting consistent information from all departments and projects. Below are descriptions of some of those sections to avoid duplication throughout, and for you to refer back to as needed.

Type of Work

Improvement Work is an initiative, process implementation or change that reduces cost, improves quality, or creates additional value for patients and/or clients and requires additional resources (people, financial, time). Resources may include additional people on your team or significant assistance from other departments, programs or services, creating interdependencies that change how people prioritize that work for the year. ***You only need to fill out one worksheet for all improvement projects and/or initiatives that you expect to complete in your department, program or service this year.***

Breakthrough Initiatives are work that fundamentally changes how, where and/or when we provide service to patients or clients internally and/or externally. These initiatives require significant investment in people, financial and time resources as well as organizational commitment to achieve the deliverable and its associated outcomes. ***You should complete one worksheet for each breakthrough initiative you are proposing.***

Convenor

What position (not person) in the organization is responsible for convening this work? Remember, a convenor is not necessarily the individual completing the work. They are initiating and leading the work. You should only have one position listed as a convenor.

Values

Convenors were asked to select the organizational value(s) supported by this deliverable. Our values are described in full at the beginning of this document.

Interdependencies

Convenors were asked to check off the interdependencies they expect the deliverable to require by quarter. This will allow us to visualize when work is expected of each department/program/service and sequence the operational plan in a practical manner.

Resources: People

Convenors were asked to list any additional positions requested to accomplish the operational deliverable, based on the following information:

FTE: What full time equivalency (FTE) is expected? (Between 0-1.0)

Status: Is this a permanent or temporary position? (Perm or temp)

Office: Will this position require additional office space? (Y or N)

Laptop/Desktop: Will this position require a laptop or desktop? (Y or N)

Cellphone: Will this position require a cellphone? (Y or N)

Quarter: What quarter do you expect to hire this position in? (1, 2, 3, 4)

Planning Tools

Convenors were asked to identify what planning tools are needed to organize the work and accomplish the deliverable.

Work Plan - A plan that outlines the required tasks to achieve a desired result.

Communications Plan - A communications plan supports a project plan by setting goals and objectives specific to the role of communications activity in addressing a problem or business need. It poses questions related to audiences, messages, tactics and measures related to the ultimate desired outcome for a project, issue or initiative.

Change Management Plan - A plan that outlines the application of a structured process and set of tools for leading the people side of change to achieve a desired outcome. Our organizational change management methodology is Prosci.

Project Charter - The purpose of a charter for large projects is to provide a comprehensive document that outlines the project's objectives, scope, stakeholders, roles and responsibilities, budget, timeline, risk management plan, change management plan. These projects would involve significant resources, complex processes, and multiple stakeholders. The charter serves as an approved and agreed upon reference to ensure alignment and clarity throughout the project's lifecycle.

Project Chartlet - This is typically a simplified project charter used for smaller, less complex projects. It will aid in outlining the project's objectives, scope, stakeholders, and high-level plan. For smaller projects, you will see a shorter and more concise version of the charter.





Engage

Activities/initiatives identified through engagement of communities, patients and staff or will require significant engagement to successfully achieve.

1 Improving patient care by transitioning CASA House and day programs to the Electronic Medical Record

Description:

CASA House and day programs currently use paper medical records, which result in poor data collection and documentation quality, medical records security concerns and work inefficiency. The Clinical Quality Improvement Lead - EMR Initiative will work closely with the Privacy and Health Information Manager, the EMR team, the Data and Information Governance Lead, Nursing Professional Practice Lead and Clinical Managers to transition CASA House and day programs to the electronic medical record (EMR). This coalition will design and develop EMR templates for CASA House and day programs, develop EMR work processes, implement and train staff with the new templates and processes, and reinforce adoption. This project improves data collection quality, documentation quality, work efficiency and medical records security, therefore supporting better outcome measurements and patient care.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Clinical Quality Improvement Lead - EMR Initiative

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation		√	√	√
	Communications		√	√	√
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance				
	Human Resources				
	Information Technology				
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information		√	√	√
	Program Management Office		√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House/ADP	√	√	√	√
	CDP	√	√	√	
	Clinical Pathway Development				
	Clinical Practice	√	√	√	√
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP		√	√	
	Physicians		√	√	√
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Clinical Quality Improvement Lead - EMR	1.0	Perm	N	N	N	1
TOTAL	1.0		0	0	0	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

- YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Education, conferences and workshops	Permanent	\$ 1,000
TOTAL		\$1,000

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: EMR implementation may take longer if EMR templates are not meeting clinical documentation and data collection standards, or templates being incompatible with clinical workflows.

Mitigation strategy:

Consult and work closely with the Privacy and Health Information Manager, the Data and Information Governance Lead, Clinical Managers and Nursing Professional Practice Lead to co-design and develop EMR templates. This will ensure templates are compatible with clinical workflows and meet clinical documentation and data collection standards.

Risk 2: Deadlines and deliverables missed.

Mitigation strategy:

- Work closely with the Senior Clinical Manager of Clinical Practice, Privacy and Health Information Manager, Data and Information Governance Lead, Clinical Managers and Nursing Professional Practice Lead to develop project plans.
- Use a project management tool to track task progress.
- Hold regular meetings to communicate project updates to ensure everyone is on the same page.

Risk 3: The EMR integration projects cannot be successfully completed.

Mitigation strategy:

- Transitioning the Clinical Quality Improvement Lead - EMR position from temporary to permanent will aid in project completion and maintenance

2

Revamping ADP and CASA House staffing model to support patient needs and strengthen transition process

Description:

In response to the evolving needs of adolescents in CASA's day and live-in programs, the organization has embarked on a journey to revamp the Adolescent Day Program (ADP) and CASA House staffing model. Recognizing the importance of enhanced support for both patients and their families, proposed changes include: integrating a behaviour specialist to address specific challenges; a charge nurse position; and additional therapy support navigators to ensure a more seamless and supportive experience during the transition period. This transformation aims to create a more responsive and comprehensive environment, tailored to the unique needs of the adolescents CASA serves. Staffing model changes will be achieved through a gradual plan of reducing the number of weekend shifts, reassigning current FTE to new positions, and requesting a total increase of 1.97 FTE at CASA House and 1.12 FTE at ADP.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Clinical Manager, ADP and CASA House

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity
 Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities	√			
	Finance				
	Human Resources	√	√	√	√
	Information Technology	√			
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development		√		
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition		√		
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Therapy Support Navigator - Transitions	2.0	Perm	Y	Y	Y	1
Behavioral Specialist	1.0	Perm	Y	Y	Y	2
Unit Supervisor	2.0	Perm	N	N	N	1
Program Supervisor	1.0	Perm	Y	Y	Y	1
Program Manager	1.0	Perm	Y	Y	Y	1

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Admin/ Scheduler	0.6	Perm	N	Y	N	3
TOTAL	7.6		4	5	5	

Edmonton CASA House	23-24	24-25	25-26
Staff Resources	FTE	FTE	FTE
Senior Manager	0.25	0	0
Clinical Manager	0.50	0	0
Program Manager	0	1	1
Executive Assistant	0.50	0.50	0.50
Unit Supervisor	0	2.0	2.0
Unit Manager	1.0	0	0
Behavioral Specialist	0	1.0	1.0
Child Care Counsellor	7.28	7.0	7.0
Mental Health Therapist	3.20	3.20	3.20
Program Administration	1.0	1.6	1.6
License Practical Nurse	11.8	10.0	10.0
Addictions Counsellor	0.50	0.50	0.50
Assessment Psychologist	0.50	0.50	0.50
Occupational Therapist	0.50	0.50	0.50
Speech Language Pathologist	0.30	0.30	0.30
Therapy Support Navigation	0.80	2.00	2.00
Unit Lead	2.00	2.00	2.00
Indigenous Wellness Support Worker	0.50	0.50	0.50
Recreation Coordinator	2.00	2.00	2.00
Cook II	1.62	1.62	1.62
Total FTE	34.25	36.22	36.22
ADP, Edmonton	23-24	24-25	25-26
Expenses	FTE	FTE	FTE
Senior Manager	0.25	0	0
Clinical Manager	0.5	0	0
Program Manager	0	0.5	0.5
Program Supervisor	0	0.5	0.5
Project Admin	0.5	0.5	0.5
Mental Health Therapist	1.74	1.74	1.74
Program Support Specialist	0.33	0.33	0.33
Registered Psychiatric Nurse	1.0	1.0	1.0
Addictions Counsellor	0.5	0.5	0.5

Assessment Psychologist	0.5	0.5	0.5
Occupational Therapist	0.4	0.4	0.4
Speech Language Pathologist	0.2	0.2	0.2
Therapy Support Navigation	0	0.87	0.87
Therapy Support Assistant	2.61	2.61	2.61
Indigenous Wellness Support Worker	0	0.5	0.5
Total Salaries and Employee Benefits	8.63 FTE	9.65 FTE	9.65 FTE

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

*Engagement session scheduled Dec. 12.

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Recreation (reflects actual cost)	Permanent	\$26,640 in addition to current rec budget
Sling - shift scheduling app	Permanent	\$1,380
Total FTE increase, CASA House	Permanent	\$322,596
Total FTE increase, ADP	Permanent	\$137,788
TOTAL		\$488,404

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Multiple changes and new positions can lead to role confusion. Changes will also impact the function of current positions.

Mitigation strategy:

Implement change management plan to purposefully manage people through change.

Risk 2: Recruitment challenges and position vacancies.

Mitigation strategy:

- Work with CASA's Human Resources team on a recruitment strategy.
- Create a plan for internal recruitment and to provide the necessary training to give existing staff the skills to move into new roles.



3

Enhancing clinical education and training to improve staff retention and service quality

Description:

The Clinical Educator seeks to offer comprehensive support to all clinical CASA staff, including mentoring and coaching, in pursuit of enhancing child and family mental health service delivery. Guided by the Director of Clinical Practice, the Educator will conduct a thorough needs assessment to understand clinical education needs. Leveraging AG5 Skills Management Software and regular interactions with clinical managers and professional practice leads, the Clinical Educator will gain deeper insights into clinical education needs and provide recommendations to Clinical Managers. By prioritizing staff training and development, CASA anticipates an improvement in service quality and staff retention, thus reinforcing its commitment to excellence in mental health care delivery. This strategic initiative aligns with CASA's vision of becoming a nationally-recognized learning and teaching organization, grounded in evidence-based practice.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Clinical Educator

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation		√		
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance				
	Human Resources				
	Information Technology				
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services		√		

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Contractor	One time	\$10,000
TOTAL		\$10,000

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Educator unable to provide education to all clinical staff.

Mitigation strategy:

- Education requires the support of clinical managers to provide targeted education to clinical staff.
- Clinical managers must ensure they are referring the correct individuals for mentoring and coaching, so support can reach all clinical staff.

Risk 2: Needs assessment indicates CASA requires additional staff to support training and education, but no additional funds are available.

Mitigation strategy:

- Ensuring contract funding availability will help to ensure staff education needs are met.

4

Responding to community need through the launch of Trauma programming in Calgary

Description:

CASA plans to expand its Trauma program into Calgary in order to deliver high quality trauma-focused, attachment-centric care to more children, youth and families. This will involve an assessment of Calgary’s trauma care landscape, replicating the existing strengths of Edmonton’s Trauma program, tailoring programming to fit the Calgary context, and building/training a Calgary Trauma team to begin delivery of care.

Phase one milestones (current year ask 2024-25 fiscal):

- Referral pathways and processes established and communicated to community partners.
- Phase one clinical team hired and oriented; initial training completed.
- Therapeutic space established; therapeutic equipment/tools acquired and installed.
- Begin accepting referrals and reviewing intakes by end of Q3 – offering limited services (one stream: Trauma and Attachment Group (TAG) or Trauma Clinic (TRC)).

Phase two forecast milestones (Q3 of 2025-2026):

- Expand team to full capacity.
- Launch full suite of existing Edmonton Trauma program services in Calgary (three streams: TAG, TRC, Outreach).
- Review fidelity in treatment approaches across trauma programs.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Clinical Manager – Trauma and Family

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation		√		
	Communications	√	√	√	
	Equity, Diversity and Inclusivity				
	Facilities	√	√		
	Finance	√			
	Human Resources	√	√		
	Information Technology	√			
	Occupational Health and Safety	√			
	Philanthropy				
	Privacy and Health Information	√			
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms	√	√	√	√
	CASA House				
	CDP				
	Clinical Pathway Development	√			
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
*Senior Manager	0.2	Perm	Y	N	N	Existing
*Clinical Manager	1.0		Y	Y	Y	1
Mental Health Therapist	3.0		Y	Y	N	1/2
Mental Health Nurse	0.5		Y	Y	N	2
Therapy Support Navigator	1.0		Y	Y	Y	1/2

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Child Psychiatrist (can be filled by multiple psychiatrists)	0.2-0.4		Y	Y	N	2
Assessment Psychologist	0.2 (to share w/ CASA Classrooms)		Y	Y	N	2
Administrative Assistant	0.5		Y	Y	N	1/2
TOTAL	6.6-6.8		10	9	2	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No **will require in phase two in 2025/2026*

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Snoezelen Room		\$30,000
SMART room (body-based therapy room)		\$10,000
Two play rooms		\$6,000
Play therapy toys/sand play miniatures/sand tray/other therapy tools		\$10,000
Education, conferences and workshops	First year	\$15,759
Program materials and supplies	Ongoing	\$6,000

Expense	One time or permanent	Amount
Office materials and supplies	Ongoing	\$4,000
Travel and subsistence	First Year*/ [Ongoing]	\$30,507 ² [6000]
Child and family supports	Ongoing	\$2,000
Clinical consultation	Ongoing	\$17,280
TOTAL		\$

¹A larger budget is required to support the higher initial costs of training up greener staff (hiring experienced trauma therapists has been identified as a potential challenge and risk and the program will have to consider hiring greener therapists).

²Travel and Subsistence Start-Up Cost Breakdown

- Clinical Manager travel to Calgary
 - x12 Edmonton to Calgary roundtrip mileage (monthly fidelity checks + initial work) + in-city travel mileage = \$4,200.
 - Mileage within city = \$175.
 - Hotel stay x five days per trip x 12 trips = \$9,600.
 - Subsistence: \$52 x five days x 12 trips = \$3,120.
- New Staff Travel up to Edmonton (6 staff)
 - x six round trips (carpool) = \$2,100.
 - Mileage within city = \$250.
 - Hotel stay x five days per trip x six staff x three trips = \$3,324.
 - Subsistence: \$52 x six staff x five days x three trips = \$4,680.
- Senior Manager Travel
 - x three round trips = \$1,050.
 - Mileage within city = \$100.
 - Hotel stay x three days per trip x three trips = \$1,440.
 - Subsistence: \$52 x three days x three trips = \$468.

Grand Total: \$30,507

Planning Tools

- Work Plan
 Communications Plan
 Change Management Plan
 Project Charter
 Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in?
 Q1
 Q2
 Q3
 Q4

Risk Assessment and Mitigation

Risk 1: Difficulty recruiting skilled trauma-trained clinicians to complete trauma work.

Mitigation strategy:

- A Clinical Manager and mental health therapists will be hired early to support program development and to allow time to support any essential trauma treatment training needed.
- A higher investment in training/education costs for the initial year will allow the upskilling of clinicians that may have lower trauma treatment skills.
- Clinicians will also be able to connect and shadow sessions with the Edmonton Trauma team.

Risk Assessment and Mitigation

Risk 2: Difficulty maintaining fidelity of current Trauma program approaches across sites.

Mitigation strategy:

- Clear documentation of groups are already underway.
- The new program will have a documented manual on group delivery and opportunities to meet the Edmonton team.

Risk 3: Therapeutic space for somatic, sensory and body-movement therapies may be limited without large play rooms or gymnasium.

Mitigation strategy:

Investment in outfitting a Snoezelen and Smart Room may mitigate body-based, bottom-up therapy needs.

Addendum One: Rationale for Staffing Model

Rationale for staffing model:

Trauma Clinic will launch with the Trauma and Attachment Group (TAG) stream first as the TAG service delivery stream is standardized and easy to translate across programs (i.e., two to three months of stabilization and group-readiness individual therapy, followed by a standardized year-long program).

Training staff to deliver TAG will also provide training and familiarization with the trauma and attachment approach that the Trauma Clinic is grounded in.

The minimum number of clinicians to run a TAG program is three MHTs, one psychiatrist and one TSN (two clinicians in the child/teen group; two clinicians in the parent group; a TSN for midweek calls/case management/group facilitation floater; all youth coming through TAG should be engaged with a psychiatrist).

0.2 FTE Psychiatry can run two TAG groups; 0.4 FTE psychiatry can run four TAG groups.

0.5 FTE MHN can be initially shared with CASA Classrooms.

An administrative assistant will be helpful to coordinate intake processes with the Edmonton intake office, or coordinate intakes in the Calgary office and act as psychiatry support. Please note there is currently no reception at the Calgary office.

Addendum Two: Projection to April 2025 - March 2026 [Staffing of a fully launched trauma program]

Phase 2/3 Resource Chart [Full Launch]

Position	FTE	Status	Office	Laptop/Desktop	Cellphone	Quarter
Senior Manager	0.2	Perm	Y	N	N	1
Clinical Manager	1.0		Y	N	N	1
Mental Health Therapist	6.0		Y	Y	N	
Mental Health Nurse	1.0		Y	Y	N	
Therapy Support Navigator	2.0		Y	Y	Y	

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Adult Psychiatrist	0.6 (psychotherapeutic inclined psychiatrist to support parents to build capacity to build skills through adult therapeutic intervention; as reflected by YFAC members)		Y	Y	N	
Child Psychiatrist	1.0		Y	Y	N	
Assessment Psychologist	0.2 (to share with classrooms)		Y	Y	N	
Administrative Assistant	0.5		Y	Y	N	
TOTAL	14		14	12	2	



5

Reaching high-risk youth through community mental health partnerships

Description:

Youth Empowerment and Support Services (YESS) has been working collaboratively with CASA Mental Health to develop a service delivery model that complements their current mental health services. CASA has the ability to bring specialized knowledge to YESS staff and youth regarding delivery of trauma-based interventions in a non-traditional way.

YESS serves a high-risk, transient population of youth that differs from CASA’s demographic. These youth are often underserved in the community, as their mental health needs are layered and complex. This partnership will allow both organizations to co-create innovative ways of working with this population, and create pathways for traditional trauma treatment (if and when the youth are ready and able to engage). This initiative will support community partnerships and extend services to populations that may be otherwise missed.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, Clinical Operations

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√			
	Communications	√			
	Equity, Diversity and Inclusivity				
	Facilities	√			
	Finance				
	Human Resources	√			
	Information Technology	√			
	Occupational Health and Safety	√			
	Philanthropy				
	Privacy and Health Information	√			
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians	√			
	Trauma	√			
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Mental Health Therapist	1.0	Perm	Y	Y	Y	1
TOTAL	1.0		1	1	1	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

- YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Work has already begun on development of the program. If not continued and implemented, there could be damage to present relationship with YESS or other community partners.

Mitigation strategy:

Continue to work in partnership to find solutions to funding opportunities for this partnership.

Risk 2: Differences in clinical opinion between front line staff in both organizations could lead to difficulty in implementation and treatment for children.

Mitigation strategy:

Ongoing meetings between leadership and teams in both organizations to help mitigate and arrive at consensus when disagreements occur. Initial discussions between lead clinical staff have already been occurring; these will ensure approaches can be implemented.

6

Establishing Pediatric Psychiatric and Medical Clinic to better serve children with complex mental health disorders

Description:

The Pediatric Psychiatric and Medical Clinic is designed to provide a specialized psychiatric and medical team, offering comprehensive psychiatric diagnostic and treatment services. Community-based access to specialized psychiatry services often includes long wait times and confusing pathways. This new service will create long-term support for children and youth experiencing chronic, complex mental health disorders that require ongoing psychiatric and multidisciplinary team oversight in a timely and efficient manner.

This service will optimize patient care and create collaborative opportunities for continuity of care with community providers and well-established routes to psychiatry for the mental health community. Year one of clinic development work will include transitioning current physician-only files within CASA to the clinic, and establishing internal and external pathways for new patients.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, Clinical Operations

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation			√	
	Communications		√	√	
	Equity, Diversity and Inclusivity				
	Facilities	√	√	√	√
	Finance		√	√	
	Human Resources	√	√	√	
	Information Technology		√	√	
	Occupational Health and Safety		√	√	
	Nursing	√	√	√	√
	Philanthropy				
	Privacy and Health Information	√	√		
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition	√	√	√	√
	ALL Clinical Programs and Services			√	√

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Clinical Manager	1.0	Perm	Y	Y	Y	1
Medical Office Assistant Lead	1.0	Perm	Y	Y	N	1
Nurse/ Clinician	1.0	Perm	Y	Y	N	2
TOTAL	3.0		3	3	1	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Challenges ensuring an adequate number of qualified staff, physicians and support specialists to meet the demands of the program. This could affect the quality and efficiency of services.

Mitigation strategy:

- Conduct ongoing review of staffing needs and adjust recruitment efforts accordingly.
- Implement workload management system to optimize resource utilization.
- Ensure ongoing training and professional development for staff to enhance skills and knowledge.

Risk 2: Professionals may have different clinical treatment approaches, leading to inconsistencies in patient care, and confusion for patients and their families.

Mitigation strategy:

- Develop clear frameworks and approaches within the clinic.
- Ensure continuous consultation and involvement from the physician group.

7 Building robust electronic human resource tools through continued implementation of Dayforce

Description:

During the 2023-24 fiscal year, CASA began the implementation of a Human Resource Information System (HRIS) called Dayforce. Phase II of the project will be underway by the beginning of the 2024-25 fiscal year. Continued implementation of large-scale modules including dashboards, recruiting, compensation, succession planning and education, along with the re-implementation of the benefits module will occur throughout this fiscal year.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Director, People and Culture (temp. Communications and Philanthropy) and Director, Finance

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input checked="" type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√	√	√
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance				
	Human Resources				
	Information Technology				
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice	√	√	√	√
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Project Manager, HRIS	1.0	Temp	N/A	N/A	N/A	N/A
TOTAL	1.0		0	0	0	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

- Work Plan Communications Plan Change Management Plan
- Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Continued lack of resources and delayed configuration by the vendor.

Mitigation strategy:

Continued active monitoring and engagement by the project manager and sponsors to hold the vendor accountable to timelines.

Risk 2: Human Resources and Finance team burnout from prolonged two-year implementation.

Mitigation strategy:

Limit net new work in both departments and ensure extra resources are allocated to assist with learning and configuration (i.e. project manager contract extension, addition of third HR Coordinator).

Risk 3: Complications related to the organization’s three pay groups and collective agreement requirements associated with compensation.

Mitigation strategy:

Ensure clear and concise documentation of Human Resources and Finance departmental compensation procedures are shared with the vendor in a timely manner.



8 Continuing to Improve Privacy and Health Information

Description:

The Privacy and Health Information team will work on the following continuous improvement projects this year:

1. We will clean up archived business (non-health) records in accordance with records retention schedule. Current retention schedule updated as required.
2. We will evaluate Ocean one year after implementation to determine if the desired outcomes from appointment reminders and surveys are being achieved. Those results will determine continued and expanded usage, or lead to an exploration of alternative solutions that better meet our growing organizational needs.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Privacy and Health Information

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√		
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance	√	√		
	Human Resources	√	√		
	Information Technology				
	Occupational Health and Safety				
	Philanthropy	√	√		
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
TOTAL						

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

- Work Plan Communications Plan Change Management Plan
 Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Delayed HRIS implementation and timing of year-end financial audit will impact the availability of Human Resources and Finance resources to assist in reviewing archived business records.

Mitigation strategy:

Ensure project timeline remains flexible and that PHI is kept up-to-date on HRIS timelines.

Risk 2: Controllable costs continue to increase with more personnel required to manage, maintain and/or destroy records, as well as significant storage costs.

Mitigation strategy:

Mitigation of this risk occurs through completion of the project.

Risk 3: Without a proper post-implementation evaluation of the Ocean software, we cannot determine if the technology is underperforming, if we are using Ocean in the most efficient manner or if it is effectively meeting our needs.

Mitigation strategy:

Ensure robust evaluation is completed.

Deepening a sense of belonging and trust through a festival for CASA patients, families and staff

Description:

For many patients and families, accessing mental health treatment is still a stigmatizing experience in their communities. This stigma, in addition to a history of paternalistic approaches in mental health practices and the emotionally taxing nature of mental health treatment, can contribute to a lack of trust between patients and families and their care providers.

A festival hosted by the Youth and Family Advisory Council will destigmatize accessing mental health treatment and deepen a sense of belonging and trust in our community. Patients, family, friends and staff will come together to share food and build community in a casual, informal setting. The festival will also provide attendees with opportunities to deepen their understanding of mental health services from both a professional perspective and a patient and family perspective through community art installations, information booths, tours and conversation.

By bringing CASA's communities together, we will destigmatize accessing mental health treatment and further position CASA as an innovative leader in wrap-around, holistic and inclusive mental health care.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Youth and Family Advisory Liaison

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications	√	√	√	
	Equity, Diversity and Inclusivity	√	√		
	Facilities	√	√		
	Finance	√			
	Human Resources				
	Information Technology				
	Occupational Health and Safety	√	√		
	Philanthropy	√	√		
	Privacy and Health Information	√			
	Program Management Office	√	√		

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms	√	√		
	CASA House	√	√		
	CDP	√	√		
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core	√	√		
	Family	√	√		
	Indigenous Services	√	√		
	PDP	√	√		
	Physicians				
	Trauma	√	√		
	Triage and Transition	√	√		
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Decorations	One time	\$1,000
Clean up materials/people	One time	\$100-\$500
Marketing (depending on type)	One time	\$300-\$1,000
Catering	One time	\$4,000-\$6,000
Activity booths (10@350 each)	One time	\$3,500
Branded swag (depending on type)	One time	\$1,500-\$4,000
Speakers, microphone	One time	\$1,000
Tents for activities(3 10x10 frame tents @\$485 each) (May be able to use EDI's tents if scheduled the day after)	One time	\$1,500
Event management by Tycoon Events (may be less if we have YFAC members and volunteers to do some of the tasks)	One time	\$9,000-\$12,000
Tipi(s) (May be able to use EDI's tipis if scheduled the day after)	One time	TBD- estimated \$1,500 based on tent costs
Elder honorarium	One time	\$1,000
CASA Centre Field Booking (Booking page does not open until April, so this is based on previous rentals. May be able to waive fee for non-profit event for patients and families, but EDI Day had to pay a fee for staff event)	On time	\$150
TOTAL		\$23,650-\$33,150 (not including GST) \$33,150 + GST = \$34,807.50

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Low CASA patient and family attendance

Mitigation strategy:

- Assess target audience and centre the event around their interests.
- Invest in advertising to CASA patients, families and clinical staff early on and through multiple avenues.
- Work closely with Communications to develop and implement a communications plan.
- Ensure time, date and location is convenient and accessible for patients and families.
- Invite CASA House patients and parents to attend as an optional field trip.
- Address potential patient/family concerns about privacy by consulting Privacy and Health Information about process for taking and sharing photos or if we should take photos of guests at all. May need to only take photos of staff and volunteers.

Risk 2: YFAC members are not engaged, and work does not get done

Mitigation strategy:

- Hire an event planner or planning company such as Tycoon Events.
- Provide team leads with an honorarium.
- Provide positive feedback to team members.
- Work with team leads to communicate clear time commitment expectations for members.
- Develop a comprehensive work plan.
- Liaison tracks tasks in Asana.
- Advertise the event working group to Youth and Family Voices Network to recruit members who may be interested in contributing to the project.

Risk 3: Poor weather affects the event

Mitigation strategy:

- Develop a weather plan. This may include:
 - Renting tents that can shelter guests from rain or sun.
 - Having CASA Centre open for guests to go inside.
 - Developing a plan to move the event inside if necessary.



Excel

Activities/initiatives already underway or where a foundation has been laid and we are now working to accelerate and excel in these areas.

Description:

CASA Mental Health has partnered with the Government of Alberta and school divisions on CASA Classrooms, which bring mental health services to where kids and families are: schools. Bringing intensive services to communities reduces barriers to services, fills the gap for the missing middle, and allows CASA to step into existing footprints to deliver services sooner. CASA has been able to provide these services to more kids and families, in more communities provincially, in an environment that is already familiar to kids.

The CASA Classrooms team plans to open five classrooms in Calgary as part of the Thrive Grant. Post-implementation learnings have resulted in additional requests for staffing, which is different for rural versus urban needs. To support these classrooms, we require an additional 18.83 FTE (outlined below).

Learnings from current classroom work indicate the transition support required for students returning to their home classrooms and for students and families over the summer has necessitated an increased number of Therapy Support Navigators (one per geographical area). This position should also become a 1.0 FTE to cover needs throughout the summer.

Additionally, the addition of a program support position is needed to book meetings, take minutes, and coordinate case conferences and school meetings. This position would be shared for central, south and Calgary, and could be remote to best support all areas.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, CASA Classrooms - Central Calgary South

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families 	<ul style="list-style-type: none"> <input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√	√	√
	Communications	√	√		
	Equity, Diversity and Inclusivity		√	√	√
	Facilities				
	Finance				
	Human Resources	√	√	√	√
	Information Technology	√	√	√	√
	Occupational Health and Safety		√		√
	Philanthropy				
	Privacy and Health Information	√	√	√	√
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House/ADP			√	√
	CDP				
	Clinical Pathway Development	√	√	√	√
	Clinical Practice	√			
	Clinics				
	Core				
	Family		√	√	√
	Indigenous Services	√	√	√	√
	PDP				
	Physicians	√	√	√	√
	Trauma		√	√	√
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Therapy Support Navigator	3 X 1.0	Perm	N	Y	Y	2
Therapy Support Assistant	5 X .87	Perm	N	Y	Y	2
Mental Health Therapist	5 X .87	Perm	N	Y	Y	2
Professional Practice Lead - Teaching	1.0	Perm	N	Y	Y	2

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Professional Practice Lead - Therapy	1.0	Perm	N	Y	Y	2
Mental Health Nurse	.87	Perm	N	Y	Y	2
Clinical Manager	1.0	Perm	N	Y	Y	2
Program Admin	0.33	Perm	N	Y	Y	2
Assessment Psychologist	0.4	Contract	N	N	N	3
Occupational Therapist	0.2	Contract	N	N	N	3
Speech-Language Pathologist	0.2	Contract	N	N	N	3
Indigenous Professional Practice Lead	0.5		N	Y	Y	2
Indigenous Wellness Support Worker	0.5		N	Y	Y	
TOTAL	18.83		0	20	20	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

- Work Plan
 Communications Plan
 Change Management Plan
 Project Charter
 Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in?
 Q1
 Q2
 Q3
 Q4

Risk Assessment and Mitigation

Risk 1: School divisions are not ready to engage in collaboration.

Mitigation strategy:

- Target schools prior to May when they are setting their budgets for the following school year.
- Use data from current classrooms to demonstrate benefits.
- Advocate to the Government of Alberta to support grants for additional teachers in remote classrooms. Alternately, CASA may consider providing funding for a teacher; many of the schools are identifying an interest in CASA Classrooms, but lack the budget to pay for the additional teacher. We have unopened classrooms due to this. For CASA, the opportunity to provide service to students may outweigh the cost of a teacher and a missed classroom opportunity.

Risk 2: Challenges in staffing in remote areas. Individuals qualified for CASA Classroom roles are not readily available in remote locations.

Mitigation strategy:

- Consider adjustment to academic qualifications and allow for equivalent experience.
- Call on Professional Practice Leads to help support the clinical staff.
- Consider contracting additional local training to upskill local staff.
- Partner with universities providing master's programs targeted at remote learners to hire graduates and practicum placements.
- Work with Communications to reach local therapist/mental health provider groups to increase knowledge of benefits of working in CASA Classrooms.
- Host a booth at teachers' conventions.
- Provide information on CASA Classrooms to the Alberta Regional Development Consortia.

Risk 3: Current IT infrastructure unable to support rapid growth in remote and rural areas that have unique challenges.

Mitigation strategy:

- Provide early information to IT on requirements for new locations.
- Consider contracting to local IT supports to utilize their expertise and support partner community economies.

Risk 4: Difficulty with cross-division collaboration. The funding model supports opening classrooms in geographical regions. However, this requires a high level of collaboration among school boards to serve the needs of the region, which is not supported by current school board funding models.

Mitigation strategy:

- Communicate to school divisions about underutilized space in the classrooms due to collaboration difficulties.
- Change intake process to allow for home schools to keep the funding for the student while they are attending the CASA Classroom.
- Leverage any cross-division collaborative relationships that already exist; consider developing and chairing a collaborative relationship where this doesn't exist.

Continued expansion of CASA Classrooms in central Alberta

Description:

CASA Mental Health has partnered with the Government of Alberta and school divisions on CASA Classrooms, which bring mental health services to where kids and families are: schools. Bringing intensive services to communities reduces barriers to services, fills the gap for the missing middle, and allows CASA to step into existing footprints to deliver services sooner. CASA has been able to provide these services to more kids and families, in more communities provincially, in an environment that is already familiar to kids.

The CASA Classrooms team plans to open five additional classrooms in Central Alberta as part of the Thrive Grant. Post-implementation learnings have resulted in additional requests for staffing, which is different for rural versus urban needs. To support these classrooms, we require an additional 16.17 FTE (outlined below).

Learnings from current classroom work indicate the transition support required for students returning to their home classrooms and for students and families over the summer has necessitated an increased number of Therapy Support Navigators (one per geographical area). This position should also become a 1.0 FTE to cover needs throughout the summer.

Additionally, the addition of a program support position is needed to book meetings, take minutes, and coordinate case conferences and school meetings. This position would be shared for central, south and Calgary, and could be remote to best support all areas.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, CASA Classrooms - Central Calgary South

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√	√	√
	Communications	√	√		
	Equity, Diversity and Inclusivity		√	√	√
	Facilities				
	Finance				
	Human Resources	√	√	√	√
	Information Technology	√	√	√	√
	Occupational Health and Safety		√		√
	Philanthropy				
	Privacy and Health Information	√	√	√	√
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development	√	√	√	√
	Clinical Practice	√			
	Clinics				
	Core				
	Family				
	Indigenous Services	√	√	√	√
	PDP				
	Physicians	√	√	√	√
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Therapy Support Navigator	3 X 1.0	Perm	N	Y	Y	2
Therapy Support Assistant	5 X .87	Perm	N	Y	Y	2
Mental Health Therapist	5 X .87	Perm	N	Y	Y	2
Mental Health Nurse	.87	Perm	N	Y	Y	2

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Professional Practice Lead/Clinical Educator	1.0	Perm	N	Y	Y	2
Psych Assessment Psychologist	0.3	Contract	N	N	N	3
Indigenous Professional Practice Lead	0.8	Perm	N	Y	Y	2
Indigenous Wellness Support Worker	1.5	Perm	N	Y	Y	2
TOTAL	16.17		0	17	17	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: School boards are not ready to engage in collaboration.

Mitigation strategy:

- Target schools prior to May when they are setting their budgets for the following school year.
- Use data from current classrooms to demonstrate benefits.
- Advocate to the Government of Alberta to support grants for additional teachers in remote classrooms. Alternately, CASA may consider providing funding for a teacher; many of the schools are identifying an interest in CASA Classrooms, but lack the budget to pay for the additional teacher. We have unopened classrooms due to this. For CASA, the opportunity to provide service to students may outweigh the cost of a teacher and a missed classroom opportunity.

Risk 2: Challenges in staffing in remote areas. Individuals qualified for CASA Classroom roles are not readily available in remote locations.

Mitigation strategy:

- Consider adjustment to academic qualifications and allow for equivalent experience.
- Call on Professional Practice Leads to help support the clinical staff.
- Consider contracting additional local training to upskill local staff.
- Partner with universities providing master's programs targeted at remote learners to hire graduates and practicum placements.
- Work with Communications to reach local therapist/mental health provider groups to increase knowledge of benefits of working in CASA Classrooms.
- Host a booth at teachers' conventions.
- Provide information on CASA Classrooms to the Alberta Regional Development Consortia.

Risk 3: Current IT infrastructure unable to support rapid growth in remote and rural areas that have unique challenges.

Mitigation strategy:

- Provide early information to IT on requirements for new locations.
- Consider contracting to local IT supports to utilize their expertise and support partner community economies.

Risk 4: Difficulty with cross-division collaboration. The funding model supports opening classrooms in geographical regions. However, this requires a high level of collaboration among school boards to serve the needs of the region, which is not supported by current school board funding models.

Mitigation strategy:

- Communicate to school divisions about underutilized space in the classrooms due to collaboration difficulties.
- Change intake process to allow for home schools to keep the funding for the student while they are attending the CASA Classroom.

Leverage any cross-division collaborative relationships that already exist; consider developing and chairing a collaborative relationship where this doesn't exist.

Continued expansion of CASA Classrooms to northern Alberta

Description:

CASA Mental Health has partnered with the Government of Alberta and school divisions on CASA Classrooms, which bring mental health services to where kids and families are: schools. Bringing intensive services to communities reduces barriers to services, fills the gap for the missing middle, and allows CASA to step into existing footprints to deliver services sooner. CASA has been able to provide these services to more kids and families, in more communities provincially, in an environment that is already familiar to kids.

The CASA Classrooms team plans to open two additional classrooms in northern Alberta (Bonnyville and Fort McMurray) as part of the Thrive Grant. Post-implementation learnings have resulted in additional requests for staffing, which is different for rural versus urban needs. Positions may need to be split to cover each municipality due to distant geography. Consideration should be given to the possibility of the Fort McMurray Clinical Manager taking on ADP/House expansion.

To support these classrooms, we require an additional 10.0 FTE (outlined below). Recruitment for these positions would begin on April 1, 2024 and would require position control numbers.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, CASA Classrooms – Edmonton/North and Clinical Pathway Development

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications	√	√	√	√
	Equity, Diversity and Inclusivity		√	√	√
	Facilities				
	Finance				
	Human Resources	√	√	√	√
	Information Technology	√	√	√	√
	Occupational Health and Safety		√		√
	Philanthropy				
	Privacy and Health Information	√	√	√	√
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House/ADP			√	√
	CDP				
	Clinical Pathway Development	√	√	√	√
	Clinical Practice	√			
	Clinics				
	Core				
	Family		√	√	√
	Indigenous Services	√	√	√	√
	PDP				
	Physicians	√	√	√	√
	Trauma		√	√	√
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/Desktop	Cellphone	Quarter
Mental Health Therapist	1.0	Perm	N	Y	Y	2
Mental Health Therapist	1.0	Perm	N	Y	Y	3
Therapy Support Navigator	1.0	Perm	Y	Y	Y	2
Therapy Support Navigator	1.0	Perm	Y	Y	Y	3
Clinical Manager	1.0	Perm	Y	Y	Y	2

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Clinical Manager	1.0	Perm	Y	Y	Y	3
Professional Practice Lead - Therapy (2x.5)	1.0	Perm	Y	Y	Y	2
Professional Practice Lead - Teacher (2x.5)	1.0	Perm	Y	Y	Y	2
Registered Practical Nurse (2x.5)	1.0	Perm	Y	Y	Y	2
TOTAL	10.0		7	10	10	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: School boards are not ready to engage in collaboration.

Mitigation strategy:

- Target schools prior to May when they are setting their budgets for the following school year.
- Use data from current classrooms to demonstrate benefits.
- Advocate to the Government of Alberta to support grants for additional teachers in remote classrooms. Alternately, CASA may consider providing funding for a teacher; many of the schools are identifying an interest in CASA Classrooms, but lack the budget to pay for the additional teacher. We have unopened classrooms due to this. For CASA, the opportunity to provide service to students may outweigh the cost of a teacher and a missed classroom opportunity.

Risk 2: Challenges in staffing in remote areas. Individuals qualified for CASA Classroom roles are not readily available in remote locations.

Mitigation strategy:

- Call on Professional Practice Leads to help support the clinical staff.
- Consider contracting additional local training to upskill local staff.
- Partner with universities providing master's programs targeted at remote learners to hire graduates and practicum placements.
- Work with Communications to reach local therapist/mental health provider groups to increase knowledge of benefits of working in CASA Classrooms.
- Host a booth at teachers' conventions.
- Provide information on CASA Classrooms to the Alberta Regional Development Consortia.

Risk 3: Current IT infrastructure unable to support rapid growth in remote and rural areas that have unique challenges.

Mitigation strategy:

- Provide early information to IT on requirements for new locations.
- Consider contracting to local IT supports to utilize their expertise and support partner community economies.

Risk 4: Difficulty with cross-division collaboration. The funding model supports opening classrooms in geographical regions. However, this requires a high level of collaboration among school boards to serve the needs of the region, which is not supported by current school board funding models.

Mitigation strategy:

- Communicate to school divisions about underutilized space in the classrooms due to collaboration difficulties.
- Change intake process to allow for home schools to keep the funding for the student while they are attending the CASA Classroom.

Leverage any cross-division collaborative relationships that already exist; consider developing and chairing a collaborative relationship where this doesn't exist.

Description:

CASA Mental Health has partnered with the Government of Alberta and school divisions on CASA Classrooms, which bring mental health services to where kids and families are: schools. Bringing intensive services to communities reduces barriers to services, fills the gap for the missing middle, and allows CASA to step into existing footprints to deliver services sooner. CASA has been able to provide these services to more kids and families, in more communities provincially, in an environment that is already familiar to kids.

The CASA Classrooms team plans to continue to expand classrooms into southern Alberta. Four classrooms are to launch in September 2024, with additional classrooms to open in February 2025. To support these classrooms, we require an additional 11.56 FTE (outlined below).

Learnings from current classroom work indicate the transition support required for students returning to their home classrooms and for students and families over the summer has necessitated an increased number of Therapy Support Navigators (one per geographical area). This position should also become a 1.0 FTE to cover needs throughout the summer.

Additionally, the addition of a program support position is needed to book meetings, take minutes and coordinate case conferences and school meetings. This position would be shared for central, south and Calgary, and could be remote to best support all areas.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, CASA Classrooms – Central, Calgary and South

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√	√	√
	Communications	√	√		
	Equity, Diversity and Inclusivity		√	√	√
	Facilities				
	Finance				
	Human Resources	√	√	√	√
	Information Technology	√	√	√	√
	Occupational Health and Safety		√		√
	Philanthropy				
	Privacy and Health Information	√	√	√	√
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House			√	√
	CDP				
	Clinical Pathway Development	√	√	√	√
	Clinical Practice	√			
	Clinics				
	Core				
	Family				
	Indigenous Services	√	√	√	√
	PDP				
	Physicians	√	√	√	√
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Therapy Support Navigator	3 X 1.0	Perm	N	Y	Y	2
Therapy Support Assistant	4 X .87	Perm	N	Y	Y	2
Mental Health Therapist	4 X .87	Perm	N	Y	Y	2
Psych Assessment Psychologist	0.3	Contract	N	N	N	3

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Indigenous Professional Practice Lead	0.3	Perm	N	Y	Y	2
Indigenous Wellness Support Worker	1	Perm	N	Y	Y	
TOTAL	11.56		0	13	13	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: School boards are not ready to engage in collaboration.

Mitigation strategy:

- Target schools prior to May when they are setting their budgets for the following school year.
- Use data from current classrooms to demonstrate benefits.
- Advocate to the Government of Alberta to support grants for additional teachers in remote classrooms. Alternately, CASA may consider providing funding for a teacher; many of the schools are identifying an interest in CASA Classrooms, but lack the budget to pay for the additional teacher. We have unopened classrooms due to this. For CASA, the opportunity to provide service to students may outweigh the cost of a teacher and a missed classroom opportunity.

Risk 2: Challenges in staffing in remote areas. Individuals qualified for CASA Classroom roles are not readily available in remote locations.

Mitigation strategy:

- Consider adjustment to academic qualifications and allow for equivalent experience.
- Call on Professional Practice Leads to help support the clinical staff.
- Consider contracting additional local training to upskill local staff.
- Partner with universities providing master's programs targeted at remote learners to hire graduates and practicum placements.
- Work with Communications to reach local therapist/mental health provider groups to increase knowledge of benefits of working in CASA Classrooms.
- Host a booth at teachers' conventions.
- Provide information on CASA Classrooms to the Alberta Regional Development Consortia.

Risk 3: Current IT infrastructure unable to support rapid growth in remote and rural areas that have unique challenges.

- Mitigation strategy:
- Provide early information to IT on requirements for new locations.
- Consider contracting to local IT supports to utilize their expertise and support partner community economies.

Risk 4: Difficulty with cross-division collaboration. The funding model supports opening classrooms in geographical regions. However, this requires a high level of collaboration among school boards to serve the needs of the region, which is not supported by current school board funding models.

- Communicate to school divisions about underutilized space in the classrooms due to collaboration difficulties.
- Change intake process to allow for home schools to keep the funding for the student while they are attending the CASA Classroom.

Leverage any cross-division collaborative relationships that already exist; consider developing and chairing a collaborative relationship where this doesn't exist.

Reducing wait times and enhancing quality of child and adolescent assessments

Description:

CASA's Psychological Assessment and Consultation (PAC) team provides valuable psychological assessment services to CASA children and youth. As the number of programs requiring PAC's services grows, and as CASA adds autism spectrum disorder (ASD) assessments, another assessment psychologist will help to stabilize programming and reduce assessment wait times. There is a growing demand for ASD assessment, as it is quite costly when completed privately. Combined with the additional time and effort required for ASD assessments, expanding the PAC team and enhancing its capacity is necessary to meet the growing needs of CASA families.

PAC is committed to providing quality psychological assessments for CASA families. In the last 10 years, best practice in assessment has progressed. PAC must update its assessment repertoire to include necessary assessment measures to continue to provide quality services.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Professional Practice Lead of Psychology Assessment and Consultation (PAC)

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities	√			
	Finance	√			
	Human Resources	√			
	Information Technology	√			
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information	√			
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice	√			
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services	√			

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Assessment Psychologist	1.0	Perm	Y	Y	N	1-2
TOTAL	1.0		1	1	0	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
iPads (6)	One time	\$5,000
Various assessment materials	One time	\$6,000
Education, conferences and workshops	Permanent	\$1,000
Furniture/office supplies	One time	\$1,000
TOTAL		\$13,000

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Challenges in hiring experienced assessment psychologist.

Mitigation strategy:

Use network to communicate about opportunity at CASA.

Risk 2: There is currently an uneven distribution of PAC support to programs,, rather than universal access across programs.

Mitigation strategy:

Hiring another psychologist will help even out the support.

Risk 3: Falling behind in assessment best practice.

Mitigation strategy:

Updating assessment repertoire.

Improving appropriateness and timeliness of service through adoption of standardized acuity screening

Description:

The Brief Child and Family Phone Interview (BCFPI) is a standardized online intake and follow-up database for service providers working with children and youth ages three to 19 presenting with mental health problems. Implementing a tool such as the BCFPI will allow the Triage team to consistently rate acuity, consider clinical impressions, and align patients to the appropriate service in a timely manner. The BCFPI will assist children and families in their CASA journey and create opportunities for follow-up and feedback on their experience.

The interview can be completed via an online screening tool or with a clinician in 35 minutes. It includes questionnaires for the parent, youth and teacher and provides a rating of the patient's mental health and functioning, along with family and caregiver adjustment. Narrative and comments can be recorded to provide context for item responses. It also captures basic demographics, abuse history and concerns about 20+ other categories, including bullying, obsessions, fears, trauma and thought problems.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Clinical Manager, Triage and Transition

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation			√	√
	Communications			√	√
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance		√	√	
	Human Resources			√	
	Information Technology		√	√	√
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information		√	√	√
	Program Management Office		√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development			√	
	Clinical Practice			√	
	Clinics				
	Core				√
	Family				√
	Indigenous Services				√
	PDP				
	Physicians				
	Trauma				√
	Triage and Transition				√
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
BCFPI implementation and administration cost (based on estimated intakes per year)	Permanent	Estimated \$20,000 per year
Training cost	One time	\$1,500
TOTAL		\$20,000/year should be shared cost (see notes under description)

Planning Tools

Work Plan Communications Plan Change Management Plan
 Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: BCFPI will require more staff time, as assessments would be completed by program therapists.

Mitigation strategy:

Offering training on the tool will provide consistency and streamlining of patients into the right service stream in timely manner, and will improve efficiency.

Risk 2: Strict reliance on such tools takes away from clinical decision-making.

Mitigation strategy:

- Recruit a Clinical Lead or Mental Health Therapist with strong clinical knowledge. This will offset the risk of reliance and help clarify clinical relevance of the results.
- Utilize multidisciplinary case conference in decision-making, as clinically warranted.

Risk 3: Lack of consistency, as implementation depends on other programs during mid and end point of care, followed by a follow-up into the community (automated).

Mitigation strategy:

- Offer staff training for consistency.
- Set alerts to complete the tool at mid and discharge point of care.
- Engage Research and Evaluation team to optimize data collection and compliance.

Reaching more children and families by expanding service hours and virtual care service delivery

Description:

The diverse lives of CASA families and staff do not always fit well within traditional office hours. By extending service hours to evenings and weekends, both in-person at CASA offices and virtually, CASA will be able to offer a more comprehensive service to existing patients.

The project team will work with the Director of Clinical Practice to develop and implement virtual therapeutic care that will support expansion of services across the province and reduce access barriers for children, youth and families outside of the Edmonton area. The initiative includes scaling up the technology needed to deliver quality virtual care, and investing in staff training and support on best practices for actively engaging patients in a virtual model. This will be a phased roll out, targeting individual and family therapy as the initial phase.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, CASA Classrooms – Central Calgary South

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√		
	Communications	√	√		
	Equity, Diversity and Inclusivity	√			
	Facilities	√	√	√	√
	Finance	√	√		
	Human Resources	√	√	√	√
	Information Technology	√	√	√	√
	Occupational Health and Safety	√	√	√	√
	Philanthropy	√			√
	Privacy and Health Information	√	√	√	√
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms	√	√		
	CASA House/ADP	√	√	√	√
	CDP				
	Clinical Pathway Development	√			
	Clinical Practice	√	√		
	Clinics				
	Core	√	√	√	√
	Family			√	
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				√

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

**Note: Feedback from Catchball indicates current and previous CASA families have identified the need for more accessibility and flexibility in accessing virtual support. YFAC has reached out to express a definite interest in supporting this initiative.*

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Self-leveling cameras (3)	One time	\$1,500
Wireless headsets (6)	One Time	\$1,200
TOTAL		\$2,700

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Staffing challenges to fill evenings and weekends. This includes finding enough staff, and working with Human Resources to arrange schedules, flex agreements and modified work schedules.

Mitigation strategy:

Focus on existing flex and modified work schedules outlined in current HSAA collective agreement.

Work with scheduling to set up shifts.

Risk 2: Addressing the need for space, reception, cleaning services and security after hours and on weekends.

Mitigation strategy:

Work with Facilities and HR to determine staffing and process issues related to extended hours in the building.

Risk 3: Limiting services to those in Edmonton clinic areas.

Mitigation strategy:

- Frame this initiative as a pilot that could guide future planning as part of expansion.
- Explore the potential for Edmonton staff to offer virtual appointments to patients and families outside of the Edmonton area.

Improving the usability and accessibility of data to support decision-making

Description:

CASA collects a wide variety of data, but how it shares and uses the data is not always consistent. This year, in alignment with CASA’s values, the Business Intelligence and Evaluation team will focus on improving the usability and accessibility of data to support decision-making. Here’s how:

1. We will adapt the existing Governance Monitoring Dashboard for SLT’s information and data needs by visualizing metrics relevant to the Senior Leadership Team
2. As CASA expands services across Alberta, there is an emerging need for data to help identify which communities are most in need of CASA services. Geographic information system (GIS) maps will be built using ArcGIS mapping software to integrate data with geographic areas to help answer this need.
3. We will create and implement dashboards for clinical and business operations teams to meet their operational needs.
4. We will develop a quality improvement and assurance strategy and embed sustainably throughout the organization.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Business Intelligence and Evaluation

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input checked="" type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications	√	√	√	√
	Equity, Diversity and Inclusivity	√	√	√	√
	Facilities	√	√	√	√
	Finance	√	√	√	√
	Human Resources	√	√	√	√
	Information Technology	√	√	√	√
	Occupational Health and Safety	√	√	√	√
	Philanthropy	√	√	√	√
	Privacy and Health Information	√	√	√	√
	Program Management Office	√	√	√	√

		Q1	√ Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services	√	√	√	√

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
TOTAL						

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes (QI strategy) No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory (QI strategy) Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes (QI strategy) No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
15x Power BI licenses (for new users)	Permanent	\$720 (\$4/license/month)
2x ChatGPT licenses to support mapping work	Permanent	\$720/yr (\$30/license/month)
More powerful laptop to meet ArcGIS system requirements	One time	\$5,000
ArcGIS Pro License (non-profit discount)	Permanent	\$160/yr
ArcGIS credits - block of 1000	One time	\$250
Survey Monkey premier subscription	Permanent	\$950/yr
NVivo	One time	\$2,150
TOTAL		\$ 9,950

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in?

Q1 Q2 (SLT dashboard) Q3 (expansion mapping work) Q4 (Other dashboards, QI strategy)

Risk Assessment and Mitigation

Adapting the existing Governance Monitoring Dashboard for SLT's information and data needs, by visualizing metrics that are relevant to SLT.

Risk 1: Preferred metrics may not be available due to insufficient data or poor data quality.

Mitigation strategy:

Communicate proactively with SLT and other teams to determine acceptable alternatives.

Risk Assessment and Mitigation

Risk 2: Lack of infrastructure to standardize and automate data processing may be resource-intensive and/or prone to error.

Mitigation strategy:

Implementation of a data integration service to increase accessibility of Med Access EMR data. This integration service is a critical step in the future development of an organization-wide data warehouse.

Risk 3: Poor data literacy may lead to misinterpretation and poor decision-making and a lack of trust; it may also hinder collaboration.

Mitigation strategy:

Data literacy strategies, such as resources and training sessions, will enhance data literacy and promote a data-driven culture.

As CASA expands service across Alberta, there is an emerging need for data help identify which communities are most in need of CASA services. GIS maps will be built using ArcGIS mapping software to integrate data with geographic areas to help answer this need.

Risk 1: Lack of available data.

Mitigation strategy:

Work with partners to find missing data sources, use proxy/alternative metrics.

Risk 2: Software needs outstrip available resources.

Mitigation strategy:

ArcGIS is a resource-intensive program that requires additional hardware to run without crashes or errors. We will need to procure a laptop with enough power to handle the rendering tasks.

Risk 3: Lack of BI resources to complete necessary work.

Mitigation strategy:

Hire a Business Intelligence Analyst to support mapping and dashboard initiatives.

Develop a quality improvement and assurance strategy and embed sustainably throughout the organization.

Risk 1: Poor quality improvement culture within the organization

Mitigation strategy:

Foster a continuous quality culture by building staff awareness/education around quality improvement (e.g., training/education sessions, lunch and learns, meetings with leaders).

Risk 2: Low and/or inconsistent compliance with accreditation standards, including policies and procedures.

Mitigation strategy:

Monitor compliance through regular audits and evaluation; complete regular reviews of accreditation standards, including policies and procedures.

Risk 3: Lack of benchmarking and performance comparison

Mitigation strategy:

Identify and embed performance metrics and targets into the revamped QI plan.

Serving more families through expanded volunteer culture, engagement and impact

Description:

To engage the community, support mental health fundraising and activities, and reduce barriers to care, Volunteer Resources proposes improvement work in 2024-25.

Additional volunteer engagement will enable CASA to serve more families by reducing barriers to care, increasing access to programming and allocating additional resources to business operations and fundraising activities. For example, clinical programs have reported that without the childminding service provided by CASA volunteers, some families would not be able to participate in therapies.

Volunteer Resources aims to increase the number of volunteers by 100 per cent from 209 to 418 and the number of volunteer opportunities by 50 per cent by March 31, 2025. We also intend to track and increase the number of volunteer hours contributed, barriers to care reduced and the number of engaged volunteers. The department will achieve these goals by:

- Increasing the focus on the full volunteer management cycle from recruitment to recognition.
- Showcasing volunteers by producing one to two volunteer profiles per quarter for the website, social media and reporting, and produce quarterly success stories about meaningful opportunities.
- Making it easy to request volunteer opportunities.
- Enhancing the follow-up process by providing feedback for volunteers and staff involved in opportunities.
- Developing quarterly impact reports.
- 'Building a volunteer culture' presentation for internal and operational meetings.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Coordinator, Volunteer Resources

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications	√	√	√	√
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance				
	Human Resources				
	Information Technology				
	Occupational Health and Safety				
	Philanthropy	√	√	√	√
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services	√	√	√	√

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Increase volunteer recognition budget	Permanent	\$2,500
TOTAL		\$2,500

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: The number of volunteer opportunities/hours does not increase despite efforts

Mitigation strategy:

- Monitor quarterly impact reports and course correct with operational leaders as needed.
- Propose new volunteer opportunities to relevant areas as appropriate.

Risk 2: Volunteer recruitment slows or becomes difficult or volunteers are not signing up for new volunteer opportunities

Mitigation strategy:

- Work with University of Alberta and other post-secondary partners to recruit student volunteers.
- Increase marketing and communication efforts around volunteerism.
- Survey volunteer base to learn why they aren't signing up.

Risk 3: Volunteer opportunities increase to a level unmanageable with existing time and human resources

Mitigation strategy:

- Review processes to streamline activity and workload.
- Consider additional resources as needed to support roadmap and expansion.

Creating safe and supportive environments by caring for our facilities

Description:

Facilities will focus on various improvements and modifications to CASA facilities in order to maintain and improve the delivery of clinical services and business operations. Further training and implementation of the Asana software will ensure projects are planned, tracked and managed efficiently. The continued learning of OfficeSpace software will aid in successful space planning at all CASA locations as we continue to grow. Strategic learning and implementation of these tools, as well as the ongoing creation and management of specific “facility standards,” will yield efficient duplicable processes/procedures as we continue to expand throughout Alberta.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Facilities

Strategic Alignment - Organizational values supported by this deliverable:

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

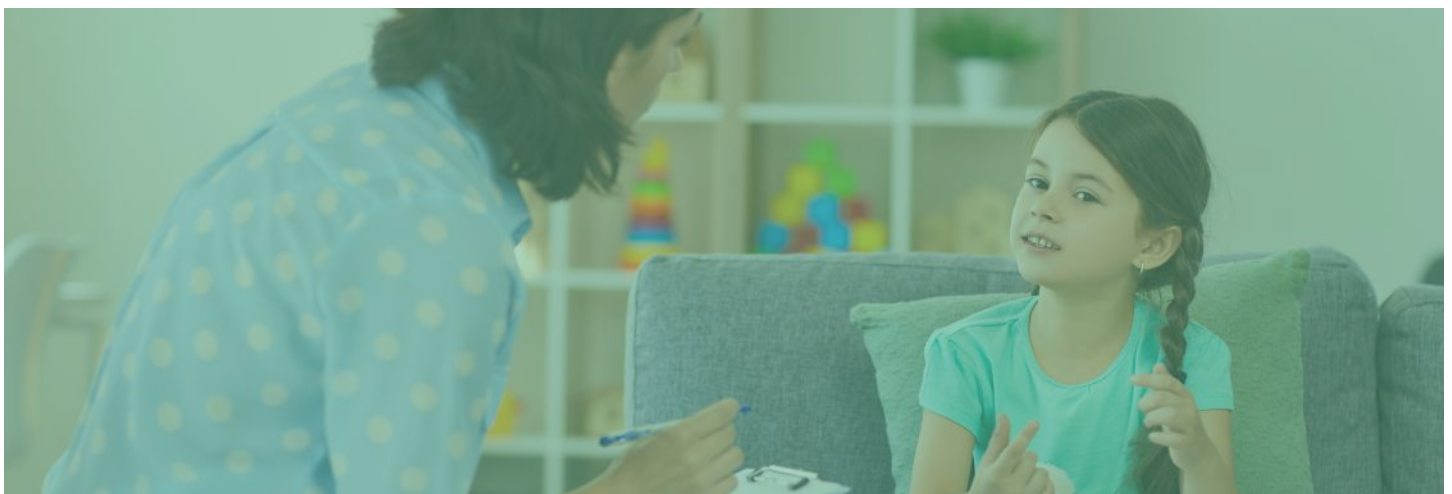
Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation



Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications	√	√		
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance				
	Human Resources				
	Information Technology	√			
	Occupational Health and Safety	√	√	√	√
	Philanthropy				
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House	√	√		
	CDP	√	√		
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP	√			
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
CASA House - 2nd dropdown workstation for library	One Time	\$2,000.00
CASA House - Contingency Fund for misc. damages caused.	One Time	\$20,000.00
CASA House - Soft Seating for 3 offices (3 sofas, 6 lounge chairs)	One Time	\$6,200.00
CASA House - Cafeteria Tables	One Time	\$6,000.00
CASA House - creation of TSN space in existing copy area. (construction of new wall, cabinet removal, furnishings, technology)	One Time	\$20,000.00
	CASA House Subtotal	\$54,200.00
CASA Fort Road - Sound Masking	One Time	\$17,000.00 (Will attempt coverage under TIA; if declined, can push to 2025 if necessary)
CASA Fort Road - Staff Room Renovation & Refresh	One Time	\$25,000.00 (funds to be reimbursed from Landlord through TIA)
CASA Fort Road - Baseboard replacement and corner protectors	One Time	\$7,000.00 (funds to be reimbursed from Landlord through TIA)
CASA Fort Road - Soft seating for various therapy offices (standardizing with Centre and West)	One Time	\$15,000.00 (funds to be reimbursed from Landlord through TIA)
CASA Fort Road - Privacy panels for Office 10 & 30	One Time	\$4,000.00 (funds to be reimbursed from Landlord through TIA)
	CASA Fort Road Subtotal	\$68,000.00 - Reimbursed from Tenant Improvement Allowance
CASA Centre - Exterior window, glass, and sill cleaning.	One Time	\$3,400.00
CASA Centre - PDP entrance mat	One Time	\$700.00
CASA Centre - Playground modifications (removal of rock damaging to surface and replacement with sand)	One Time	\$5,000.00

Expense	One time or permanent	Amount
CASA Centre - Roll shutter for shed. Currently not secure enough with padlock therefore unsuitable for storage. (3 break-ins in 2 yrs)	One Time	\$1,800.00
CASA Centre - 2 storage cabinets for room 148 (Family Therapy request)	One Time	\$1,600.00
CASA Centre - Furniture for Office #165	One Time	\$2,000.00
CASA Centre - Concrete repair work	One Time	\$7,500.00
CASA Centre - Landscaping	One Time	\$4,000.00
CASA Centre - Additional soft seating and misc. furnishings budget	One Time	\$5,000.00
CASA Centre - Qty 15 New Task chairs to replace non-ergonomic seating in private offices	One Time	\$6,100.00
CASA Centre - Contingency Fund for misc. damages caused.	One Time	\$20,000.00
	CASA Centre Subtotal	\$57,100.00
CASA West - Modular wall partitions for dropdown workstations.	One Time	\$8,000.00
	CASA West Subtotal	\$8,000.00
CASA Downtown - Budget for Replacement of old furnishings (desks, chairs, storage)	One Time	\$5,000.00
	CASA Downtown Subtotal	\$5,000.00
Replacement of old exterior/interior signage with new branding (All sites)	One Time	\$20,000.00
TOTAL		\$ 144,300.00 - Cost to CASA. (hold additional \$68,000 for TIA Reimbursement)

Planning Tools

- Work Plan
 Communications Plan
 Change Management Plan
 Project Charter
 Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in?
 Q1
 Q2
 Q3
 Q4

Risk Assessment and Mitigation

Risk 1: Projects coming in over budget may affect our ability to complete other projects.

Mitigation strategy:

Ensuring accurate estimates of work to be completed.

Risk 2: Lack of capacity to facilitate all of the projects and work requested.

Mitigation strategy:

Ensure realistic timelines for planning and completion and increase team capacity through administrative support.

Risk 3: Work requested changes in scope.

Mitigation strategy:

Ensure needs assessment is completed and projects are approved by manager or director to avoid unnecessary changes.



Description:

Following an increased number of serious workplace incidents or near misses, there has been a lack of clarity with regards to communication, follow up and investigation outcomes. In response to this, CASA is adopting a new incident reporting system. This web-based system will streamline reporting, follow up and investigative steps, and will be used to assign and track action items related to all reportable incidents. The goal is to increase accountability and ensure all applicable action items are tracked until completion.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Occupational Health and Patient Safety

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input checked="" type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation		√		
	Communications	√	√	√	√
	Equity, Diversity and Inclusivity				√
	Facilities		√		
	Finance				√
	Human Resources		√		
	Information Technology				
	Occupational Health and Safety	√	√	√	√
	Philanthropy		√		
	Privacy and Health Information				√
	Program Management Office				√

		Q1	Q2	Q3	Q4
Clinical Operations	ADP		√		
	CASA Classrooms			√	√
	CASA House		√		
	CDP				
	Clinical Pathway Development			√	
	Clinical Practice			√	
	Clinics			√	
	Core		√		
	Family		√		
	Indigenous Services				√
	PDP		√		
	Physicians				√
	Trauma		√		
	Triage and Transition			√	
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Expeflow System (SIMS)	Permanent	\$12,000
TOTAL		\$12,000

Planning Tools

- Work Plan
- Communications Plan
- Change Management Plan
- Project Charter
- Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Capacity for learning and appropriate response times for staff and clinical managers.

Mitigation strategy:

Employ change management strategies, ensure knowledge and desire (ADKAR) is carefully maintained. Additionally, ensure proper support and follow up during the transition process.

Risk 2: Implementing a new incident management process in addition to the system can be burdensome for staff if there is limited time to use the system and integrate the new process.

Mitigation strategy:

The SIMS implementation team will identify and train super users in different teams and programs across the organization. Even after the implementation is completed, a super user will be nearby to assist. If there is an issue, the super user will streamline the concern to the team to ensure it is resolved and followed up on.

Risk 3: Change saturation and overwhelmed workforce.

Mitigation strategy:

The OHS team will practice change management methodology learned through Prosci to ensure that the appropriate sponsors, coalition group members and ADKAR assessments are completed as needed.



21 Implementing an IT Equipment Evergreen Strategy

Description:

CASA Mental Health’s IT equipment is rapidly aging, including desktops and laptops. Industry best practice is to replace equipment every five years to ensure equipment runs efficiently and is under proper warranty. The purpose of this deliverable is two-fold:

1. Document five-year evergreen plan including fixed schedule for organizational IT equipment replacement.
2. Prioritize replacement of equipment that is seven years or older and beyond end of life (91 computers and laptops).

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Information Technology

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input checked="" type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance				
	Human Resources				
	Information Technology				
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Replacement of 91 laptops/ desktops	Permanent	\$122,000
TOTAL		\$122,000

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: As IT equipment ages beyond end of life and is not under warranty, equipment inefficiency and eventually failure is expected.

Mitigation strategy:

Implement fixed timeline for replacement of IT equipment.

Risk 2: Current strategy of purchasing and replacing equipment at the same time is costly and no longer sustainable with provincial expansion.

Mitigation strategy:

Create a strategic plan for replacement ensuring IT equipment is reliable, up to date and accurate cost can be allocated on a yearly basis.

Risk 3: Increased rate of equipment failure can delay or complicate patient experience and care.

Mitigation strategy:

Committing to industry best practice ensures equipment is reliable and efficient.



Evolve

Activities/initiatives we are committed to in order to further evolve our programs and services.

Sustaining CASA Classroom operations in the Edmonton Zone

Description:

CASA Mental Health has partnered with the Government of Alberta and school divisions on CASA Classrooms, which bring mental health services to where kids and families are: schools. Bringing intensive services to communities reduces barriers to services, fills the gap for the missing middle, and allows CASA to step into existing footprints to deliver services sooner. CASA has been able to provide these services to more kids and families, in more communities provincially, in an environment that is already familiar to kids.

CASA Classrooms must add two Therapy Support Navigators and one Program Support position to support the increasing workload of the Edmonton area Classrooms. Post-implementation reflection on workload for current staff members indicates the need to ensure the right person is doing the right work. This addition in staff will prepare the team for increases in classroom capacity up to the 12 students per class. It will also assist in providing the necessary wrap-around supports to parents of students attending the classroom. Hiring for the Therapy Support Navigators can be staggered to align with growth within the Edmonton zone. The Program Support position will also support northern expansion.

With the addition of one Edmonton Catholic high school and one Edmonton Public junior high school (launching September 2024), we require an additional 7.0 FTE (outlined below). Recruitment for these positions would begin on April 1, 2024, and would require position control numbers.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, CASA Classrooms – Edmonton/North and Clinical Pathway Development

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications	√			
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance	√	√	√	√
	Human Resources	√	√	√	√
	Information Technology		√		
	Occupational Health and Safety	√			
	Philanthropy				
	Privacy and Health Information	√			
	Program Management Office	√			

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development	√			
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Therapy Support Navigator	1.0	Perm	N	Laptop	1	2
Therapy Support Navigator	1.0	Perm	N	Laptop	1	4
Program Support	1.0	Perm	N	Laptop	1	1
Mental Health Therapist	1.0	Perm	N	Laptop	1	2
Mental Health Therapist	1.0	Perm	N	Laptop	1	2

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Therapy Support Assistant	1.0	Perm	N	Laptop	1	2
Therapy Support Assistant	1.0	Perm	N	Laptop	1	2
TOTAL	7		N	7	7	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
IT (cell phone, laptop) x 7	One time	\$2,500
TOTAL		\$ 17,500

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter **Completed by PMO team* Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Therapy Support Navigator completing administrative work takes away from patient and parent-facing time.

Mitigation strategy:

Hire a program support position to complete administrative items such as scheduling appointments and completing and sending letters in the EMR.

Risk 2: Current Therapy Support Navigator burnout.

Mitigation strategy:

As classroom capacity increases, supporting team members by adding an additional TSN will decrease burnout risk and ensure deliverables are met.



Improving patient care through advancing the Community Information Integration between Med Access and Netcare

Description:

Currently important care information for CASA patients has not been available in Netcare, as CASA did not have Netcare access. Community Information Integration (CII) will allow CASA to upload information from Med Access to Netcare. Patients will receive improved continuity of care with emergency services and their family physician with CII. Additional benefits include:

- Consult reports are available beyond the referring physician.
- Other providers can follow the recommended plan of care.
- Timely access to important healthcare information.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Privacy and Health Information

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√		
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance				
	Human Resources				
	Information Technology				
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office	√			

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice		√		
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians		√		
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
EMR Coordinator	1.0	Perm	Y	Y	N	2
TOTAL	1.0		1	1	0	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

- YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Physicians in programs where the EMR is not fully utilized may resist learning new processes necessary for successful integration.

Mitigation strategy:

Have select physicians champion the CII initiative with their counterparts.

Risk 2: Certain customized fields in the EMR may need to change for integration, affecting reporting functionality.

Mitigation strategy:

The Business Intelligence and Evaluation team will be engaged early to develop alternative ways to report data and/or adjust reporting metrics.

Risk 3: The EMR team has insufficient capacity to accomplish all planned improvements to enhance EMR usage.

Mitigation strategy:

Hire an additional EMR Coordinator.

Expanding Professional Development and Education: Rural Services to support CASA Classrooms

Description:

The Professional Development and Education (PD&E) Rural Services team provides education, mentoring, coaching and consultation to rural mental health providers. These capacity-building services support rural communities in providing high-quality child and adolescent mental health services. As CASA continues to expand its reach to include rural communities across Alberta, PD&E seeks to increase its Mental Health Consultant (MHC) complement. Collaboration between PD&E Rural Services and CASA's provincial expansion team will establish consultative support and bridge connections to CASA staff and rural PD&E partners. To strengthen program offerings, PD&E also seeks access to an online educational platform and curriculum design software.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Team Lead, Mental Health Consultant

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√			
	Communications		√		
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance	√			
	Human Resources	√			
	Information Technology	√			
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms	√			
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice	√			
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Mental Health Consultants	1.6 Total	Perm	N	Y	Y	2
TOTAL	1.6		0	2	2	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

- YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Articulate 360 (software)	Permanent (annual subscription)	\$2,000
Education, conferences and workshops	Permanent	\$1,000
Travel	Permanent	\$1,000
TOTAL		\$4,000

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Difficulty recruiting seasoned clinicians within rural communities.

Mitigation strategy:

Offer flexibility in FTE options and work conditions (e.g. work from home).

Risk 2: Possibility of confusion between internal and external PD&E support.

Mitigation strategy:

Communicate clearly with internal CASA clinical staff and external mental health professionals.

Building leadership capacity to advance provincial clinical pathways

Description:

CASA's Clinical Pathway Development team seeks to hire a dedicated Clinical Manager. The team oversees the development of clinical pathways work as CASA expands across Alberta. As the expansion workload is substantial, it is no longer sustainable to have the Senior Manager manage Pathway Development and the direct reports within that program.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Senior Manager, CASA Classrooms - Edmonton/North and Clinical Pathway Development

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance	√			
	Human Resources	√			
	Information Technology				
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Manager, Clinical Pathway Development	1.0	Perm	0	1	1	
TOTAL	1.0		0	1	1	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Travel	Permanent	\$20,000
IT (cell phone, laptop)	One time	\$2,500
TOTAL		\$ 22,500

Planning Tools

- Work Plan
 Communications Plan
 Change Management Plan
 Project Charter
 Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in?
 Q1
 Q2
 Q3
 Q4

Risk Assessment and Mitigation

Risk 1: Pathway development during expansion may slow, as only the specialists will have capacity to meet with partners.

Mitigation strategy:

Hire a dedicated manager to oversee and support the development team directly to ensure deliverables and deadlines are met.

Risk 2: Senior manager burnout.

Mitigation strategy:

By providing more support to the senior manager, the administrative burden will lessen and provide a better work/life balance.

Risk 3: Challenges associated with temporary position status.

Mitigation strategy:

It will be more difficult to recruit a temporary manager. Creating a permanent position removes the recruitment challenge and may attract more qualified applicants.



Increasing support for nursing practice and service delivery through role clarity and team structure review

Description:

Nursing professionals make up a critical component of CASA's wraparound approach to care. Currently, the Professional Practice Lead (PPL) - Nursing role is a unique position, supporting nurses, physicians, Clinical Managers, and Clinical Quality Improvement Leads. As CASA continues to expand its services, CASA's Clinical team seeks to review and clarify the scope and description of the PPL-Nursing Role. This will occur in the context of an overall review of the organizational structure across all CASA programs. This will ensure that clinical staff (including nurses) are appropriately supported in their practice across the leadership teams, and that the PPL-Nursing has a sustainable workload that allows them to maintain effective and trusting working relationships with physicians and other disciplines, guide nursing practice and support new initiatives

Type of Work: Improvement work Breakthrough Initiative

Convenor: Professional Practice Lead - Nursing

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications				
	Equity, Diversity and Inclusivity				
	Facilities	√			
	Finance	√			
	Human Resources	√			
	Information Technology				
	Occupational Health and Safety	√			
	Philanthropy				
	Privacy and Health Information	√			
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms	√			
	CASA House	√			
	CDP	√			
	Clinical Pathway Development				
	Clinical Practice	√			
	Clinics	√			
	Core	√			
	Family	√			
	Indigenous Services				
	PDP	√			
	Physicians	√			
	Trauma	√			
	Triage and Transition	√			
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
UpToDate by Wolters Kluwer (subscription service)	One time	\$600
Lippincott subscription	One time	\$7,500
Nursing education materials	Permanent	\$1,000
Education and trainings	Permanent	\$1,500
TOTAL		\$10,600

Planning Tools

Work Plan Communications Plan Change Management Plan
 Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Without additional support, there is a risk of PPL - Nursing burn out

Mitigation strategy:

By providing more support to the PPL - Nursing, the administrative burden will lessen and the position will be more sustainable for one individual.

Risk 2: A reorganization of reporting and responsibility structure can lead to tasks being left out of new positions

Mitigation strategy:

The review of the organizational structures will involve Leadership Responsibilities and Duties tables, populated by existing job descriptions and tasks, spanning multiple positions. By including this in the reorganization process, CASA can ensure that all necessary tasks and responsibilities are assigned to an appropriate position.

Risk 3: A reorganization of reporting and responsibility structure can lead to confusion or frustration among staff.

Mitigation strategy:

The Directors of Clinical Operations and Practice will consult with Change Management in the PMO to develop a strategy based on a consultative model to seek input and feedback from staff across affected programs. This will help to create a realistic and pragmatic solution, as well as increase the likelihood of staff investment in any organizational change.

Implementing a content management strategy for critical program and service documentation

Description:

Critical program and service documentation is currently siloed within teams, which leads to inconsistencies and inefficiencies in documentation and a loss of important knowledge over time. We will develop and implement a content management strategy for critical documentation (e.g., clinical frameworks, manuals, service models). A content management strategy will enable staff to confidently create, store, publish and reuse documents. CASA will be empowered to share our knowledge internally and with our community, thereby supporting our vision of a community where all children, youth and their families are provided with timely mental health care and empowered to thrive.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Data and Information Governance Lead

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications			√	
	Equity, Diversity and Inclusivity				
	Facilities				
	Finance				
	Human Resources				
	Information Technology		√	√	√
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information		√		
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services	√	√	√	√

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan
 Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Taking on too much could overwhelm clinical managers, impact the quality of content and reduce efficiency overall.

Mitigation strategy:

We will maintain strategic focus and clearly define the scope of the project. A roadmap will outline a systematic process for completing the work.

Risk 2: Loss of critical content during migration.

Mitigation strategy:

Careful and thorough audit of existing content prior to migration; documentation of audit results and migration plans.

Risk 3: A content management strategy can only be effective if it is maintained long-term. If we simply migrate content from one location to another, but fail to actively manage that content throughout its lifecycle, there will be no benefit. There may be increased risk depending on the visibility and accessibility of the content.

Mitigation strategy:

Long-term content management throughout the information lifecycle is a critical part of planning and change management. Managing the scope of the project will ensure that it is realistic and sustainable.

Advancing data governance and information management in preparation for data migration to the cloud

Description:

CASA's documents are currently stored on shared on-premises servers. A main deliverable of CASA's Information Technology strategy involves migrating information on these servers to the cloud through Microsoft 365 in 2025-26. Significant planning is required in 2024-25 to establish data governance and information management policies, procedures and work plans. The data migration is dependent upon these plans and procedures. We will collaborate with all business and clinical operations teams to complete this work in a robust and effective manner.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Data and Information Governance Lead

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation			√	√
	Communications			√	√
	Equity, Diversity and Inclusivity			√	√
	Facilities			√	√
	Finance			√	√
	Human Resources			√	√
	Information Technology	√	√	√	√
	Occupational Health and Safety			√	√
	Philanthropy			√	√
	Privacy and Health Information	√	√	√	√
	Program Management Office			√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services			√	√

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Microsoft 365 includes a broad range of products, scales with organizational growth and will facilitate improved collaboration. These benefits come with a risk of out-of-control growth and digital clutter (obsolete documents, SharePoint sites, Teams, etc.). Digital clutter makes it difficult to find the right content at the right time. Clutter also makes it difficult to identify sensitive/confidential information, which can result in fines and reputational damage if regulatory requirements are not met.

Mitigation strategy:

A robust, dynamic framework for information governance will help manage information throughout its lifecycle and reduce digital clutter.

Risk 2: Loss of critical content during migration.

Mitigation strategy:

Careful and thorough audit of existing content prior to migration; documentation of audit results and migration plans.

Risk 3: Security and privacy risks related to cloud storage.

Mitigation strategy:

While there are risks to using cloud storage, there is also risk in maintaining our status quo; these risks increase as our current software ages and will no longer be supported by the vendor. We will incorporate Privacy by Design principles, as well as a layered approach to security that balances security and usability. Privacy Impact Assessments will be completed as needed. Other initiatives outside of the scope of this operational plan mitigate security and privacy risks, such as Security Awareness Training, Health Information Act training and multi-factor authentication (MFA).

Risk Assessment and Mitigation

Risk 4: CASA's IT Transformation Roadmap impacts every area of the organization. Delays or challenges in one area may impact the timelines and ultimate success of our data migration.

Mitigation strategy:

Frequent collaboration between IT, business and clinical staff involved in related initiatives.

Risk 5: Responsibility for managing CASA's data and information has historically been viewed as an IT responsibility (network shares) or a Health Records responsibility (health information).

Mitigation strategy:

This project will be treated as a business initiative, with IT and Health Records participation as facilitators. Prosci change management techniques will help CASA staff understand our shared responsibilities for managing data and information.

Risk 6: The structure of our network file system generally reflects our organizational structure. Given the pace of organizational change and growth, plans made in 2024-2025 may not match the organizational structure in place when the actual migration to SharePoint begins in Q4 of 2025-2026.

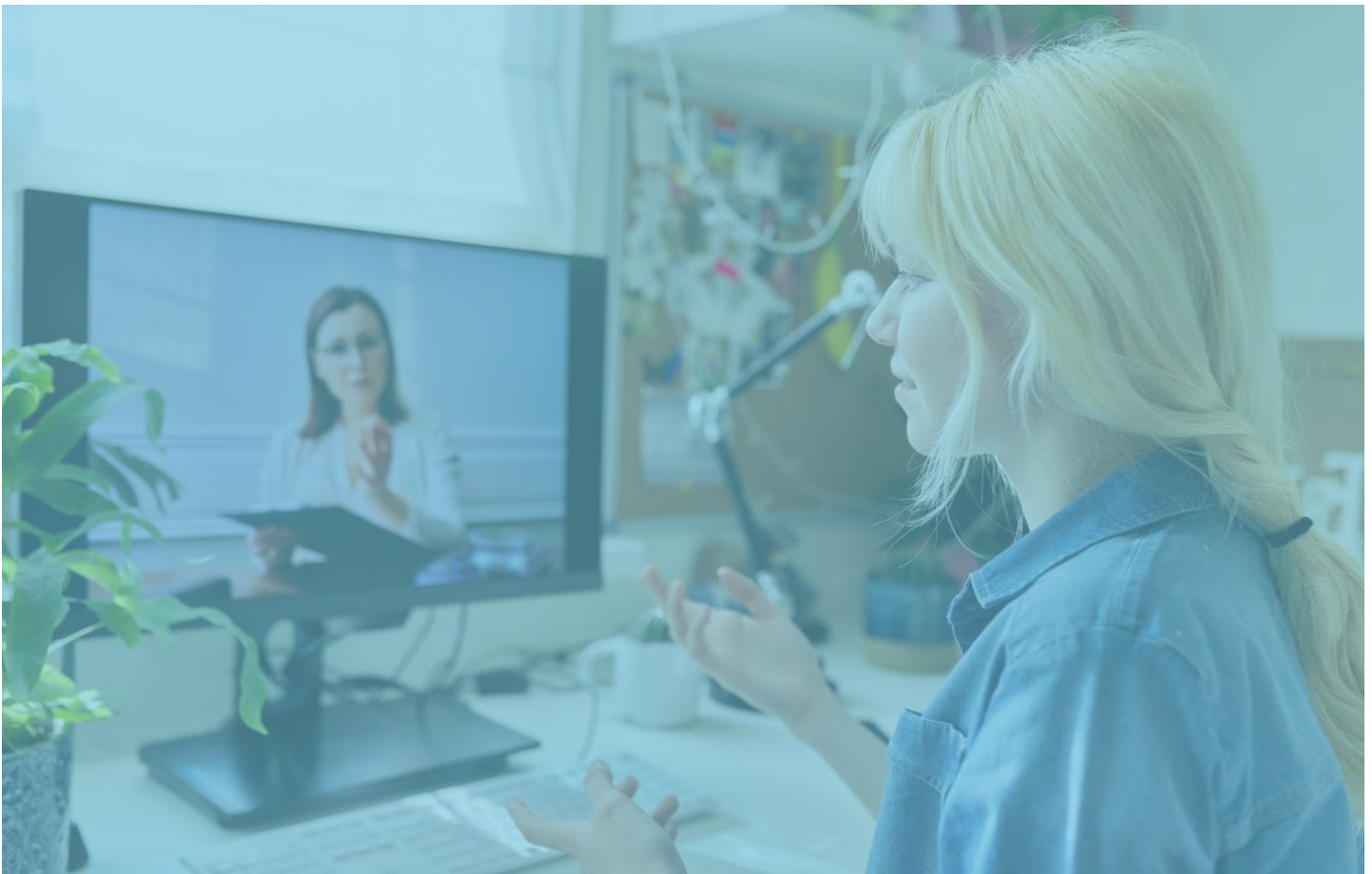
Mitigation strategy:

Plans made well in advance of migration will have an appropriate level of detail: enough detail to be useful, but with flexibility to account for new programs, roles and initiatives. Planning should continue through the 2025-2026 fiscal year, or resume with enough time to address changes.

Risk 7: CASA has not engaged in a project of this type, scope or magnitude before; there are many unknowns.

Mitigation strategy:

Build extra time into each step to allow for course corrections and learning.



Managing facility space through the adoption of OfficeSpace software

Description:

Currently, there is no streamlined process for staff's facility requests. OfficeSpace is a facility management software that provides a single platform to display floor plans, manage room assignments, reserve dropdown spaces and submit help tickets. The facilities team is already utilizing OfficeSpace to manage site maps and office allocation; however, further implementation is required to see the full benefits of the software (i.e. service response is trackable and performance reports are generated for review). Implementation of OfficeSpace across the entire organization will provide staff with a one-stop shop for all facility-related needs. The software is compatible with Dayforce and Microsoft 365, which will both need to be implemented prior to rollout.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Facilities

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation			√	
	Communications			√	
	Equity, Diversity and Inclusivity			√	
	Facilities			√	
	Finance			√	
	Human Resources			√	
	Information Technology			√	
	Occupational Health and Safety			√	
	Philanthropy			√	
	Privacy and Health Information			√	
	Program Management Office			√	

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services			√	

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Staff do not see the value of the software implementation.

Mitigation strategy:

Implement change management plan to ensure the rollout is successful based on ADKAR principles.

Risk 2: Software configuration issues including back end setup, employee information integration and merging with Microsoft 365 and Dayforce.

Mitigation strategy:

Ensure all elements of the software are up to date, accurate and working as required prior to release.

Risk 3: Use of the software is difficult for the staff to understand.

Mitigation strategy:

View training videos through EDI lens to ensure we are inclusive to all staff during the learning and implementation process.

Description:

CASA Mental Health is doubling the number of people served and the Philanthropy team is supporting this goal by diversifying revenue streams. In 2024-25, approximately \$2 million net is required to support wrap-around programming, in addition to any capital campaign revenue. While government funding supports core programs and services for children and youth, fundraising revenue allows CASA to wrap care around families and focus financial support where it's needed most.

The Philanthropy team will achieve revenue growth by:

- Engaging volunteers to support grant research and writing.
- Conducting monthly and employee giving campaigns.
- Hiring a consultant to help revamp our Signature events strategy and partnership acquisition.
- Launching a capital campaign in collaboration with the Program Management Office.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Philanthropy

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input checked="" type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√	√	√
	Communications	√	√	√	√
	Equity, Diversity and Inclusivity	√	√	√	√
	Facilities				
	Finance	√	√	√	√
	Human Resources	√	√	√	√
	Information Technology				
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services	√	√	√	√

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Partnership consultant	One time	\$30,000 professional fees
<i>Budget indicates specific expenses related to signature events, campaigns and other fundraising activities</i>		
TOTAL		\$30,000

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Revenue does not increase as planned

Mitigation strategy:

- Significant leadership and board intervention on fundraising strategies with a new plan in place to meet goals.
- Work directly with Fund Development committee, board chair and CEO

Risk 2: Capital campaign overshadows or usurps general philanthropy revenue

Mitigation strategy:

- Direct contact with existing supporters to share the need for ongoing support for Edmonton-based CASA programming, in addition to capital campaign philanthropic opportunities.

Risk 3: Do not receive any of the grant funding applied for

Mitigation strategy:

- Re-evaluate volunteer support and assess feedback received on non-approved applications.
- Refocus strategy and messaging.

Supporting employees by improving human resource tools, programs and strategies

Description:

As of November 2023, the Human Resources team was fully staffed, which has allowed us to focus on identifying gaps and improvement work for 2024-25.

Now that CASA has more than 300 employees, we recognize the need to develop an employee handbook to provide guidance and clarity. We will also support the implementation of a leadership development plan in preparation for a new in-house development program in 2025-26. With a focus on provincial expansion and CASA Classrooms, we will look to develop a people strategy that takes a proactive approach to workforce planning, building our employer brand and become an employer of choice. Lastly, with the implementation of our new Dayforce human resources information system, the HR team will focus on continuous improvement and automation of our processes.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Human Resources

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation				
	Communications		√	√	
	Equity, Diversity and Inclusivity	√	√	√	√
	Facilities				
	Finance				
	Human Resources				
	Information Technology				
	Occupational Health and Safety				
	Philanthropy				
	Privacy and Health Information				
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
TOTAL		\$

Planning Tools

- Work Plan Communications Plan Change Management Plan
 Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Inability to retain existing talent within the HR team.

Mitigation strategy:

A great deal of time and effort goes into onboarding and training new team members, including those in temporary roles. By offering training, development, mentorship, recognition and opportunities to perform engaging work, we will be able to retain existing talent.

Risk 2: Use of reactive recruitment strategies to fill vacancies.

Mitigation strategy:

Ensure there is sufficient budget to support our top candidate sources, including Indeed, Fetcher AI and LinkedIn. Partner with CASA Classrooms and PMO to determine which parts of Alberta we will be expanding into and when in order to ensure there is sufficient lead time for employment branding campaigns.

Risk 3: Lack of capacity to support implementation of HRIS.

Mitigation strategy:

Involve various members of the HR team depending on their area of expertise. For example, the HR Coordinators will be involved in the onboarding module implementation and the Senior Talent Acquisition Specialist will be involved in the recruitment module implementation.

Improving our approach to Occupational Health and Safety

Description:

As CASA and the OHS team expand, improvements are needed to process documentation, existing systems and appropriate resource management. OHS will focus on accomplishing the following improvement initiatives:

- Document OHS processes and create process flows.
- Roll out a lone worker application and resources to applicable programs.
- Upgrade and refresh the duress alarm system at CASA Centre.
- Complete medical device inventory and tracking.
- Complete position-specific hazard assessments.
- Introduce a robust work-from-home program with ergonomic considerations.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Manager, Occupational Health and Patient Safety

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input checked="" type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√			
	Communications	√			
	Equity, Diversity and Inclusivity				
	Facilities	√			
	Finance				
	Human Resources	√			
	Information Technology				
	Occupational Health and Safety	√	√	√	√
	Philanthropy				
	Privacy and Health Information	√			
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms	√	√		
	CASA House			√	
	CDP			√	
	Clinical Pathway Development				
	Clinical Practice	√			
	Clinics		√		
	Core	√			
	Family		√		
	Indigenous Services	√			
	PDP			√	
	Physicians				
	Trauma		√		
	Triage and Transition			√	
	ALL Clinical Programs and Services	√	√	√	√

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
Health and Safety Advisor	1.0	Perm	Y (Calgary)	Y	Y	1
TOTAL	1.0		1	1	1	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Spalding (Duress Alarm)	One time	\$15,000
Lone Worker Application/Contract	Permanent	\$35,000
Car Emergency Kits	One time	\$7,500
Work from Home Program	Permanent	\$40,000
TOTAL		\$ 97,500

Planning Tools

Work Plan Communications Plan Change Management Plan

Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Non-compliance with OHS opens CASA up to complaints, investigations and potential administrative fines.

Mitigation strategy:

Implementation of lone worker initiatives in a systematic, risk-based manner will mitigate the risk of OHS complaints and unsafe work practices, and increase safety while working alone.

Risk 2: Expanding while the OHS program is being fully built can challenge capacity, which can result in burnout or open up the organization to risk.

Mitigation strategy:

Reorganizing the focus of the members of the OHS team to ensure that everyday tasks and on the groundwork continues while expansion initiatives are given careful and thorough consideration. This will include redistribution of work among the two proposed health and safety advisors, while the manager plans initiatives, programs and processes.

Risk 3: Change saturation and overwhelm in workforce.

Mitigation strategy:

The OHS team will practice change management methodology learned through Prosci to ensure that the appropriate sponsors, coalition group members and ADKAR assessments are completed as needed.

Description:

CASA's Information Technology infrastructure and design requires transformation in preparation for provincial expansion. The full scope of this transformation will take three to seven years to complete. In year one of the transformation, the Information Technology team will focus on the following key deliverables:

- Migrate Exchange 2016 (on-premise email) to Microsoft 365.
- Increase capacity of remote desktop host servers to increase efficiency.
- Upgrade Office 2016 to Office 365.
- Implement single sign on for all cloud-based applications.
- Re-design office connectivity (MPLS).
- Implement Microsoft Autopilot.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Director, People and Culture

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input type="checkbox"/> Provider of culturally safe mental health services <input type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√	√		
	Communications		√		
	Equity, Diversity and Inclusivity		√		
	Facilities		√		
	Finance		√		
	Human Resources	√	√		
	Information Technology				
	Occupational Health and Safety		√		
	Philanthropy		√		
	Privacy and Health Information	√	√		
	Program Management Office	√	√	√	√

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House				
	CDP				
	Clinical Pathway Development				
	Clinical Practice				
	Clinics				
	Core				
	Family				
	Indigenous Services				
	PDP				
	Physicians				
	Trauma				
	Triage and Transition				
	ALL Clinical Programs and Services		√		

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
IT Support Specialist	1.0	Perm	Y	Y	Y	1
TOTAL	1.0		1	1	1	

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?
 Yes No

If yes, how would you like to engage youth and family members in this initiative?

- YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
Microsoft E3 Licensing	Permanent	\$12.70/user/month
Upgrade remote desktop servers	One time	\$8,500
Upgrade Office 2016 to Office 365	One time	\$22,000
Self-service password reset	Ongoing	\$4,800
Office connectivity (MPLS) re-design	Ongoing	TBD - Expected cost savings overall
Microsoft Autopilot	TBD	\$17,500

Planning Tools

- Work Plan Communications Plan Change Management Plan
 Project Charter Project Chartlet

Deliverable Completion

What quarter will your deliverable be completed in? Q1 Q2 Q3 Q4

Risk Assessment and Mitigation

Risk 1: Current remote desktop system is cumbersome and servers are overcapacity leading to poor and inefficient end-user experience.

Mitigation strategy:

Implementation of Microsoft 365 will alleviate this problem long term. In the interim, investment in upgrading capacity of our current servers will alleviate burden and increase speed.

Risk 2: Office 2016 will no longer be supported as of October 2025.

Mitigation strategy:

Upgrade to Office 365 to ensure long-term support.

Risk 3: Current office connectivity (MPLS) will quickly become cost-prohibitive as CASA expands provincially.

Mitigation strategy:

Begin transition to SD-WAN network to reduce overall costs and increase scalability to ensure long-term savings.

34 Provincial Expansion

Description:

CASA is integrating its adolescent day and live-in programming and co-locating them across the province with a new site in Edmonton and three facilities in Calgary, Fort McMurray and southern Alberta, in addition to bringing the Trauma program to Calgary.

ADP and House Integration

- **First Phase:**
 - Consistency in program delivery across both programs being delivered at separate sites.
 - Program alignment
 - Lit review to help inform clinical practice
 - Step-up, step-down between programs
 - Shared waitlists
 - Assessments
 - Pathways
 - When complete, Adolescent Day Program and Live-in Adolescent Program are operating at separate sites but are aligned with smooth step up step down processes for kids and families, shared waitlists and programming alignment.
- **Second Phase:**
 - ADP and Live-in Adolescent Program co-located at the same site.
 - When complete, Adolescent Day Program and Live-in Adolescent Program are operating at the same site. They share waitlists, resources and staffing, have smooth step-up, step-down processes, and careful patient and staff flows throughout the new facility.
- **Third Phase:**
 - Expanding CASA's adolescent programming to a new site in Edmonton and provincially to three other regions including co-locating a Trauma Program at the Calgary site.
 - Helping inform the capital builds project. Form follows function.
 - Timeline (as of April 2024):
 - Calgary opening March 2027
 - Fort McMurray opening May 2027
 - Edmonton opening September 2027
 - South opening September 2028

Capital Builds

- Provincial expansion includes integration and co-location of the existing CASA House and Adolescent Day Program (ADP) in one building in the Edmonton area, and expansion of the House/ADP model to Fort McMurray, Calgary and southern Alberta (location TBD). In addition, the Trauma Program will be launched in CASA's Calgary office until the new Calgary facility is built and will move there to its permanent home.
- The Project Manager, Capital Expansion will work with internal and external partners and affected parties to determine if renovation, new construction, purchase and re-design or design and lease is the best approach in each community, while considering program requirements,

patient accessibility, cost effectiveness and efficient timelines to meet the service delivery commitment outlined in the Government of Alberta grant agreement.

- Once the appropriate sites or buildings have been selected, CASA will engage with a prime consultant to coordinate the design, tender and construction administration of the project, and will act as liaison between CASA Mental Health senior leadership, project teams and the consultants and contractor teams throughout the project delivery and warranty period.

Type of Work: Improvement work Breakthrough Initiative

Convenor: Director, Program Management Office

Strategic Alignment - Organizational values supported by this deliverable:

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

Roadmap

Select the focus area and headline supported by this deliverable:

Focus Area 1: Leaders in delivering child-centred, family-inclusive mental health services	Focus Area 2: Programming efficacy and relevance	Focus Area 3: Financial Health
<input checked="" type="checkbox"/> Safe, diverse and inclusive workplace <input checked="" type="checkbox"/> Recognized nationally as a teaching and learning organization	<input checked="" type="checkbox"/> Provider of culturally safe mental health services <input checked="" type="checkbox"/> Canadian leader in trauma-informed, wraparound mental health programming for children and their families	<input type="checkbox"/> Financially stable organization through diverse funding sources <input checked="" type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- Equity, Diversity and Inclusivity Truth and Reconciliation

Interdependencies

		Q1	Q2	Q3	Q4
Business Operations	Business Intelligence and Evaluation	√			
	Communications	√			
	Equity, Diversity and Inclusivity	√	√		
	Facilities		√		
	Finance	√			√
	Human Resources			√	
	Information Technology			√	
	Occupational Health and Safety			√	
	Philanthropy	√			
	Privacy and Health Information			√	
	Program Management Office				

		Q1	Q2	Q3	Q4
Clinical Operations	CASA Classrooms				
	CASA House/ADP	√	√	√	
	CDP				
	Clinical Pathway Development	√	√		
	Clinical Practice	√	√		
	Clinics				
	Core				
	Family				
	Indigenous Services	√	√		
	PDP				
	Physicians	√	√		
	Trauma	√	√		
	Triage and Transition	√	√		
	ALL Clinical Programs and Services				

Resources

People

Position	FTE	Status	Office	Laptop/ Desktop	Cellphone	Quarter
TOTAL						

Volunteer Resources

Does this deliverable require or would it benefit from support by CASA volunteers? Yes No

Youth and Family Advisory Council (YFAC)

Does this deliverable require review and/or feedback from patients and their families with lived experience?

Yes No

If yes, how would you like to engage youth and family members in this initiative?

YFAC Advisory Project committee participation Survey or focus group

Equity, Diversity and Inclusivity Council

Does this deliverable require support from the EDI Council? Yes No

Budgetary

Contractors

Will this deliverable require us to engage an external contractor or consultant? Yes No

If yes, list the cost in the next section.

Other Financial Considerations

To accomplish this deliverable, do you require any additional budget? This might include software, technology, construction fees, furniture, etc. You may add additional rows to the table as needed.

Expense	One time or permanent	Amount
See capital budget		
TOTAL		\$

Planning Tools

- Work Plan
 Communications Plan
 Change Management Plan
 Project Charter
 Project Chartlet

Deliverable Completion

Phase 1 ADP House Integration

What quarter will your deliverable be completed in?
 Q1
 Q2
 Q3
 Q4

Implementation Plan for Calgary site

What quarter will your deliverable be completed in?
 Q1
 Q2
 Q3
 Q4

Risk Assessment and Mitigation

Risk 1: Current proposed timelines may not be realistic.

Mitigation strategy:

- Mitigation for ADP House Integration: Frequent project management engagement with project team defining deliverables required for phase one and two of ADP and House program integration.
- Mitigation for Capital Builds: Proceed on building design based on existing capacity of House and ADP. Further consultation required for other provincial regions' needs/capacity/heat map.

Risk 2: Development of required program documents, parent handbook, employee handbook, transition program and updated clinical framework.

Mitigation strategy:

Conduct a literature review, to include best practice in our program delivery, create a work plan to complete all required documentation.

Risk 3: Suitable greenfield site may not be available at this time, so project may be delayed if we don't find a site that meets the criteria for CASA House/ADP in a timely manner.

Mitigation strategy:

Extend schedule; select a less than optimal site that does not meet all our selection criteria.

Risk 4: Unforeseen operational disruptions such as construction, building maintenance issues or renovations, can disrupt operations.

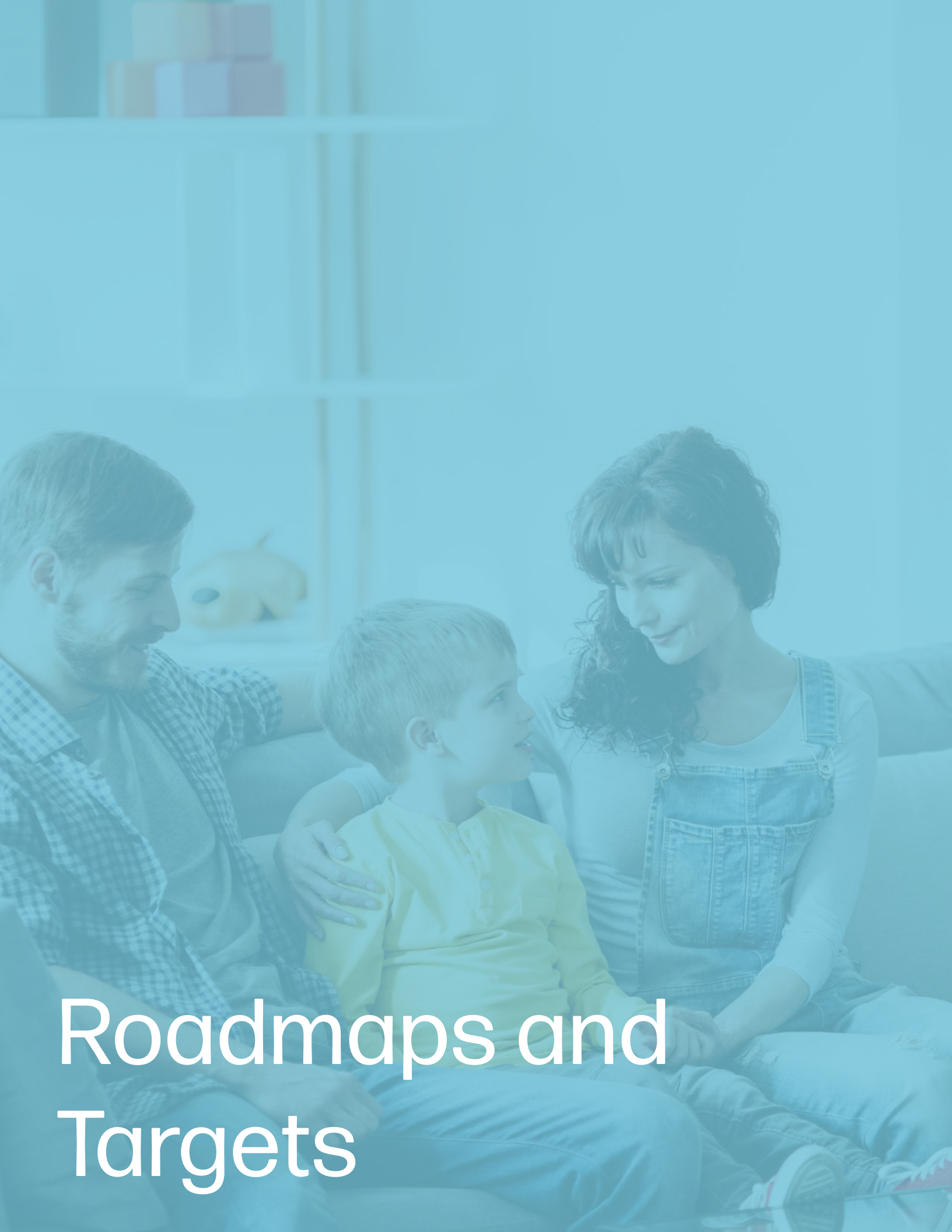
Mitigation strategy:

Draft business continuity plan with Facilities, IT and SLT.

Risk 5: Build-to-suit schedule vs. renovate existing building schedule. Risk of not meeting the target deadline if we build-to-suit.

Mitigation strategy:

Engage architect to do feasibility study, code and site review.



Roadmaps and Targets

Year Three: Five Year Strategic Roadmap - 2022-2027

Focus Area	Leaders in delivering child-centred, family-inclusive mental health services		Programming efficacy and relevance		Financial health	
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
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 on-boarding 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 Three Deliverables (2024-25)	<ul style="list-style-type: none"> Building robust electronic human resource tools through continued implementation of Dayforce. Creating safe and supportive environments by caring for our facilities. Implementing a Safety Incident Management System. Managing facility space through the adoption of OfficeSpace software. Supporting employees by improving our human resource tools, programs and strategies. Improving our approach to Occupational Health and Safety. Improving clinical education and training for staff retention and service quality. Expanding Professional Development and Education Rural Services to support CASA Classrooms. Improving nursing practice and service delivery across CASA. Implementing a content management strategy for critical program and service documentation. Advancing data governance and information management in preparation for data migration to the cloud. 		<ul style="list-style-type: none"> Continuing to Improve: Privacy and Health Information. Improving patient care by transitions CASA House and Day Programs to an Electronic Medical Record (EMR). Revamping the staffing model for Adolescent Day and CASA House in order to support patient and family needs and strengthen the transition process. Responding to community need through the launch of Trauma Programming in Calgary. Reaching high risk kids through community mental health partnerships. Establishing Pediatric Psychiatric and Medical Clinical programming to better serve kids with complex mental health disorders. Serving more kids through CASA Classroom Expansion. <ol style="list-style-type: none"> Continued expansion of CASA Classrooms in Calgary. Continued expansion of CASA Classrooms in Central Alberta. Continued Expansion of CASA Classrooms North. Expansion of CASA Classrooms South. Reducing wait times and enhancing quality of assessments for kids. Reaching more children and families by expanding service hours and virtual care service delivery. Sustaining Classroom operations in Edmonton. Improving Patient care through the advancing Community Information Integration (CII) between Med Access and Netcare. Building leadership capacity to advance provincial Clinical Pathways. Provincial Expansion. 		<ul style="list-style-type: none"> Implementing an IT Equipment Evergreen Strategy. Investing in philanthropic support to grow revenue. Continuing to Improve: Privacy and Health Information. Improving the usability and accessibility of data to support decision-making. Serving more families through expanded volunteer culture, engagement and impact. Transforming our Information Technology. 	
Year Three Measures	<ul style="list-style-type: none"> 65% of staff attend Diversity and Inclusivity training. 75% of staff responding to employee survey indicate a positive rating on: <ol style="list-style-type: none"> psychological safety; inclusion and belonging; and workplace culture of managers and supervisors. Receive Silver Level Certification as a Healthy Workplace from Excellence Canada. Integrated student training/placement approach established with post secondary institutions. Partnership agreements with five post-secondary institutions in Alberta to support student placements and fellowships. 		<ul style="list-style-type: none"> Increased number of patient/clients seeking our services from diverse backgrounds. 65% of patients/families served complete a patient satisfaction / experience survey. 85% of patients/families agree that CASA is helping to improve their child's mental health. Patient records are in alignment with NetCare for effective information to be shared between providers At least two children's mental health programs being offered province-wide through technology-based platforms. Number of patients and family members served increased to 8,000 annually. 		<ul style="list-style-type: none"> 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. \$5M per year raised through donor relations and fundraising activities. CASA services will be offered in at least three physical footprints/locations occupied by a partner organization. 100% more volunteers and 50% more volunteer opportunities Increased knowledge of CASA in Alberta. 	

Five Year Strategic Roadmap - 2022-2027

Focus Area	Leaders in delivering child-centred, family-inclusive mental health services		Programming efficacy and relevance		Financial health	
Year One (2022-23)	<ol style="list-style-type: none"> 1. Process created and tools (ie: Ocean) adopted to collect demographic staff and patient data. 2. Integrated multi-year diversity and inclusivity strategy complete; with staff and physician training begun. 3. Well-being and resiliency framework completed and being utilized for program planning. 	<ol style="list-style-type: none"> 1. Staff and physician onboarding package and process designed and being utilized at point of hire. 2. Mentorship program designed and all new staff assigned a mentor upon hire. 3. Physician resource plan complete and approved by Senior Leadership Team. 	<ol style="list-style-type: none"> 1. Patient satisfaction/ experience surveys redesigned and first set of data generated. 2. All policies and practices reviewed through an equity, diversity & inclusivity lens and reframed as required. 3. Patient stories/ voice integrated into board and senior leadership meetings. 	<ol style="list-style-type: none"> 1. Number and type of CASA programs defined and streamlined 2. Clinical framework(s) informing practice and incorporating therapeutic modalities designed and being utilized for program planning and evaluation. 3. Virtual Child and Adolescent Mental Health Program Evaluation & Research Hub in place. 4. Successful Accreditation through Accreditation Canada. 	<ol style="list-style-type: none"> 1. Business intelligence and evaluation capacity in place. 2. Increase number of grants pursued by 25%. 3. Options paper, with recommendations, regarding creation of a profit arm for CASA complete. 	<ol style="list-style-type: none"> 1. New website designed and active. 2. Rebranding and social media strategy completed. 3. Web-based capability in place for effective donor management.
Year Two (2023-24)	<ol style="list-style-type: none"> 4. Employee well-being and resiliency strategy/program implemented. 5. Integrated equity, diversity and inclusivity strategy documented. 6. Electronic patient and staff safety incident tracking system implemented. 7. Successfully Accredited and quality improvement plan developed. 	<ol style="list-style-type: none"> 1. Professional Development and Education services to external health care professionals and internal CASA Mental Health Teams increased. 2. Clinical therapist supervision program implemented. 3. Logic models and evaluation frameworks documented for all programs and services. 	<ol style="list-style-type: none"> 1. Ocean software successfully launched. 2. First set of patient sociodemographic and satisfaction data generated. 3. School-based services delivered at Kipohatakaw Education Centre (KEC) 4. Clinical pathways for the greater Edmonton area documented. 	<ol style="list-style-type: none"> 1. Clear organizational admission, transition and discharge pathways documented with appropriate triage and transition teams in place. 2. Core program capacity increased to improve waitlist management. 3. Eleven new CASA Classrooms launched. 4. 5,500 children, youth and families served. 	<ol style="list-style-type: none"> 1. Human resource information and payroll system implemented and staff trained. 2. Cost recovery psychological assessment consultation (PAC) services trial complete. 	<ol style="list-style-type: none"> 1. 100% of all archived records are cleaned up in accordance with records retention policy. 2. \$3.3M net raised through donor relations and fundraising activities. 3. Information technology infrastructure and expansion reviewed with recommendations for provincial footprint. 4. Technology sustainability plan approved.
Year Three (2024-2025)	<ol style="list-style-type: none"> 1. Equity, diversity and inclusivity (EDI) targets/ key deliverables set based on the integrated EDI strategy. 2. 80% of staff surveyed indicate CASA is a safe, diverse and inclusive workforce. 3. Receive Silver Level Certification as a Healthy Workplace from Excellence Canada. 	<ol style="list-style-type: none"> 1. Integrated student training/placement approach established with post secondary institutions and functioning in concert with the virtual research hub. 2. Partnership agreements with five post-secondary institutions in Alberta to support student placements and fellowships. 	<ol style="list-style-type: none"> 1. Increased number of patient/clients seeking our services from diverse backgrounds. 2. 80% of patients/ families served complete a patient satisfaction/ experience survey. 3. 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"> 1. At least two children's mental health programs being offered province-wide through technology-based platforms. 2. CASA services will be offered in at least three physical footprints/ locations occupied by a partner organization. 3. Number of patients/clients served increased to 8,000 annually. 	<ol style="list-style-type: none"> 1. Successfully achieve Imagine Canada certification 2. 25% of revenue comes from sources other than government or Alberta Health Services. 3. 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"> 1. \$5M per year raised through donor relations and fundraising activities. 2. 100% more volunteers and 50% more volunteer opportunities 3. Increased knowledge of CASA in western Canada.
Year Five	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



Risk Assessment

CASA Risk Profile

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.

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

Risk Levels:		Unacceptable under the existing circumstances
		Acceptable based on risk mitigation
		Acceptable
Risk Trends	↑	Increasing
	↓	Decreasing
	-	No Change

Areas of Risk	
Category of Risk	Risk sections
People	Patients and families
	Employees and contractors
	Board of Directors
	Volunteers
	Community members

Areas of Risk	
Category of Risk	Risk sections
Property and assets	Facilities
	Furniture and supplies
	Technology
	Information, privacy, and confidentiality
Financial	Financial practice
	Contract liability
	Fundraising events and grants
Organizational	Reputation and profile
	Governance
	Legal

Unique Identifier	Risk	Risk Ratio
2024.01	Inability to recruit staff in new geographic areas, especially rural Alberta	4B
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> Invest in a proactive brand awareness recruitment campaign in new areas to enhance pool of quality candidates. Utilize tailored approaches to attract and retain skilled professionals in new areas (e.g. campus recruitment, partnerships with associations, recruitment mixers and previously untapped markets). Implement an early recruitment strategy. <p>Convenor: D. Semeniuk</p> <p>Category of Risk: People</p>		
2024.02	Lack of content management strategy for critical program and service documentation	4C
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> Implement a content management strategy for critical program and service documentation, such as clinical frameworks, manuals, program descriptions, etc. A content management strategy will enable staff to confidently create, store, publish and reuse documents. Ongoing professional development and education of new and existing leaders on content management. <p>Convenor: M. Chan</p> <p>Category of Risk: Organizational</p>		
2024.03	Lack of space at current sites	5B
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> Conduct a space utilization analysis to understand how space is currently being used and how to optimize space usage. Implement work from home program for staff who are eligible <p>Convenor: M. Chan</p> <p>Category of Risk: Property and Assets</p>		

2024.04	Lack of guidance around use of artificial intelligence	4C
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> ▪ Develop ethical guidelines and principles around AI systems acceptable use. ▪ Encourage transparency in AI systems use by promoting openness about data sources, algorithms and decision-making processes. ▪ Promote responsible AI education and awareness; provide training and resources on ethical AI principles, best practices and emerging issues. <p>Convenor: M. Chan</p> <p>Category of Risk: Organizational</p>		
2024.06	Not launching all of the next wave of classrooms in September 2024 as planned.	2C
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> ▪ Work well in advance of launch with the school divisions to identify resources. ▪ Hone in on areas that are most prepared to implement a classroom. ▪ Leverage scope of practice to ensure hiring of staff. ▪ Active physician recruitment. ▪ Recruitment advertising campaign. <p>Convenor: D. Pedersen</p> <p>Category of Risk: Organizational</p>		
2024.08	Unattainable pace of organizational growth, especially with expansion	4C
<p>Risk Prevention and Mitigation Strategies:</p> <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 through the organizational change management lead. <p>Convenor: B. Blakley</p> <p>Category of Risk: Organizational</p>		
2024.09	Health information privacy breach	5C
<p>Risk Prevention and Mitigation Strategies:</p> <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. ▪ Establish health information management policies, procedures and processes that align with the move to cloud-based systems (ongoing) ▪ Implement annual Security Awareness Training for all staff (Q3) <p>Convenor: M. Chan</p> <p>Category of Risk: Organizational</p>		

2024.10	Economic slowdown, coupled with a high cost of living	4B
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> ▪ Leverage the Board’s network to uncover new donor prospects. ▪ 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 (e.g. 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. <p>Convenor: B. Blakley</p> <p>Category of Risk: Organizational</p>		
2024.11	Ineffective implementation of succession plans	2C
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> ▪ Assess and monitor new organizational performance evaluation system and process. ▪ Develop and implement succession plans beyond the senior leadership team. ▪ Review and update succession plans regularly. ▪ Identify skill gaps and professional development opportunities for existing staff. ▪ Ensure documentation of core competencies for every position in the organization. <p>Convenor: B. Blakley</p> <p>Category of Risk: People</p>		
2024.12	Decreased quality of programming	3C
<p>Risk Prevention and Mitigation Strategies:</p> <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. <p>Convenor: M.Sornberger</p> <p>Category of Risk: Organizational</p>		

2024.13	Increasing wait times for patients and families	2D
<p>Risk Prevention and Mitigation Strategies:</p> <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 (e.g. FamilySmart). ▪ Redesign admission and intake processes and implement effective transitions. <p>Convenor: D. Pedersen</p> <p>Category of Risk: Organizational</p>		
2024.14	Lack of effective software integration, appropriate technological infrastructure and security	4B
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> ▪ Implementation of IT transformation roadmap beginning in Q1. ▪ 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. <p>Convenor: M. Chan</p> <p>Category of Risk: Property and Assets</p>		
2024.15	Ineffective implementation of accreditation standards into standard organizational work	3C
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> ▪ Director, People and Culture will be leading a council by Q1 of 2024-2025. ▪ Centralized QI team by Q1 of 2024-2025. ▪ QI strategy developed and embedded in the organization. ▪ Annual policy review plan implemented. <p>Convenor: M. Chan</p> <p>Category of Risk: Organizational</p>		
2024.16	Ineffective implementation of change management principles by leaders	3C
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> ▪ Organizational change management lead to act as a coach and consultant to leaders working through changes in their areas. ▪ Coalition groups being created for specific change projects as needed. ▪ Foster a culture of continuous improvement by encouraging reflection, learning, and adaptation throughout the change process. ▪ Include and engage frontline staff in change management processes. ▪ Change management training for new staff. <p>Convenor: B. Blakley</p> <p>Category of Risk: Organizational</p>		

2024.17	Pressure to expand services as a result of the Government of Alberta's restructuring of AHS	4C
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Risk Prevention and Mitigation Strategies:

- Clearly articulating our lane to government decision-makers.
- Anticipating what might be asked and building plan/response that allows us to stay in our lane, effectively implement and reduce risk.
- Socialize the concept of key expansion pieces with CASA clinical leaders and consider viable options, in alignment with the roadmap, as part of catchball.
- Engage in provincial level planning (think tank) to influence public policy and understand how government will proceed in order to manage expectations and create opportunities to align provincial direction with CASA roadmap.

Convenor: B. Blakley

Category of Risk: Organizational

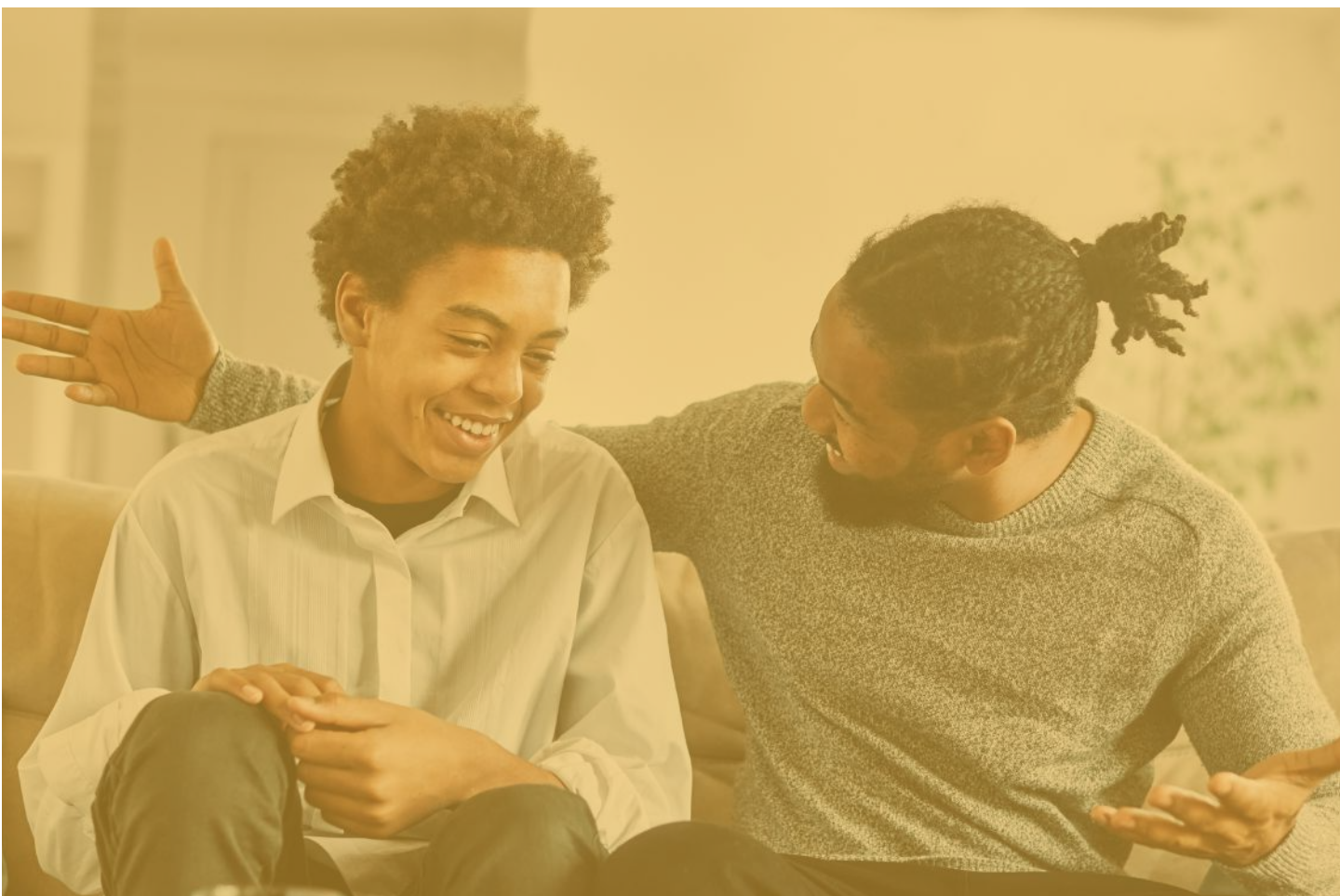
2024.18	House: Day and Stay Expansion - not meeting the Government of Alberta's timelines for capital builds	3C
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Risk Prevention and Mitigation Strategies:

- Engage early with the government on potential changes to timelines.
- Market research on the constructure sector in Alberta.
- Engage in community consultations for site development.

Convenor: P. Colvin

Category of Risk: Organizational



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

	STRENGTHS	WEAKNESSES
Internal	<p>Alignment with vision, mission and values: We are driven by purpose and deeply committed to our vision, mission and core values.</p> <p>Brand awareness in Edmonton: We have increased brand recognition in our city - potential staff, patients and families and funders know who we are and what we do.</p> <p>Organizational excellence and growth: Our leadership team is passionate and forward-looking. We have built a thriving and financially healthy organization. We have a dedicated team to support provincial expansion.</p> <p>Strong partnerships: We have strong relationships grounded in mutual respect with our board, community partners, funders as well as donors, and we continue to develop these across the province.</p> <p>Staff well-being and development: We have been successful in recruiting staff in Edmonton and area. We have an effective onboarding program for new staff. We value work-life harmony. We continue to provide staff with increased opportunities for professional development.</p> <p>Reduced wait times: We have proactively reduced wait times in the Core and Trauma programs, even when demand for these services remain high.</p> <p>Youth and family-centred care: We incorporate the perspectives of youth and families into the planning of our services.</p> <p>Adaptability to change: We are agile and willing to make improvements to accomplish our goals and roadmap. We are open to exploring new and innovative technologies such Dayforce and Safety Incident Management System.</p>	<p>Process standardization: We need to standardize and document our processes to ensure consistency and facilitate information sharing across the organization.</p> <p>Staff burnout during rapid growth: We need to regularly monitor and evaluate the pace of growth at all levels and ensure staff have the necessary support and resources to prevent and recover from burnout and fatigue.</p> <p>Clinical consistency and program development: We need to develop more comprehensive and up-to-date clinical guidelines to ensure excellence in consistency, safety and quality across all aspects of service delivery.</p> <p>Brand awareness across the province: We need to be more visible outside of Edmonton to ensure potential staff, patients and families and funders know who we are and what we do.</p> <p>Recruitment in new geographic areas: We need to address challenges in recruiting staff in new geographic areas, especially in rural Alberta.</p> <p>Technology integration and innovation: We need to implement new technological solutions to streamline workflows and facilitate collaboration and communication both internally and externally.</p> <p>Clinical alignment with vision, mission and scope: We need our teams to balance clinical activities with broader organizational goals and strategic activities.</p> <p>Geographical gaps during expansion: We need to bridge geographical and cultural gaps and offer opportunities for staff outside of Edmonton to feel connected and participate in decision-making processes.</p> <p>Effective space management: We need to ensure our people have the appropriate space resources to be able to do their work.</p>

	OPPORTUNITIES	THREATS
External	<p>Strong alignment with the board: A strong relationship with the board unlocks a myriad of opportunities for the organization to grow, innovate, manage risks, build relationships and drive long-term success.</p> <p>Improved reputation: We need to capitalize on the improved reputation and brand recognition that CASA has built in Edmonton over the last two years.</p> <p>Increased demand for mental health services: Mental health care is in high demand, and we are well-positioned to increase service delivery, especially for children and adolescents.</p> <p>Provincial expansion: We have opportunities to provide mental health services to the “missing middle” across Alberta.</p> <p>Expanded partnerships: As we grow provincially, there are opportunities to develop new partnerships and generate new fund development streams.</p>	<p>Restructuring of Alberta Health Services: There may be added pressure to expand our services as a result of the Government of Alberta’s restructuring of Alberta Health Services.</p> <p>Expected economic slowdown: An economic slowdown, coupled with the high cost of living may lead to difficulties in generating or diversifying revenue.</p> <p>Advancements in virtual care: Virtual care is transforming the health-care landscape and we need to adapt and innovate to keep pace with other organizations.</p>





Appendix A

CASA Mental Health Programs and Services

1 Adolescent Day Program

Who we can help:

The Adolescent Day Program provides mental health treatment and academic support to adolescents in grades eight to 12 who require tertiary level assessment, diagnosis, therapy and/or medication review because of emotional, psychological or psychiatric Level Four CALOCUS presentations.

Projected number of children served annually by this program:

2024/25
24 - Edmonton

What happens in the program:

ADP's goal is to help adolescents and their families move on in more positive ways, and to enable adolescents 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.

ADP's 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 adolescents 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 adolescents, families and staff within the program; and
5. Multiply-informed, evidence-based programming to serve individual needs (DBT, CBT, motivational interviewing), including risk assessment and safety planning as necessary.

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). There is no programming during July and August.

Therapeutic Services

The ADP team consists of school teachers, mental health therapists and support staff, psychiatrists, nurses, an allied health team and transition support staff.

Therapeutic modalities include:

- Large/small group therapy (psychodynamic and dialectical behaviour therapy)
- Individual therapy (adolescents)
- Individual family therapy
- Art therapy
- Therapeutic milieu
- Therapeutic Crisis Intervention
- Bi-weekly parent group and multi-family group therapy (Tuesdays 9-11 a.m.)
* *Attending parent group is a mandatory component of ADP.*

Step-Up and Step-Down Services While in Programming

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.

A step-up service 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. A step-up service may also be recommended if a patient presents with increasing acuity in suicidal ideation or self-harm during treatment.

ADP may also be a step-down service from higher acuity programming as a halfway point from an intensive in-patient program, before transitioning back out into 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.

Transition Services at Discharge

Prior to the adolescent's transition back to their home, school and community, the transition support staff work with the multidisciplinary team to provide proactive post-treatment supports and coordination of services. The adolescent's family is engaged to develop a thoughtful and organized transition plan that addresses the patient and family's community and school-based needs. Non-urgent, follow-up medical care and transition support is provided for up to eight weeks post-discharge.

	2024-2025 Budget
Expenses	
Salary & Wages	743,045
Benefits	148,609
Total Salaries and Employee Benefits	891,654
Education, Conferences & Workshops	17,833
Office Materials & Supplies	2,000
Program Materials & Supplies	12,000
Travel & Subsistence	2,000
Clinical Consultation	17,280
Clinical Travel	
Child & Family Supports	
Recreation	1,700
Food & Kitchen	
Software and Subscriptions	
Professional Fees	22,000
Total Program Expenses	74,813
Total Expenses	966,467

Position Name	FTE
Assessment Psychologist	0.50
Concurrent Counsellor	0.50
Indigenous Wellness Support Worker	0.50
Manager, Program	0.33
Mental Health Aide	2.61
Mental Health Therapist	0.87
Occupational Therapist	0.33
Occupational Therapy Assistant	0.13
Program Supervisor	0.33

Registered Nurse	1.00
Senior Manager	0.20
Speech Language Assistant	0.13
Speech Language Pathologist	0.20
Therapy Support Navigator	1.00
Grand Total	8.63



2 CASA Classrooms Program

Who we can help:

CASA Classrooms provides tailored mental health treatment for students in grades four to twelve. These students are experiencing persistent mental health symptoms affecting their home, peer and school life, and:

- Have accessed a range of less intense interventions, such as 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 the classroom service.

Children and adolescents who access CASA Classrooms are provided with more support than a community child and youth mental health service clinic can provide. In the CASA Classroom, therapy-based interventions (individual and group) are provided by a mental health team, physician and multi-disciplinary support. Ongoing transition services support the students' progress towards recovery.

Keeping the CASA classroom integrated into the school provides the opportunity to 'practice' classroom engagement in a safe, smaller, lower-pressure environment and is recognized as a positive component of the CASA Classroom model. Patients' families are also supported throughout the program.

Projected number of children served annually by this program:

Year	2022/23	2023/24	2024/25	2025/26
		Edmonton Area -126 Central Area - 24 Southern Area - 12	Edmonton Area - 192 Northern Area - 96 Central Area - 168 Calgary Area - 120 Southern Area - 120	Edmonton Area - 264 Northern Area - 240 Central Area - 264 Calgary Area - 264 Southern Area - 192
Total		162	696	1,224

What happens in the program:

In partnership with the Government of Alberta and school divisions, CASA Mental Health brings mental health services to where kids and families already are: schools. Bringing intensive services to communities reduces barriers to services, fills the gap for the missing middle, and allows CASA to step into existing footprints to deliver services sooner. CASA has been able to provide these services to more kids and families, in more communities provincially, in an environment that is already familiar to kids.

Partner local school divisions provide the classroom and certified teachers, while CASA provides the healthcare team. Together they deliver an integrated recovery-focused mental health treatment and educational support program.

The classroom team works to develop treatment and programming tailored to the student's mental health and learning needs. This includes collaborative goal setting with students and their caregivers. Short-term program outcomes include a better understanding of the student's diagnosis, a reduction in symptoms and an increase in the student's mental health management skills.

Classroom cohorts are semester-based, or half of a traditional school year, starting in September or February.

Patients benefit from medical and mental health assessments, and engage in in-class mental health and individualized academic programming.

CASA Classroom goals include providing diagnostic clarity, a streamlined process to trial or adjust medications for symptom management, treatment and integrated support to promote mental health, understanding the impacts of mental illness, and learning the resources available to promote ongoing mental health in the community.

Therapeutic Services

The CASA Classrooms team consists of: school teachers (hired by the school division), therapy support assistants, mental health therapists, psychiatrists, therapy support navigators, a registered nurse and a clinical manager. Access to multi-disciplinary team members such as occupational therapists and speech-language pathologists is also available as-needed.

Therapeutic modalities include:

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

Step-Up and Step-Down Services While in Programming

CASA Classrooms are part of the provincial child and youth mental health service continuum of care designed to provide treatment to children and 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 school or community-level mental health 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 beyond those available in CASA Classrooms, referrals will be supported to tertiary care programs at CASA and the regional health authority. Targeted tertiary-level supports available could also be considered for referral. This would be based on location, history of previous services and the results from the assessments conducted in the early stages of the classrooms program.

Transition Services at Discharge

During the second half of the school year, patients and receiving school staff are supported by the CASA Classroom transition team in a prolonged and integrated transition process. Patients are supported in the receiving school with the goal of implementing strategies and practices which proved helpful in the CASA Classrooms setting. Receiving school staff are supported through modelling, consultation 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.

Patients' families are supported with a range of psychoeducational programming, access to mental health professionals, and encouragement and personal connection, with the primary goal of supporting families' continued engagement in required community services.

Each classroom is allotted one mental health therapist and one therapy support assistant. Each geographic area is allotted one registered nurse, one professional practice lead - teacher, one professional practice lead - therapy, and one therapy support assistant (per two classrooms).

Each classroom is allotted 1 MHT, 1 TSA. Each geographic area is allotted 1 RN, 1 PPL Teacher, 1 PPL Therapy, 1 TSN/2 classrooms.

	2024-2025 Budget
Expenses	
Salary & Wages	11,989,681
Benefits	2,397,936
Total Salaries and Employee Benefits	14,387,617
Education,Conferences & Workshops	287,752
Office Materials & Supplies	225,000
Program Materials & Supplies	150,000
Travel & Subsistence	110,000
Clinical Consultation	513,226
Clinical Travel	50,000
Child & Family Supports	
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	1,335,978
Total Expenses	15,723,595

Position Name	FTE
Senior Manager	1.15
Program Manager	5.00
Project Admin	1.99
Professional Practice Lead/Clinical Educator	12.00
Mental Health Therapist Classrooms	26.10
Program Administration	3.87
Registered Psychiatric Nurse	6.96
Assessment Psychologist	3.40
Occupational Therapist	1.20
Speech Language Pathologist	1.20
Therapy Support Navigation	18.00
Therapy Support Assistant	26.10
Indigenous Professional Practice Lead	5.00
Indigenous Wellness Support Worker	6.50
Administration Manager	1.00
Billing Clerk (Admin II)	0.50
Mental Health Consultant	2.40
Grand Total	122.37

Mental Health Classrooms - Edmonton	
	2024-2025 Budget
Expenses	
Salary & Wages	3,159,736
Benefits	631,947

Total Salaries and Employee Benefits	3,791,683
Education,Conferences & Workshops	75,834
Office Materials & Supplies	67,500
Program Materials & Supplies	45,000
Travel & Subsistence	15,000
Clinical Consultation	118,298
Clinical Travel	10,000
Child & Family Supports	
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	331,632
Total Expenses	4,123,315

Position Name	FTE
Senior Manager	0.20
Program Manager	1.00
Administration Manager	1.00
Billing Clerk (Admin II)	0.50
Project Admin	0.50
Professional Practice Lead/Clinical Educator	3.00
Mental Health Therapist Classrooms	7.83
Program Administration	1.00
Registered Psychiatric Nurse	1.74
Assessment Psychologist	1.00
Occupational Therapist	0.40
Speech Language Pathologist	0.40
Therapy Support Navigation	4.00
Therapy Support Assistant	7.83
Indigenous Professional Practice Lead	1.00
Indigenous Wellness Support Worker	1.00
Grand Total	32.4

Mental Health Classrooms - North	
	2024-2025 Budget
Expenses	
Salary & Wages	2,103,330
Benefits	420,666
Total Salaries and Employee Benefits	2,523,996
Education,Conferences & Workshops	50,480
Office Materials & Supplies	30,000
Program Materials & Supplies	20,000

Travel & Subsistence	25,000
Clinical Consultation	40,033
Clinical Travel	10,000
Child & Family Supports	
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	175,513
Total Expenses	2,699,509

Position Name	FTE
Senior Manager	0.20
Program Manager	1.00
Project Admin	0.50
Professional Practice Lead/Clinical Educator	2.00
Mental Health Therapist Classrooms	3.48
Program Administration	0.50
Registered Psychiatric Nurse	1.74
Assessment Psychologist	1.00
Occupational Therapist	0.20
Speech Language Pathologist	0.20
Therapy Support Navigation	2.00
Therapy Support Assistant	3.48
Indigenous Professional Practice Lead	2.00
Indigenous Wellness Support Worker	2.00
Grand Total	20.3

Mental Health Classrooms - Central	
	2024-2025 Budget
Expenses	
Salary & Wages	2,802,262
Benefits	560,452
Total Salaries and Employee Benefits	3,362,715
Education,Conferences & Workshops	67,254
Office Materials & Supplies	52,500
Program Materials & Supplies	35,000
Travel & Subsistence	20,000
Clinical Consultation	118,298
Clinical Travel	10,000
Child & Family Supports	
Recreation	
Food & Kitchen	
Professional Fees	

Total Program Expenses	303,053
Total Expenses	3,665,768

Position Name	FTE
Senior Manager	0.25
Program Manager	1.00
Project Admin	0.33
Professional Practice Lead/Clinical Educator	3.00
Mental Health Consultant	0.80
Mental Health Therapist Classrooms	6.09
Program Administration	1.00
Registered Psychiatric Nurse	1.74
Assessment Psychologist	0.50
Occupational Therapist	0.20
Speech Language Pathologist	0.20
Therapy Support Navigation	5.00
Therapy Support Assistant	6.09
Indigenous Professional Practice Lead	1.00
Indigenous Wellness Support Worker	2.00
Grand Total	29.20

Mental Health Classrooms - Calgary	
	2024-2025 Budget
Expenses	
Salary & Wages	1,888,910
Benefits	377,782
Total Salaries and Employee Benefits	2,266,693
Education,Conferences & Workshops	45,334
Office Materials & Supplies	37,500
Program Materials & Supplies	25,000
Travel & Subsistence	25,000
Clinical Consultation	118,298
Clinical Travel	10,000
Child & Family Supports	
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	261,132
Total Expenses	2,527,824

Position Name	FTE
Senior Manager	0.25

Program Manager	1.00
Project Admin	0.33
Professional Practice Lead/Clinical Educator	2.00
Mental Health Consultant	0.80
Mental Health Therapist Classrooms	4.35
Program Administration	0.50
Registered Psychiatric Nurse	0.87
Assessment Psychologist	0.40
Occupational Therapist	0.20
Speech Language Pathologist	0.20
Therapy Support Navigation	3.00
Therapy Support Assistant	4.35
Indigenous Professional Practice Lead	0.50
Indigenous Wellness Support Worker	0.50
Grand Total	19.25

Mental Health Classrooms - South	
	2024-2025 Budget
Expenses	
Salary & Wages	2,035,442
Benefits	407,088
Total Salaries and Employee Benefits	2,442,530
Education,Conferences & Workshops	48,851
Office Materials & Supplies	37,500
Program Materials & Supplies	25,000
Travel & Subsistence	25,000
Clinical Consultation	118,298
Clinical Travel	10,000
Child & Family Supports	
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	264,649
Total Expenses	2,707,179

Position Name	FTE
Senior Manager	0.25
Program Manager	1.00
Project Admin	0.33
Professional Practice Lead/Clinical Educator	2.00
Mental Health Consultant	0.80
Mental Health Therapist Classrooms	4.35
Program Administration	0.87

Registered Psychiatric Nurse	0.87
Assessment Psychologist	0.50
Occupational Therapist	0.20
Speech Language Pathologist	0.20
Therapy Support Navigation	4.00
Therapy Support Assistant	4.35
Indigenous Professional Practice Lead	0.50
Indigenous Wellness Support Worker	1.00
Grand Total	21.22



3 CASA House Program

Who we can help:

CASA House is a voluntary, tertiary-level, CALOCUS Level Five inpatient 19-bed treatment facility that supports adolescents aged 12-17* and their families who have not been successfully treated in community settings. Adolescents who come to CASA House have complex needs, which could include severe mental health challenges, family dysfunction, school issues/avoidance, peer related issues, and social/economic challenges

**Youth can turn 18 during their stay.*

Projected number of children served annually by this program:

2024/25
Edmonton - 57

What happens in the program:

CASA House treatment goals include diagnostic clarification, symptom stabilization and functional improvement through treatment and timely transition back to a supportive community environment.

Youth and their families are provided with a thorough assessment, medication stabilization and/or evidence-informed individual and group psychotherapeutic treatments focusing on symptom management and improvement of functioning.

The youth and their family also participate in family therapy and multi-family therapy with other CASA House youth and families. These therapies focus on improving the caregiver-child relationship, implementing effective parenting strategies, and increasing the caregiver's understanding of their adolescent's diagnosis and knowledge of normal adolescent growth and development.

The average length of stay in the program is four months, with an additional eight to 12 weeks of follow-up post-discharge from the transitions team.

Therapeutic Services

The CASA House team consists of a variety of health and school-based professionals including: school teachers, mental health therapists and support staff, psychiatrists, nurses, allied health staff and transition 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 component of CASA House.)

Step-Up and Step-Down Services While in Programming

During a patient's treatment in program, the multidisciplinary team may determine, in conjunction with the family, that a different level of service is more appropriate to achieve the desired outcomes. CASA House works with

other programs and services to support patient transition, whether to a more (step-up) or less (step-down) intense program. CASA House supports patients with an increased level of acuity to be admitted to acute care services, and may return to CASA House once their acuity has reduced.

CASA House may also step-down 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.

Alternatively, some CASA House patients may require a high level of support before transitioning back to their home community mental health care provider and community school, and are stepped down into another service at the time of discharge.

Transition Services at Discharge

Prior to discharge from CASA House, the patient’s therapist will reach out to their community therapist for a warm handoff of services. Therapy support navigators (TSNs) will support the patient and family in their post-discharge transition into the community for up to eight weeks. Transition supports include check-ins by phone or in-person (where the TSN can support the patient and family to practise the skills learned in programming), as well as making the appropriate referrals to community resources.

	2024-2025 Budget
Expenses	
Salary & Wages	3,310,546
Benefits	617,109
Total Salaries and Employee Benefits	3,927,655
Education, Conferences & Workshops	78,553
Office Materials & Supplies	21,706
Program Materials & Supplies	23,511
Travel & Subsistence	
Clinical Consultation	17,280
Clinical Travel	
Child & Family Supports	4,000
Recreation	50,640
Food & Kitchen	113,281
Software & Subscriptions	1,380
Professional Fees	73,098
Total Program Expenses	383,449
Total Expenses	4,311,104

Position Name	FTE
Admin, Scheduler	1.00
Assessment Psychologist	0.50
Behavioral Specialist	1.00
Child Care Counsellor	7.18
Concurrent Counsellor	0.50
Cook II	1.62
Licensed Practical Nurse	11.56
Manager, Program	1.00

Mental Health Therapist	3.20
Occupational Therapist	0.45
Reception	1.00
Recreation Coordinator	2.00
Senior Manager	0.20
Speech Language Pathologist	0.20
Supervisor, Program	1.00
Therapy Support Navigator	1.80
Unit Lead	2.00
Unit, Supervisor	2.00
Grand Total	38.21

4 Children's Day Program

Who we can help:

The Children's Day Program (CDP) provides interdisciplinary diagnostic and therapeutic resources for children in grades three to six experiencing severe challenges managing or regulating their emotions and behaviour. This includes children who have been unable to participate meaningfully in their 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:

2024/25
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, medication management and consultation with the community school.

CDP's framework is evidence-based and focused on two key areas:

1. Enhancing emotional and behavioural regulation, academic learning, social competence and self-worth; and
2. Enhancing the ability of the 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 (occupational therapy, speech-language pathology 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 component of CDP

Step-Up and Step-Down Services While in Programming

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. Other programs such as Core, Family or Trauma programs may be accessed if more intensive care is required.

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. CDP staff may then work to connect the patient and family to community programs to build their natural support network.

	2024-2025 Budget
Expenses	
Salary & Wages	740,156
Benefits	148,031
Total Salaries and Employee Benefits	888,187
Education,Conferences & Workshops	17,764
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	
Professional Fees	1,333
Total Program Expenses	50,679
Total Expenses	938,866

Position Name	FTE
Assessment Psychologist	0.70
Classroom Behaviour Specialist Lead	1.00
Manager,Program	0.33
Mental Health Aide	3.48
Mental Health Therapist	1.00
Occupational Therapist	0.33
Occupational Therapy Assistant	0.25
Program Supervisor	0.33
Registered Psychiatric Nurse	0.50
Senior Manager	0.20
Speech Language Assistant	0.25
Speech Language Pathologist	0.35
Grand Total	8.72

5 Clinical Pathways

What are clinical pathways?

Clinical pathways are tools used to guide evidence-based healthcare aiming at translating clinical processes to maximize patient safety and clinical efficiency. In other words, clinical pathways are used to reduce variations in practice and align processes with evidence-based practice guidelines, operational efficiency and quality.

Clinical pathways are created to accomplish four goals:

1. Decreased care fragmentation
2. Optimized cost effectiveness
3. Improved patient throughput
4. Enhanced patient and family education

Clinical pathways are NOT clinical guidelines.

Who we help:

Internal pathways are primarily used by clinical CASA staff, and secondarily by community partners, to enhance and support their work in connecting patients and families in their mental health journey into, throughout, and out of CASA Mental Health programs. The pathways are created with staff and community partners to ensure they adequately reflect the proper channels and flow of patients.

External pathways enable CASA to identify and engage community health and social service providers in supporting CASA patients in their communities after discharge from CASA. The pathways inform providers about CASA in their community and CASA teams are informed about their services, including how to access. CASA also has an opportunity to establish partnership agreements that address legislation about information sharing and communication with its community partners. Some pathways may also include resources for families and siblings.

How staff can access the Clinical Pathway Development team:

If a CASA team is struggling with navigating the mental health system when they have patients and families that need to step-up or step-down in programming, they can access the request form (listed on CASA Connect).

Staff can expect a meeting with a Clinical Pathway Development team member to engage on current state process mapping into and out of their assigned CASA programs. Perspectives are gathered from clinical members as assigned by their reporting managers.

Program outputs will consist of clinical pathways from internal programs, stepping up or down to external options available within the zone inclusive of referral and contact information. Timelines are dependent on workload and prioritization.

Where this information is stored:

Internal pathways are stored on the intranet, with all information on the Clinical Pathway Development page, and program-specific pathways also on their respective program pages. External pathways are also stored on the Clinical Pathway Development page, and are shared with these community partners.

How Community Organizations are engaged:

Clinical Pathway Development staff work ahead of the expansion team to identify target communities, and engage in environmental and community scans to map out existing supports and how they are accessed within that community. Once expansion is confirmed, the team will reach out to identified potential partners to discuss expansion and referral pathways, and to formalize partnerships.

By working together with CASA staff and engaging in relationship building ahead of expansion, CASA can ensure long standing collaborative partners in the mental health journeys of patients, with the intention of sustainable and long-term supports for both patients and families. CASA is better able to quickly identify gaps and barriers in

services, and ideally help to create plans to limit the negative impact of these or create processes to avoid them entirely. Program outputs consist of community support matrices, along with individualized and detailed pathway information for each partner.

Projected communities to build pathways in:

2023/24	2024/25	2025/26
Edmonton Area - Internal pathways completed Community (FCSS/FRN) pathways completed PCN pathways completed Sturgeon County pathways Devon/Enoch pathways Northern Area - Central Area - Red Deer pathways Wetaskiwin pathways Calgary Area - Southern Area - Medicine Hat pathways	Edmonton Area - Northern Area - Grande Prairie pathways Fort McMurray pathways Central Area - Calgary Area - Community (FCSS/FRN) pathways completed PCN pathways completed Southern Area -	Edmonton Area - Northern Area - Central Area - Calgary Area - Southern Area -

	2024-2025 Budget
Expenses	
Salary & Wages	346,629
Benefits	69,326
Total Salaries and Employee Benefits	415,954
Education, Conferences & Workshops	8,319
Office Materials & Supplies	2,000
Program Materials & Supplies	1,000
Travel & Subsistence	20,000
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Software & Subscriptions	
Professional Fees	
Total Program Expenses	31,319
Total Expenses	447,273

Position Name	FTE
Clinical Pathway Specialist	2.00
Manager, Pathways	1.00
Senior Manager	0.20
Grand Total	3.20



6 Core Program

Who we can help:

The CASA Core program provides goal-oriented, voluntary community-based mental health services for children and adolescents aged three 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 service:

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

- Provides timely and flexible access to mental health care;
- Matches clinical presentation of the child/adolescent and their family with the appropriate level of clinical service, while acknowledging that patients 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;
- Actively includes the family in treatment; and
- Includes the child and family's school and community networks to provide a holistic approach.

Core's framework is evidence-based and focused on two key areas:

1. Developmental theory and brain development
2. Trauma-informed care

Therapeutic services

Core's services are provided by a multidisciplinary team including: psychiatrists, social workers, psychologists, occupational therapists, speech and language pathologists 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:

- Individual therapy (may include play-based and expressive arts approaches, cognitive behavioural therapy, dialectical behaviour therapy-informed, dyadic interventions, etc.);
- Therapeutic Crisis Intervention;
- Group therapy; and
- Educational sessions for caregivers.

The Core program recognizes that child and adolescent mental health develops in the context of relationships, and the Core program aims to support the relationships around the child or adolescent, including with the parent/caregiver, family and community. The Core team aims to promote the healthy development of the child, identify strengths and struggles, reduce the symptoms of mental illness, and to provide information and strategies that facilitate growth to the child and their caregivers. Core is committed to providing evidence-informed, patient-centered, strength and relationship-based approaches to mental health interventions that are sensitive and responsive to the diverse experiences of families. Treatment services are always provided within the framework of best practice.

Consultative Services

Within the Core program, the team provides consultative services to Child and Family Services, Home Visitation and Head Start service providers in the community working with children ages five and under. Core professionals provide consultation for individual children who are presenting with mental illness and their families, as well as general consultative services for a variety of children's mental health-related concerns. Core also provides capacity-building and support for staff from these organizations. When more intensive services are required, Core provides a direct pathway into clinical services, and these children may be connected with a mental health therapist for assessment and treatment.

Transition Planning

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.

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

	2024-2025 Budget
Expenses	
Salary & Wages	3,163,826
Benefits	632,765
Total Salaries and Employee Benefits	3,796,591
Education, Conferences & Workshops	75,932
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	
Professional Fees	
Total Program Expenses	151,811
Total Expenses	3,948,402

Position Name	FTE
Assessment Psychologist	1.83
Concurrent Counsellor	2.00
Manager, Clinical	2.00
Mental Health Therapist	18.28
Occupational Therapist	1.00
Program Support Specialist	1.00
Registered Nurse	2.00
Registered Psychiatric Nurse	0.80

Senior Manager, Clinical Operations	0.20
Speech Language Pathologist	0.40
Therapy Support Navigator	7.00
Grand Total	36.51



7 Family Therapy Program

Who we can help:

The Family Therapy program provides voluntary, community-based family therapy services for families of index patients between the ages of three 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 service of the recovery and healing of the index patient.

Projected number of children served annually by this program:

2024/25
440

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. Concurrent individual therapy for youth with other programs may occur to work with the family system holistically.

The Family Therapy program 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 Services

The Family Therapy Program comprises a multidisciplinary team including: social workers, psychologists, occupational therapists and a therapy support navigator. 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.

Transition Planning

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 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 higher-level program.

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 team's therapy support navigator may work to connect the index patient and their family to community programming that builds on their natural and formal support networks.

	2024-2025 Budget
Expenses	
Salary & Wages	824,512
Benefits	164,902
Total Salaries and Employee Benefits	989,414
Education,Conferences & Workshops	19,788
Office Materials & Supplies	2,000
Program Materials & Supplies	4,000
Travel & Subsistence	1,004
Clinical Consultation	17,280
Clinical Travel	
Child & Family Supports	2,000
Recreation	
Food & Kitchen	
Software & Subscriptions	
Professional Fees	10,000
Total Program Expenses	56,072
Total Expenses	1,045,487

Position Name	FTE
Concurrent Counsellor	0.50
Manager,Program	0.50
Mental Health Therapist	6.32
Senior Manager, Clinical Operations	0.20
Therapy Support Navigator	1.00
Grand Total	8.52

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

Who can we help:

Fetal Alcohol Spectrum Treatment, Resources and Community Support (FASTRACS) provides caregiver education and parent-child interaction sessions. This resource is for families with children ages three to 17 who have a possible or confirmed diagnosis of fetal alcohol spectrum disorder (FASD). Families must live in Edmonton or rural Indigenous communities. Caregiver education groups are six sessions in duration, followed by two parent-child interactional therapy sessions where indicated for children 12 years and younger. The Caregiver Education Program is offered twice per year (fall and late spring) in Edmonton and in rural Indigenous communities (Alexander, Alexis Nakoda Sioux, Enoch Cree and Paul First Nations).

Projected number of children served annually by this program:

2024/2025
60

What happens in this service:

The goal of this program is to provide caregivers with an increased understanding of FASD, while providing them strategies on how to manage their child's disability from a rehabilitation and mental health approach. The program emphasizes positive caregiver and child interaction and supports the mental health and wellness of the child and family. Caregivers also have access to a therapy support navigator to assist with resource navigation and funding.

The FASTRACS framework is evidence-based and focused on three key areas:

1. Application of current research in FASD;
2. Effective learning strategies for caregivers to build success across home, school and community; and
3. Reducing toxic stress for children through building upon strengths individually, within the family setting and the larger community.

Therapeutic Services

FASTRACS caregiver education and programming is provided by mental health therapists. Parent educators are also an integral support in building awareness and capacity both locally and in rural Indigenous communities.

Therapeutic modalities and interventions include:

- Caregiver management, education and training
- Child-parent relational therapy approaches
- Theraplay based approaches

Step-Up and Step-Down Services While in Programming

Caregivers can be referred to regional mental health services or First Nations, Metis and Inuit mental health programs. Therapy support navigators provide service navigation to caregivers to ensure the child is connected to the right services.

	2024-2025 Budget
Expenses	
Salary & Wages	160,114
Benefits	32,023
Total Salaries and Employee Benefits	192,137

Education,Conferences & Workshops	3,843
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	
Total Program Expenses	15,843
Total Expenses	207,980

Position Name	FTE
Director, Diversity and Belonging	0.20
Manager, Clinical	0.25
Senior Manager	0.25
Therapy Support Navigator	1.00
Grand Total	1.70



9 First Nations, Inuit and Métis Mental Health Program

Who can we help:

First Nations, Métis and Inuit (FNMI) services provides direct Indigenous-informed and culturally-integrated mental health care to Indigenous children, adolescents and their families residing in or connected to Alexander, Alexis Nakota Sioux, Enoch Cree and Paul First Nation communities. Holistic mental health care provided by the FNMI multidisciplinary team includes the incorporation of traditional Indigenous wellness practices, cultural knowledge and world views with western approaches to assessment, treatment, consultation and programming.

Projected number of children served annually by this program:

2024/2025
150

What happens in this service:

The goal of FNMI services is to provide equitable access to quality mental health services for rural First Nation communities, while recognizing the historical impacts of colonialism and the over-representation of Eurocentric world views and values in the mental health care of Indigenous children, adolescents, families and communities. FNMI services provide timely mental health care that is Indigenous-informed, culturally-inclusive, trauma-focused and patient and family-centred.

Therapeutic Services

The multidisciplinary team is comprised of a mix of clinical and non-clinical staff that provide a variety of recovery-focused and resiliency-oriented interventions. Treatment is multi-faceted and provided by mental health therapists and consulting psychiatrists, as well as supported by a range of non-clinical staff, concurrent counsellors, therapy support navigators and family liaisons.

Therapeutic modalities and interventions include:

- Traditional ceremony, wellness and land based practices
- Traditional kinship and parenting models
- Cognitive behavioral therapy (CBT)
- Trauma therapy
- Caregiver psychoeducation and support
- Child-parent relational therapy
- Play-based therapies
- Art-based therapies
- Social emotional skills training
- Addictions counselling
- Other adjunctive therapies when indicated (occupational therapy, speech-language pathology)

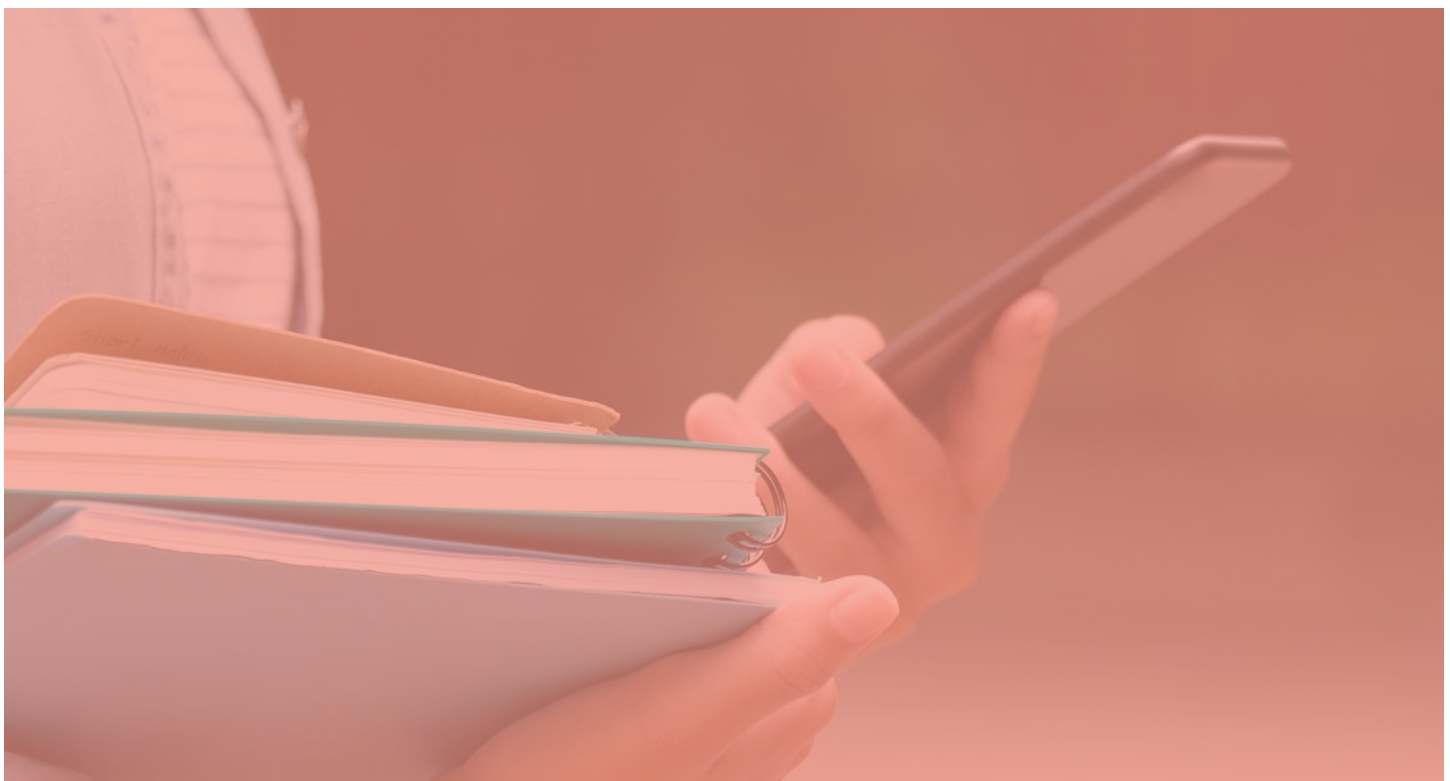
Step-Up and Step-Down Services While in Programming

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, day programs, CASA Classrooms, Family or Trauma Services may be accessed if a more intensive service is required.

	2024-2025 Budget
Expenses	
Salary & Wages	842,392

Benefits	168,478
Total Salaries and Employee Benefits	1,010,871
Education,Conferences & Workshops	20,217
Office Materials & Supplies	7,000
Program Materials & Supplies	15,000
Travel & Subsistence	30,000
Clinical Consultation	15,000
Clinical Travel	10,000
Child & Family Supports	20,000
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	117,217
Total Expenses	1,128,088

Position Name	FTE
Concurrent Counsellor	1.00
Director, Diversity and Belonging	0.20
Executive Assistant I	1.00
Manager, Clinical	0.75
Mental Health Therapist	4.00
Senior Manager, Clinical Operations	0.25
Therapy Support Navigator	2.00
Grand Total	9.20



Indigenous Services - Comprehensive School-Based Mental Health Program

Who can we help:

Comprehensive School Health is an evidence-informed framework developed to support child and adolescent mental health and well-being. The Comprehensive School-Based Mental Health Program is delivered in partnership with First Nation school divisions to provide children and adolescents from the Alexander, Alexis Nakoda Sioux, Enoch Cree and Paul First Nations with access to culturally-integrated, trauma-informed mental health education and intervention services.

Projected number of children served annually by this program.

(Universal programming-tier one):

2024/2025
795

(Targeted group programming-tier two):

2024/2025
40

(Individualized intervention-tier three):

2024/2025
20

What happens in this service:

Utilizing the Response to Intervention model (RTI), the program supports CASA's school division partners with the development and implementation of a multi-tiered service model of intervention. Tier one includes the implementation of universal mental health prevention and promotion programming to increase mental health literacy, reduce stigma and promote healthy coping and help seeking behaviours. Tier two includes providing access to targeted interventions for students identified at elevated risk as a result of capacity building with school staff, further reducing the need for specialized services. Tier three provides direct access to specialized intervention for those requiring individualized mental health treatment, including access to the Specialized Therapeutic Classroom. Beyond the development of a comprehensive school-based mental health service model, the Indigenous Services team works with school division partners to support the provision and sustainment of these services.

Wellness Coach Program

The CASA Wellness Coach program focuses on the development and delivery of universal capacity-building initiatives that will support increased mental health literacy in all students and school staff. The Wellness Coach delivers tier one evidence-informed, developmentally-appropriate, universal mental health promotion and prevention programming to increase mental health literacy, reduce stigma and promote positive coping in children and adolescents attending partner First Nation schools. The wellness coach works as a primary tier two intervention, building meaningful relationships with students through daily interactions and the delivery of targeted group programming. As part of the school wellness team, the wellness coach provides consultation to school staff and works to promote the daily integration of social-emotional learning and asset-building strategies taught in the classroom.

Wrap-Around Services

Wrap-around services are provided to Indigenous children, adolescents and their families through collaborative partnerships with school wellness teams. Wrap-around services vary and are based on internal and external service providers operating in the school setting. CASA First Nation, Metis and Inuit (FNMI) Services dedicates the support of a mental health therapist, concurrent counsellor and family liaison.

Specialized Therapeutic Classroom

The Specialized Therapeutic Classroom (STC) is a medically-integrated, trauma and recovery-focused, culturally-inclusive, school-based mental health program supported by a team of mental health professionals, a specialized teacher and support staff. The multidisciplinary team works to develop individualized treatment and programming tailored to the child/adolescent's mental health and academic needs. The STC will provide assessment, social-emotional learning and individualized mental health and academic services to identified children and youth that are unable to function in a regular classroom setting due to presenting mental health concerns. All aspects of the program involve the patient and their caregiver(s). The inclusion of the child/adolescent's natural support network is essential to managing their mental health and supporting their long-term well-being. Participants, caregivers and school staff will receive psychoeducation training to increase their understanding of mental health to promote healthy coping and support successful school reintegration and transitions to aftercare services. Transition and school reintegration is based on individual readiness, and includes strategic care planning with school administration and teachers, and the tapering of treatment and transition to secondary interventions or community-based services. STC operates under a rolling admission based on therapeutic milieu and provides assessment, treatment and transitional support for up to six patients at one time.

Service Delivery:

Universal programming and wrap-around mental health services are provided directly in First Nation schools and are accessible to children of all grade levels. The Specialized Therapeutic Classroom provides intensive mental health assessment and treatment to adolescents grades seven through nine.

All services are evidence-informed, culturally-integrated, patient-centred, developmentally-appropriate, and trauma and recovery focused.

Treatment and Services include:

- Comprehensive and culturally-informed assessment
- Diagnostic clarity
- Milieu therapy
- Individualized treatment
- Addictions counselling
- Trauma and attachment focused approaches
- Traditional ceremony, wellness and land-based practices
- Traditional kinship and parenting models
- Targeted and indicated group programming
- Referrals to relevant community and social supports
- Supported transition to community and after care services
- Caregiver/guardian psychoeducation and support
- Universal mental health prevention programming
- Social emotional learning/literacy
- Professional development for school division administrators, staff and teachers

Step-Up and Step-Down Services While in Programming:

Services are provided in partnership with First Nation schools. Students may be referred to FNMI services or other CASA programs for external intensive clinical mental health intervention when required.

The Comprehensive School-based Mental Health program is part of a larger community mental health initiative. This initiative includes a phased approach over a three year term. The first phase includes the development of collaborative relationships with service providers, community members, Elders and knowledge keepers, an environmental scan to identify gaps in care, and implementation of the comprehensive school-based mental health program. The second phase focuses on addressing service gaps in the community and supporting the

continuum of supports in schools. The third phase aims to support the long-term self-sustainment of these mental health care systems.

	2024-2025 Budget
Expenses	
Salary & Wages	782,395
Benefits	156,479
Total Salaries and Employee Benefits	938,874
Education, Conferences & Workshops	18,777
Office Materials & Supplies	2,500
Program Materials & Supplies	20,000
Travel & Subsistence	20,000
Clinical Consultation	17,500
Clinical Travel	10,000
Child & Family Supports	25,000
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	113,777
Total Expenses	1,052,651

Position Name	FTE
Director, Diversity and Belonging	0.20
Manager, Clinical	2.00
Mental Health Aide	1.00
Mental Health Therapist	1.00
Senior Manager	0.25
Success Coach	2.00
Therapy Support Navigator	2.00
Grand Total	8.45

11 Pediatric Psychiatric and Medical Program

Who we can help:

CASA's Pediatric Psychiatric and Medical Program will provide intensive, medically-monitored, community-based psychiatric care for children and adolescents ages three to 17 who have complex, chronic mental health disorders.

Projected number of children served annually by this program:

2024/25
Edmonton - 300

What happens in the program:

The program will provide services through a two-phased approach.

Phase One - Complex and Chronic Medical Management:

The program will provide long-term support for children and youth experiencing complex, chronic mental health disorders that required ongoing psychiatric and multidisciplinary team oversight.

Phase Two - Expanded Populations for Complex Medical Management and Direct to Psychiatry Referral Pathway:

The program will expand to support a direct-to-psychiatry referral pathway for consultation as well as management for underserved, complex populations such as children and youth with lower cognitive function, low functioning autism, complex tics associated with Tourette Syndrome and other psychiatric disorders that significantly impair function.

Therapeutic Services

The Pediatric Psychiatric and Medical Program will consist of a multidisciplinary team including psychiatrists, CanREACH-trained family physicians and pediatricians, other specialist physicians, mental health therapists, nurses, therapy support navigators, physician support associates and a pharmacist.

	2024-2025 Budget
Expenses	
Salary & Wages	456,511
Benefits	91,302
Total Salaries and Employee Benefits	547,814
Education, Conferences & Workshops	10,956
Office Materials & Supplies	4,000
Program Materials & Supplies	2,500
Travel & Subsistence	5,000
Clinical Consultation	10,000
Clinical Travel	
Child & Family Supports	2,000
Recreation	
Food & Kitchen	
Software & Subscriptions	

Professional Fees	
Total Program Expenses	34,456
Total Expenses	582,270

Position Name	FTE
Manager, Clinical	1.00
MOA Lead	1.00
Physician Support Specialist	3.0
Registered Nurse	1.00
Senior Manager	0.20
Grand Total	6.20

12 Preschool Day Program

Who we can help:

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

Projected number of children served annually by this program:

2024/25
18

What happens in the program:

The program is intended to provide intensive family-centred diagnostic review and therapeutic education, developmental intervention and clinical care in a specialized early childhood setting. Children attend two full days a week for the 10-month school year, either Tuesdays and Thursdays or Wednesdays and Fridays. There is a maximum class size of nine children.

PDP's framework is evidence-based and focused on four key areas:

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

Therapeutic Services:

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:

- Enhance 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 modalities include:

- Diagnostic review
- Medication review
- Occupational therapy group
- Speech-language pathology 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. Other programs such as Core, Family or Trauma programs may be accessed if more intensive care is required.

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.

	2024-2025 Budget
Expenses	
Salary & Wages	380,929
Benefits	76,186
Total Salaries and Employee Benefits	457,115
Education, Conferences & Workshops	9,142
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
Total Program Expenses	74,122
Total Expenses	531,237

Position Name	FTE
Manager, Program	0.33
Mental Health Therapist	1.00
Occupational Therapist	0.34
Occupational Therapy Assistant	0.25
Program Supervisor	0.33
Registered Psychiatric Nurse	0.50
Senior Manager	0.20
Speech Language Assistant	0.25
Speech Language Pathologist	0.35
Therapy Assistant	0.87
Grand Total	4.42

Who we can help:

The Clinical Practice team provides consultation, education, training, and skills coaching and supervision to mental health professionals within CASA as well as the rural regions. The program goal is to enhance the knowledge and skill of clinicians in the field of children's mental health.

Projected number of education presentations/training sessions delivered:

2024/25	2025/26	2026/27
40	40	40

Projected number of participants:

2024/25	2025/26	2026/27
700	700	700

Projected number communities reached:

2024/25	2025/26	2026/27
20	20	20

What happens in the service:**Stream 1: Rural Consult Services**

The Rural Consult Services team provides education and training on mental health topics to both novice and experienced therapists with the goal of increasing their knowledge, skills and attitudes, competencies and sense of mastery in children's mental health therapy, assessment and treatment.

Other goals include:

- Mentoring new therapists to increase their capacity, as well as prevent staff turnover and burnout.
- Supporting the development of communities of practice among children's mental health therapists in rural Alberta.
- Fostering sustainable growth in children's mental health practice and the availability of diverse therapeutic services in Alberta's small/remote communities.
- Supporting the needs of Indigenous communities in a culturally and spiritually-sensitive and inclusive way.

Key activities for Rural Consult Services include:***Orientation to Child and Adolescent Mental Health***

The Rural Consult Services offers orientation to practice support for novice clinicians through a series of individual or group sessions related to foundational topics in children's mental health. This service is targeted towards new children's mental health therapists. Participants can self-refer or be referred by their supervisor.

Clinical Consultation

Mental health consultants offer consultation related to clinical service provision to patients (infant to early adulthood) and their families. Consultation involves discussing specific clinical cases and integrating theoretical knowledge and tangible strategies to support therapeutic services. Group consultation is available and promotes networking and sharing of resources and ideas as well as capitalizing on the wisdom of others in learning from one another.

Coaching

The team offers coaching to children's mental health therapists through self-referral or referral by their supervisor. Coaching provides an opportunity for professional development related to a specific skill set or intervention of clinical interest.

Education and Training

The team offers educational training events on a variety of theoretical, clinical and professional practice topics relevant to children's mental health. Each training event is customized to meet the needs of the requesting party and attendees. Training events are offered in-person or virtually. They can vary in length from one hour to several days depending on the topic, content and needs of the requesting party. The consultants utilize the following principles of adult education to create a safe and inviting environment that maximizes the potential for learning.

Communities of Practice (CoP)

The intent of the communities of practice venue is to engage therapists in social learning as a way of linking learning and theory from an educational training or focused topic area to practice. It also can increase professional growth and identity through therapist self-confidence, self-mastery of theoretical aspects, and development of methods, skills and practice knowledge.

Reflective Practice Forums

The team offers stand-alone sessions throughout the year related to specific clinical topics. Participants engage in reflection, networking and sharing of resources and ideas. Reflective Practice Forums are a collaborative training experience that harness the experiences and knowledge of participants. Didactic methods, as well as scenario-based discussions or other interactive learning activities, allow professionals to develop the skills required for treating specific diagnoses, and receive support and expertise from the Rural Consult Services team and others involved. This sharing of knowledge, expertise and resources, along with engagement in continuous learning allows therapists to provide comprehensive best practice approaches for their patients, and to manage diverse and complex mental health presentations. It thereby enhances the expertise in rural and remote areas reducing the need for out-of-town referrals.

Stream Two: Clinical Education

The Clinical Education team will provide education on mental health topics to all clinical staff with the goal of increasing their knowledge, skills and attitudes, competencies and sense of mastery in children's mental health therapy, assessment and treatment.

Other goals include:

- Mentoring new therapists to increase their capacity, as well as prevent staff turnover and burnout.
- Understanding the education needs of all clinical staff to ensure targeted education delivery.
- Providing group consultation and coaching.
- Developing clinical guidelines for CALOCUS.
- Assisting in the creation of CASA's supervision framework.

Key activities for Clinical Education include:

Orientation to Child and Adolescent Mental Health

The Clinical Educator will offer orientation to practice support for novice clinicians through a series of group sessions related to foundational topics in children's mental health. This service is targeted towards new children's mental health therapists who will be referred by their clinical manager. Group sessions will offer educational content, skills application, discussion, case studies, scenarios and an accompanying workbook with a resource list. Orientation sessions offer an opportunity for new clinicians to gain knowledge and a sense of community from a more senior clinician. Topics covered within orientation modules include child development, assessment and diagnosis, attachment, family systems, risk assessment, case conceptualization, treatment approaches and professional practice issues.

Group Consultation

The Clinical Educator will offer consultation related to clinical service provision to patients (infant to early adulthood) and their families. Consultation involves discussing specific clinical cases and integrating theoretical knowledge and tangible strategies to support therapeutic services. Group consultation promotes networking and

sharing of resources and ideas as well as capitalizing on the wisdom of others in learning from one another.

Group Coaching

The Clinical Educator will offer coaching to clinical staff through self-referral or referral by their clinical manager. Coaching provides an opportunity for professional development related to a specific skill set or intervention of clinical interest.

Clinical Education Calendar

Clinical Education has developed a clinical education calendar which offers a central location for all staff education and training opportunities. Clinical Education will also help support the facilitation of external training opportunities as identified by clinical managers. Each clinical program has access to external training opportunities; clinical education can help streamline this process. This will ensure training events are well-planned with clear communication to managers and staff via this calendar. This will also allow for equal training opportunities for all CASA clinical staff. These education events provide a myriad of benefits that contribute to personal and professional growth, fostering a dynamic and adaptive workforce.

Stream 3: Internal Supervision

The internal supervision team, along with professional practice leads, provide clinical supervision across various disciplines to support mental health therapists in meeting their college requirements for credentialing and maintaining/expanding CASA’s mental health therapist work force.

Clinical supervision activities include:

- Tailored guidance: Customized approach considering strengths, challenges, and goals.
- Reflective practice: Discussions for self-awareness and understanding of professional role.
- Feedback: Regular constructive feedback contributes to ongoing development.
- Skill building: Focuses on enhancing specific professional skills through training and support.
- Support: Acknowledges personal aspects of work, providing a safe space for concerns.
- Professional ethics: Ensures adherence to ethical standards and codes of conduct.
- Goal setting: Collaborates on setting short-term and long-term career goals.

Stream Four: Therapeutic Crisis Intervention (TCI)

The Therapeutic Crisis Intervention (TCI) is an evidence-based crisis management system used to implement minimal, non-invasive, trauma-informed crisis intervention strategies and practices organization-wide.

TCI activities include:

- TCI training implementation to meet clinical and non-clinical training needs across the organization.
- Regular and consistent TCI trainings and annual refreshers for staff to get certified and maintain TCI competency.

	2024-2025 Budget
Expenses	
Salary & Wages	1,238,659
Benefits	247,732
Total Salaries and Employee Benefits	1,486,391
Education, Conferences & Workshops	29,728
Office Materials & Supplies	2,500
Program Materials & Supplies	21,500
Travel & Subsistence	35,000
Clinical Consultation	
Clinical Travel	

Child & Family Supports	
Recreation	
Food & Kitchen	
Software and Subscriptions	14,600
Professional Fees	1,650
Total Program Expenses	104,978
Total Expenses	1,591,368

Clinical Practice	
Position Name	FTE
Clinical Educator	1.80
Clinical Supervisor	1.00
Director, Clinical Practice	1.00
Education Assistant	1.00
Professional Practice Lead, Nursing	1.00
Professional Practice Lead, Rehab	0.50
Professional Practice Lead, School Based Programming	1.00
Senior Manager	0.20
TCI Educator	1.00
Therapy Supervisor	3.00
Grand Total	11.50

Clinical Practice - Rural Services	
	2024-2025 Budget
Expenses	
Salary & Wages	504,892
Benefits	100,978
Total Salaries and Employee Benefits	605,870
Education,Conferences & Workshops	12,117
Office Materials & Supplies	2,000
Program Materials & Supplies	10,000
Travel & Subsistence	45,000
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Software and Subscriptions	
Professional Fees	
Total Program Expenses	69,117
Total Expenses	674,988

Clinical Practice - Rural Services	
Position Name	FTE
Education Assistant	1.00
Mental Health Consultant	3.23
Manager, Program	1.00
Grand Total	5.23



14 Trauma Program

Who we can help:

The Trauma program provides intensive, trauma- and attachment- focused, voluntary community based mental health services for children and adolescents aged 3 to 17 who have experienced complex developmental trauma and, as a result, are experiencing significant challenges with 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:

2024/25

Edmonton - 300

Calgary - 20

What happens in the program:

The Trauma Program delivers care in three streams:

Stream One: 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 Two: Trauma and Attachment Groups (TAG)

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.

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

Stream Three: Consultative Services

The Trauma program can provide one-time or limited session consultations with therapists from other mental health programs who are interested in building further trauma therapy components into the work with their patients.

The Trauma program is currently 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 which can be delivered on reserve.

Therapeutic Services

The Trauma program comprises of a core multidisciplinary team including psychiatrists, social workers, psychologists, occupational therapists, nurses and clinical support workers.

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/SmartMoves
 - Family therapy: attachment focused family therapy/dyadic developmental psychotherapy
 - Play-based therapies: sand play/attachment-focused play/non-directive play
 - Cognitive behavioural therapy (CBT)/dialectical behavior therapy
 - Motivational interviewing
 - Seeking safety;
- Family and caregiver coaching and psychoeducation
- Therapeutic Crisis Intervention.

Transition Planning

During a patient’s treatment in the program, the multidisciplinary team may determine, in conjunction with the family, that a different level of service may be required.

Step-down services 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. Program staff 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.

	2024-2025 Budget
Expenses	
Salary & Wages	1,676,080
Benefits	335,216
Total Salaries and Employee Benefits	2,011,296
Education, Conferences & Workshops	40,226
Office Materials & Supplies	8,000
Program Materials & Supplies	12,000
Travel & Subsistence	36,054
Clinical Consultation	34,560
Clinical Travel	
Child & Family Supports	4,000
Recreation	
Food & Kitchen	
Software & Subscriptions	
Professional Fees	
Total Program Expenses	134,840
Total Expenses	2,146,136

Position Name	FTE
Administrative Assistant	0.50
Assessment Psychologist	0.20
Concurrent Counsellor	0.50
Manager,Program	1.50
Mental Health Therapist	9.60
Registered Nurse	1.50
Senior Manager	0.45
Therapy Support Navigator	3.00
Grand Total	17.25

Trauma - Edmonton	
	2024-2025 Budget
Expenses	
Salary & Wages	1,019,456
Benefits	203,891
Total Salaries and Employee Benefits	1,223,347
Education,Conferences & Workshops	24,467
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	
Professional Fees	
Total Program Expenses	59,294
Total Expenses	1,282,641

Position Name	FTE
Concurrent Counsellor	0.50
Manager,Program	0.50
Mental Health Therapist	6.60
Registered Nurse	1.00
Senior Manager	0.20
Therapy Support Navigator	2.00
Grand Total	10.80

Trauma Calgary	
	2024-2025 Budget
Expenses	

Salary & Wages	656,624
Benefits	131,325
Total Salaries and Employee Benefits	787,949
Education,Conferences & Workshops	15,759
Office Materials & Supplies	4,000
Program Materials & Supplies	6,000
Travel & Subsistence	30,507
Clinical Consultation	17,280
Clinical Travel	
Child & Family Supports	2,000
Recreation	
Food & Kitchen	
Software & Subscriptions	
Professional Fees	
Total Program Expenses	75,546
Total Expenses	863,495

Position Name	FTE
Administrative Assistant	0.50
Assessment Psychologist	0.20
Manager,Program	1.00
Mental Health Therapist	3.00
Registered Nurse	0.50
Senior Manager	0.25
Therapy Support Navigator	1.00
Grand Total	6.45

15 Integrated Concurrent Care (ICC)

Who we can help:

Integrated Concurrent Care (ICC) serves children and youth ages seven to 18 who are either at risk of developing or who meet criteria for a substance use disorder or behavioural 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:

2024/25
325

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

If co-occurring substance or process use is identified, ICC will be offered as an additional clinical resource for the patient, family/caregiver or both.

The following clinical programs in CASA are supported by a concurrent counsellor: Core, Trauma program, Family Therapy program, Adolescent Day Program and CASA House.

What happens in the service:

Stream One: 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 may be assigned both a concurrent counsellor and a mental health therapist (MHT). Alternately, the MHT can refer to the counsellor upon completion of their initial assessment. The MHT and concurrent counsellor engage with the patient and family collaboratively to ensure cohesive treatment planning, role clarity and quality care provision.

Stream Two: Parallel or Sequential Concurrent Care

This stream may be explored if integrated concurrent care is prohibitively difficult to arrange or if the MHT is nearing completion of their work but concurrent concerns are starting to present. Other examples may include physician-only patients, or for waitlist management where addictions-related concerns have been identified as a significant area of concern and the patient may benefit from earlier intervention.

Stream Three: Consultative Services

A. Clinician-to-Clinician Consultation

The Integrated Concurrent Care 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 for clinicians wanting to upskill their concurrent care knowledge.

C. Concurrent Care Parent Coaching Consultation

Limited caregiver coaching sessions with a concurrent counsellor can 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 counsellor. Depending on level of need, this may be provided through individual sessions or a group psychoeducational format.

Stream Four: Concurrent Care Groups

A. Caregiver Coaching (Group Sessions)

Concurrent counsellors will lead caregiver psychoeducational groups to discuss caregiver strategies to manage complex concurrent presentations in the home. If patients are connected with an MHT, the concurrent 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

A variety of groups will be offered as required by the Concurrent Counsellor program. Psychoeducational groups to provide knowledge about substance and process use, build skills to reduce use and more effectively manage the risks associated with substance use, develop healthy coping strategies, and support recovery will be offered in all programs.

ICC strives to support patients and their families in the following areas:

- Abstain or reduce addictive behaviours.
- Improve personal, social, academic/occupational and family/caregiver functioning.
- Improve mental and physical health.
- Reduce risky or self-harming behaviors.
- Identify triggers/risk factors, develop adaptive coping strategies and co-create comprehensive relapse prevention plans.
- Equip caregivers with strategies to support their child/youth and manage risk 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

	2024-2025 Budget
Expenses	
Salary & Wages	249,259
Benefits	43,092
Total Salaries and Employee Benefits	292,350
Education, Conferences & Workshops	5,847
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	
Total Program Expenses	7,847
Total Expenses	300,197

Position Name	FTE
Professional Practice Lead, Systems Navigation and Concurrent Care	1.00
Senior Manager	0.20
Grand Total	1.20

16 Indigenous Wellness Support Services (IWSS)

Who we can help:

As part of CASA Mental Health’s ongoing commitment to truth and reconciliation, Indigenous Wellness Support Services (IWSS) provides consultation, education and training for CASA staff with additional culturally-integrated services available for patients. IWSS is also integral to the provision of Indigenous-informed service delivery provided by the First Nation, Metis and Inuit Services team. Further to improving the mental health care of Indigenous children, adolescents and their families, IWSS provides professional development and learning opportunities to community school divisions and service providers operating in Alexander, Alexis Nakota Sioux, Enoch Cree and Paul First Nations.

Projected number of children served annually by this program:

2022/2023	2023/2024	2024/2025	2025/2026	2026/2027

What happens in this service?

Through consultation, education and training, IWSS works to increase understanding of Indigenous cultures, histories, world views and wellness practices to support holistic approaches to patient care as an integrated part of treatment. To support Indigenous Service’s ability to provide Indigenous-informed mental health care and programming, IWSS works closely with the Wisdom Committee (comprised of Elders, knowledge keepers, those with lived experience and those CASA serves from its partner First Nation communities) to inform the framework and therapeutic practice. IWSS also works with CASA’s First Nation partners to improve the continuum of care in their communities through consultation, professional development and training.

Our framework is evidence-based, Indigenous-informed and focused on:

1. Truth and reconciliation
2. Indigenous epistemologies, cultures, worldviews, and traditions
3. Traditional Indigenous models, methodologies and approaches to holistic mental health care
4. Trauma-informed and recovery focused service delivery
5. Applications of current brain science and neurodevelopment towards a strength and resiliency-based approach.

Service Delivery:

The IWSS team is comprised of professional practice leads, Indigenous wellness support specialists, Indigenous wellness practitioners, and contracted knowledge keepers and Elders who have cultural understanding and knowledge of Indigenous traditions, ceremonies and wellness practices. The IWSS team provides consultative services and educational opportunities to CASA programs, teams and staff as well as CASA’s First Nation community partners.

Step-Up/Step-Down Care:

Services are accessible to all CASA programs and teams. IWSS also supports service and program navigation.

	2024-2025 Budget
Expenses	
Salary & Wages	485,059
Benefits	97,012
Total Salaries and Employee Benefits	582,071

Education,Conferences & Workshops	11,641
Office Materials & Supplies	2,500
Program Materials & Supplies	35,000
Travel & Subsistence	10,000
Clinical Consultation	
Clinical Travel	
Child & Family Supports	10,000
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	69,141
Total Expenses	651,212

Position Name	FTE
Director, Diversity and Belonging	0.20
Indigenous Wellness Support Specialist	1.00
Indigenous Wellness Support Specialist	1.00
Indigenous Wellness Support Specialist I	1.00
Professional Practice Lead, Cultural	1.00
Professional Practice Lead, Indigenous Services	1.00
Senior Manager	0.25
Grand Total	5.45



17 Privacy and Health Information

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

Provides 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

Provides 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 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;
- creating new programs, templates, and appointment types in EMR;
- updating EMR form and letter templates;
- creating and updating EMR procedures and clinical forms on CASA Connect; and
- managing Netcare access and Ocean appointment reminders.

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. The Privacy team also:

- 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;
- provides privacy training to all staff (new hire, refresher and continued education);
- works with clinical staff to determine appropriate time to complete Privacy Impact Assessments;
- liaises with the Office of the Information and Privacy Commissioner and other health organizations as necessary;
- provides sound advice when responding to privacy consultations;
- responds to inquiries based on legislative and regulatory requirements;
- defines and implements privacy best practices and standards in concert with information security provisions;
- audits activities within the EMR to verify against unauthorized access to patient information;
- responds to requests for access and disclosure of health information in accordance with the Health Information Act;
- creates, maintains and updates health information policies and procedures as necessary and to support accreditation.

	2024-2025 Budget
Expenses	
Salary & Wages	1,041,623
Benefits	203,655
Total Salaries and Employee Benefits	1,245,278
Education, Conferences & Workshops	24,438
Office Materials & Supplies	1,025
Program Materials & Supplies	16,400
Travel & Subsistence	
Subscriptions & Software	169,308
Professional Fees	
Total Program Expenses	211,171
Total Expenses	1,456,449

Position Name	FTE
Electronic Medical Records (EMR) Coordinator	2.80
Health Records Clerk	1.00
Intake Services	2.80
Manager, Health Information and Privacy	1.00
Privacy Advisor	2.00
Reception	6.50
Senior Health Records Clerk	1.00
Grand Total	17.10

18 Psychological Assessment and Consultation Team (PAC)

Who we can help:

The Psychological Assessment and Consultation team (PAC) provides consultation, specialized assessment and classroom observations to CASA families and care teams when children and adolescents struggle with learning and mental health. Cognitive functioning, learning, executive functioning and/or concurrent mental concerns can hinder progress in treatment. PAC strives to provide assessment and consultation services to help patients, caregivers and care teams to better understand a child's cognitive, academic and emotional/behavioural/social strengths and challenges to aid in clarity and direction for treatment planning and goals. PAC provides recommendations for further intervention or accommodations to a child's environments for caregivers, educators or the care team to implement to help support the child's learning and mental health. Ultimately, PAC aims to reduce barriers to specialized services, increase the understanding of how a child learns and understands information, help families advocate for their children, ensure that appropriate academic supports are in place, share information with community providers, and establish linkages with community organizations.

Projected number of children served annually by this service:

2024/25
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 the 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 the patient's treatment team. Assessment results and recommendations support treatment planning within CASA and the transition back into and programming in the community.

What happens in the service:

Stream One: 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.

Stream Two: 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 the child's 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 caregivers, schools and daycares.

Stream Three: 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 the implementation of the information into treatment, home and school environments. Report translation may also lead to further recommendations for assessment and/or observation.

Stream Four: Assessment

PAC offers specialized assessments, when required, that cater 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 and school programming, and enhance understanding of a child's strengths and needs.

	2024-2025 Budget
Expenses	
Salary & Wages	387,931
Benefits	77,586
Total Salaries and Employee Benefits	465,517
Education, Conferences & Workshops	9,310
Office Materials & Supplies	2,000
Program Materials & Supplies	20,000
Travel & Subsistence	6,000
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Software & Subscriptions	
Professional Fees	
Total Program Expenses	37,310
Total Expenses	502,827

Position Name	FTE
Assessment Psychologist	1.00
Classroom Behaviour Specialist	0.87
Professional Practice Lead, Assessment and Consultation	1.00
Psychological Assistant	1.00
Senior Manager	0.20
Grand Total	4.07

19 Rehabilitation Services

Who we can help:

Patients actively receiving services within CASA programs who may also have difficulties with fine motor, gross motor, sensory, speech, language, communication or related developmental skills. Concurrent difficulties in these areas may hinder progress in CASA treatment and require diagnostic clarification, when concurrent with mental health difficulties. Rehabilitation Services (RHS) strives to provide assessment and consultation services in order to help patients, caregivers and CASA program teams better understand a child's motor, language and sensory development, and it's relation to social/emotional, behavioral and mental health conditions. RHS provides recommendations for further assessment and intervention, and strategies for caregivers, therapists, care teams and educators to help support the child's development in these areas.

Projected number of patients served annually by this service:

	2024/25
SLP	78
OT	104

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

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

Tertiary programs: Occupational therapy (OT) and speech-language pathology (SLP) services are directly embedded within some of these programs. Occupational therapists and speech-language pathologists work directly with patients and their families (within classroom and parent meetings) and are part of case conferences and discharge meetings.

What happens in the service:

Stream One : 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 Two: Intervention

Rehabilitation Services offers OT and SLP intervention as needed to tertiary programs where RHS services are embedded into programming (Preschool Day Program and Children's Day Program). Intervention may be provided individually or within a group context, or may be carried out by an assistant under the direct supervision of the SLP/OT. For other tertiary programs where OT/SLP services are not embedded within programming (Adolescent Day Program and CASA House), intervention plans may be created for the program or home to implement.

Stream Three: Consultation

Rehabilitation Services offers consultation and report translation 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. RHS provides recommendations about accommodations/supports and

strategies to promote development or improve functional performance in a variety of environmental contexts. RHS also offers interpretation of previous OT/SLP reports 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.

Budget

All Rehabilitation Services expenses are embedded into the allocated program budgets - ADP, CDP, PDP, Core, Classrooms and Clinical Practice.

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	0.87
Occupational Therapist 1.45 Allocated to Tertiary 0.45 Allocated to Core 0.10 Allocated to Classrooms	2.00
Occupational Therapy Assistant - Allocated across Tertiary & Core	0.87
Professional Practice Lead, Rehab	0.5
Grand Total	5.74



20 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. The program improves the patient's journey through CASA, as well as the service providers experience at CASA by way of ensuring the right patient is accessing the right program.

Projected number of children served annually by this service Triage, Transition:

2024/25
Triage - 200 Transition - 100

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

Triage Intake services is the formal entry point for new patients embarking on their mental health journey through CASA'S array of community services and programs. It is the first step towards integrated mental health care. Triage safeguards a standardized process and pathway that supports seamless flow of patients and families to receive the most appropriate service at the most appropriate time. The transition program collaborates with CASA internal programs to develop transition care plans with patients/families, and fosters community partnership for seamless transition (warm hand off) for continuity of care.

What happens in the service:

Services are provided by a specialized multidisciplinary team including: psychiatrists, therapy support navigators, mental health therapists and nurses. Together, these professionals work collaboratively to offer individual support and treatment, psychoeducation and group support based on patient needs with the goal of facilitating and supporting continuity of care. Using a strengths-based approach, the team creates an individualized plan to meet the unique needs and goals of each family as they continue their mental health journey.

Triage:

- Clinical/psychiatric assessment and diagnosis
- Health promotion/harm reduction interventions

Transition Services

- Consultation with families directly to assess individual needs in relation to mental health transition
- Parent coaching
- Assistance with external program referrals and applications
- Identification of natural supports
- May work with families on site, at home or in the community
- Provision of psychoeducational groups
- Provision of community warm hand-off

Therapeutic Services

Therapeutic modalities include:

- Pharmacotherapy
- Solution-focussed therapy
- Motivational interviewing
- Strengths-based and resiliency approaches

	2024-2025 Budget
Expenses	
Salary & Wages	1,063,284
Benefits	212,657
Total Salaries and Employee Benefits	1,275,941
Education,Conferences & Workshops	25,519
Office Materials & Supplies	4,000
Program Materials & Supplies	2,500
Travel & Subsistence	5,000
Clinical Consultation	10,000
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Software & Subscriptions	20,000
Professional Fees	
Total Program Expenses	67,019
Total Expenses	1,342,960

Position Name	FTE
Manager, Program	0.50
Mental Health Nurse	1.40
Mental Health Therapist	2.60
Registered Nurse	2.00
Therapy Support Navigator	7.00
Senior Manager	0.20
Grand Total	13.70



Appendix B

CASA Mental Health Business Operations

Office of the Chief Executive Officer

	2024-2025 Budget
Expenses	
Salary & Wages	471,526
Benefits	84,505
Total Salaries and Employee Benefits	556,031
Education, Conferences & Workshops	13,459
Office Materials & Supplies	
Program Materials & Supplies	
Travel & Subsistence	10,000
Clinical Consultation	112,922
Board Expenses	30,000
Legal	25,000
Professional Fees	
Total Program Expenses	191,381
Total Expenses	747,412

Position Name	FTE
Chief Executive Officer	1.00
Executive Assistant	1.00
Director, Medical	1.00
Executive Assistant - Board of Directors	1.00
Grand Total	4.00

Business Intelligence and Evaluation

	2024-2025 Budget
Expenses	
Salary & Wages	1,063,494
Benefits	202,699
Total Salaries and Employee Benefits	1,266,193
Education, Conferences & Workshops	24,324
Office Materials & Supplies	5,000
Program Materials & Supplies	6,750
Software Licenses	4,700
Travel & Subsistence	5,000
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Recreation	
Food & Kitchen	
Professional Fees	
Total Program Expenses	45,774
Total Expenses	1,311,966

Position Name	FTE
Business Intelligence Analyst	1.00
Business Intelligence Lead	1.00
Clinical Quality Improvement Specialist	1.00
Quality and Continuous Improvement Specialist	1.00
Data and Information Governance Lead	1.00
Evaluation and Data Analyst	4.00
Manager, Business Intelligence, Evaluation and Research	1.00
Quality and Continuous Improvement Lead	1.00
Research Assistant	2.00
Grand Total	13.00

Clinical Operations

	2024-2025 Budget
Expenses	
Salary & Wages	251,233
Benefits	50,247
Total Salaries and Employee Benefits	301,479
Education, Conferences & Workshops	6,030
Office Materials & Supplies	
Program Materials & Supplies	
Travel & Subsistence	10,000
Clinical Consultation	
Board Expenses	
Legal	
Professional Fees	
Total Program Expenses	16,030
Total Expenses	317,509

Position Name	FTE
Director, Clinical Operations	1.00
Executive Assistant	1.00
Grand Total	2.00



Communications

	2024-2025 Budget
Expenses	
Salary & Wages	570,110
Benefits	114,022
Total Salaries and Employee Benefits	684,132
Education, Conferences & Workshops	13,683
Office Materials & Supplies	2,000
Program Materials & Supplies	24,500
Travel & Subsistence	5,000
Media & Advertising	15,000
Software & Subscriptions	31,000
Memberships & Dues	2,000
Professional Fees	15,000
Total Program Expenses	108,183
Total Expenses	792,315

Position Name	FTE
Communications Coordinator	2.00
Communications Specialist	3.00
Director, Communications, Philanthropy, & Human Resources	0.33
Graphic Designer	1.00
Manager, Communications	1.00
Grand Total	7.33

Equity, Diversity and Inclusivity (EDI)

Who we can help

The EDI team supports the development of CASA towards becoming an equitable and inclusive workplace and mental health 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 aim to foster a community where all CASA staff, physicians, patients, families, students, volunteers, leaders, and partners feel they belong and contribute to a supportive, inclusive and accountable culture that is in alignment with our values. This will be nurtured and supported through various contexts such as:

- *Individual*- one on one dialogues, coaching and reflections
- *Interpersonal* - teams learning, growing and collaborating 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:

- Psychological safety
- Equitable and inclusive services
- Individuality and community
- Relationships
- Accessibility
- Experiences
- Demographics
- Environment

Daily work 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)

	2024-2025 Budget
Expenses	
Salary & Wages	301,645
Benefits	60,329
Total Salaries and Employee Benefits	361,974
Education,Conferences & Workshops	7,239
Office Materials & Supplies	2,000
Program Materials & Supplies	20,000
Travel & Subsistence	4,000
Clinical Consultation	
Clinical Travel	
Child & Family Supports	
Memberships & Dues	6,000
Software & Subscriptions	2,000
Professional Fees	140,000
Total Program Expenses	181,239
Total Expenses	543,214

Position Name	FTE
Director, Diversity and Belonging	0.20
Equity, Diversity and Inclusivity Specialist	2.00
Manager, Equity, Diversity and Inclusivity	1.00
Grand Total	3.20

Facilities

	2024-2025 Budget
Expenses	
Salary & Wages	151,058
Benefits	30,212
Total Salaries and Employee Benefits	181,270
Education, Conferences & Workshops	3,625
Office Materials & Supplies	
Program Materials & Supplies	212,310
Travel & Subsistence	3,000
Software & Subscriptions	19,985
Professional Fees	
Lease	755,031
Insurance (Property & General Liability)	120,395
Repairs & Maintenance	86,310
Facility Operating Costs	
Janitorial	200,000
Utilities	168,000
Total Program Expenses	1,568,656
Total Expenses	1,749,927

Position Name	FTE
Manager, Facilities	1.00
Facilities Coordinator	1.00
Grand Total	2.00

Finance

	2024-2025 Budget
Expenses	
Salary & Wages	875,101
Benefits	175,020
Total Salaries and Employee Benefits	1,050,121
Education, Conferences & Workshops	21,002
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	7,000
Software & Subscriptions	27,340
Professional Fees	5,000
Total Program Expenses	158,972
Total Expenses	1,209,093

Position Name	FTE
Accounts Payable Administrator	1.00
Director, Finance	1.00
Financial Analyst, Payroll and Reporting	1.00
Financial Analyst, Revenue and Philanthropy Support	1.00
Intermediate Accountant	1.00
Lead, Financial Reporting, Budgeting, and Forecasting	1.00
Manager, Finance	1.00
Payroll Assistant	1.00
Payroll Coordinator	2.00
Grand Total	10.00

Human Resources

	2024-2025 Budget
Expenses	
Salary & Wages	1,122,347
Benefits	224,469
Total Salaries and Employee Benefits	1,346,816
Education, Conferences & Workshops	221,936
Office Materials & Supplies	9,000
Program Materials & Supplies	
Travel & Subsistence	1,500
Subscriptions & Software	157,539
Recruitment	318,500
Staff Recognition & Retention	139,000
Membership & Organization Fees	98,000
Legal	50,000
Professional Fees	
Total Program Expenses	995,475
Total Expenses	2,342,291

Position Name	FTE
Director, Communications, Philanthropy, & Human Resources	0.33
Employee Engagement and Experience Coordinator	1.00
HRIS Business Analyst	1.00
Human Resources Business Partner	3.00
Human Resources Coordinator	2.00
Manager, Human Resources	1.00
Project Manager, HRIS	1.00
Senior Talent Acquisition Specialist	1.00
Student Placement Coordinator	1.00
Team Lead, Human Resources	1.00
Grand Total	12.33

Information Technology

	2024-2025 Budget
Expenses	
Salary & Wages	441,977
Benefits	88,395
Total Salaries and Employee Benefits	530,373
Education,Conferences & Workshops	10,607
Office Materials & Supplies	1,000
Program Materials & Supplies	81,064
Travel & Subsistence	5,000
Telecommunications	321,642
Maintenance & Support	37,000
Software & Subscriptions	488,510
Professional Fees	
Total Program Expenses	944,823
Total Expenses	1,475,196

Position Name	FTE
IT Network Administrator	2.00
IT Support Specialist	2.00
Manager, Information Technology	1.00
Grand Total	5.00

Occupational Health and Patient Safety

	2024-2025 Budget
Expenses	
Salary & Wages	347,679
Benefits	69,536
Total Salaries and Employee Benefits	417,215
Education, Conferences & Workshops	4,381
Office Materials & Supplies	2,500
Program Materials & Supplies	161,500
Travel & Subsistence	9,500
Software & Subscriptions	14,000
Professional Fees	1,000
Lease	
Insurance (Property & General Liability)	
Repairs & Maintenance	15,000
Facility Operating Costs	
Janitorial	
Utilities	
Total Program Expenses	207,881
Total Expenses	625,097

Position Name	FTE
Manager, Occupational Health and Patient Safety	1.00
Occupational Health and Safety Coordinator	2.00
Patient Safety Advisor	1.00
Grand Total	4.00

People and Culture

	2024-2025 Budget
Expenses	
Salary & Wages	203,840
Benefits	40,768
Total Salaries and Employee Benefits	244,608
Education, Conferences & Workshops	4,892
Office Materials & Supplies	
Program Materials & Supplies	
Travel & Subsistence	10,000
Clinical Consultation	
Board Expenses	
Legal	
Professional Fees	
Total Program Expenses	14,892
Total Expenses	259,500

Position Name	FTE
Director, People and Culture	1.00
Executive Assistant	1.00
Grand Total	2.00



Philanthropy

	2024-2025 Budget
Expenses	
Salary & Wages	1,066,820
Benefits	213,364
Total Salaries and Employee Benefits	1,280,184
Education, Conferences & Workshops	25,604
Office Materials & Supplies	1,000
Program Materials & Supplies	-
Travel & Subsistence	3,000
Annual Giving	175,000
Community Fundraising	79,000
Major Gifts	75,000
Gaming	1,000
Mid-Level Giving	5,000
Planned Giving	2,500
Endowments	1,000
Grants	1,000
Stewardship	10,000
Signature Events	523,715
Software & Subscriptions	27,000
Advertising	73,290
Professional Fees	30,000
Total Program Expenses	1,033,109
Total Expenses	2,313,293

Position Name	FTE
Chief Donor Love Officer	1.00
Director, Communications, Philanthropy, & Human Resources	0.33
Donor Services Officer	1.00
Executive Assistant I	1.00
Manager, Philanthropy	1.00
Marketing and Philanthropy Officer	1.00
Philanthropy Officer, Annual Giving	1.00
Philanthropy Officer, Community Fundraising	1.00
Philanthropy Officer, Major Gifts	2.00
Philanthropy Officer, Signature Events	1.00
Philanthropy Officer, Stewardship	1.00
Philanthropy Officer, Transformational Giving	1.00
Grand Total	12.33

Program Management Office

Initiated in June 2023, the Program Management Office (PMO) offers comprehensive, collaborative project management support to CASA program areas to ensure large- and small-scale projects are executed with best practices and aligned with CASA's values.

For every project it supports, the PMO's overarching priorities are relationships, cooperation, nimbleness and the drive to deeply understand the needs and goals of program areas. We describe ourselves as a team of project managers with heart, where we bring value to projects by being people-centred, in addition to being results-focused.

A key reason the PMO exists is to provide project and change management expertise for CASA's significant expansion projects, which support CASA's ambitious vision and five-year roadmap for growth in service, while expanding across Alberta. Current projects include: CASA classrooms expansion, the ADP/House expansion, capital expansion (construction across Alberta), capital fundraising campaign, and various business operation projects related to CASA's growth. When there is capacity, the PMO also provides project support and consultation to CASA teams executing on other operational plan projects.

The PMO contributes meaningfully to building a culture of continuous improvement in CASA by sharing information and tools, and facilitating discussions about what is and isn't working, and how we can help. Importantly, the PMO uses standardized processes to capture project information, track progress, identify risks and effectively report on project status. This approach helps CASA deliver reports more efficiently and robustly to funders and partners.

	2024-2025 Budget
Expenses	
Salary & Wages	955,783
Benefits	191,157
Total Salaries and Employee Benefits	1,146,940
Education, Conferences & Workshops	22,939
Office Materials & Supplies	2,000
Program Materials & Supplies	5,000
Travel & Subsistence	40,000
Media & Advertising	-
Software & Subscriptions	20,000
Memberships & Dues	5,000
Professional Fees	2,000
Total Program Expenses	96,939
Total Expenses	1,243,879

Position Name	FTE
Director, Program Management Office	1.00
Organizational Change Management (OCM) Lead	1.00
Program Management Support Lead	1.00
Project Manager	5.00
Grand Total	8.00

Volunteer Resources

	2024-2025 Budget
Expenses	
Salary & Wages	134,121
Benefits	26,824
Total Salaries and Employee Benefits	160,945
Education, Conferences & Workshops	3,219
Office Materials & Supplies	
Program Materials & Supplies	4,000
Travel & Subsistence	
Software & Subscriptions	3,000
Memberships & Dues	500
Total Program Expenses	10,719
Total Expenses	171,664

Position Name	FTE
Senior Coordinator, Volunteer Resources	1.00
Coordinator, Volunteer Resources	1.00
Grand Total	2.00



Youth and Family Advisory Council

	2024-2025 Budget
Expenses	
Salary & Wages	63,336
Benefits	12,667
Total Salaries and Employee Benefits	76,003
Education, Conferences & Workshops	1,520
Office Materials & Supplies	
Program Materials & Supplies	5,500
YFAC Family festival	35,000
Professional Fees	4,500
Total Program Expenses	46,520
Total Expenses	122,523

Position Name	FTE
Youth and Family Advisory Liaison	1.00
Grand Total	1.00



Fundraising Pillars

Advancing Alberta's Mental Health Care System

Your generosity supports programming such as FamilySmart services to parents and caregivers, our Preschool Day Program, doubling the number of people we serve, Indigenous mental health programs and supports, and services that wrap care around entire families that need it.

Expanding CASA House – Building New Mental Health Facilities

Autism Research at the University of Alberta