



THRIVE

Stable, Steady, Secure
2025-2026 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

The theme for this fourth year of CASA Mental Health's five-year strategic roadmap is **stable, steady, secure**. After several years of realigning our programs, building relationships, focusing on new work and evolving our presence in Edmonton and throughout Alberta, we now can solidify that momentum in a year of stability and steadiness to achieve our goals.

Over the past year, CASA has accomplished much to be proud of:

- **Our teams completed more than 75 per cent of our 2024-25 operational plan deliverables**, with 26 projects completed, six partially completed and two not yet completed. Those completed include launching several CASA Classrooms in six new communities (for a total of 13 communities now being served), bringing partners together to plan four new CASA House facilities across the province, reducing wait times and improving clinical services, and implementing new systems for safety incident management and human resources/payroll.
- **We celebrated successes and identified ways to improve moving forward.** We surpassed serving 11,000 children, youth and family members this past year. We introduced new technologies and transitioned programs to an electronic medical record. We hired 164 new employees (including 138 clinical positions, and vacancies for both new and existing FTEs) and continued to grow our multidisciplinary clinical teams. And we also learned that we need to continue to focus on process, quality, role clarity and improved interdependencies between teams and departments.
- **We received valuable feedback in the 2024 employee engagement survey.** Seventy-eight per cent (290 of 371) of employees responded to the survey. Eighty-four per cent would recommend CASA as a good place to work, 86 per cent believe in the high quality of our service, and workplace satisfaction was rated an average of four out of five. We heard that senior leadership visibility and feedback/recognition are areas in which staff would like improvement.
- **Through enhanced demographic data collection, we continued to learn even more about the people we serve so we can serve them better.** Forty-two per cent identify as mixed or non-white, and eight per cent identify as First Nations, Métis or Inuit. Sixteen per cent immigrated from another country, 79 per cent have post-secondary degrees and 53 per cent of caregivers report a household income below \$100,000 (less than the median family income in Alberta).

These accomplishments and learnings support our 2022-2027 roadmap and help us plan a fourth year that is stable, steady and secure – in staff, leadership, programming, financial health and expansion. This plan for 2025-26 includes **22 operational plan deliverables** – fewer than we've had in prior years – and an overarching goal to continue expanding our services in the most responsible and values-based ways possible. We will start construction on two new CASA House facilities in Calgary and Fort McMurray. We will enhance our trauma-informed programming and offerings. We will introduce new technology and processes to steady our operations, and we will improve family-inclusive care and programming. Just as we want a year of steadiness, stability and security for our organization, we want the same for the patients and families that we serve.

As always, our vision drives everything we do: **a community where all children, youth and their families are provided with timely mental health care and empowered to thrive**. With a dedicated team, a committed board of directors and engaged supporters and partners, we are confident that this fourth year will bring us closer to achieving our roadmap goals and improving lives for so many Albertans.

Serving the Missing Middle

CASA Mental Health is re-envisioning the delivery of children's mental health services in Alberta by providing culturally-safe, wrap-around mental health services to kids and youth aged three to 18 in Alberta and their families, in what we call the "missing middle."

In the "missing middle," CASA provides mental health treatment for diagnosed children and youth in between prevention and promotion in primary and community care, and acute treatment in hospital.

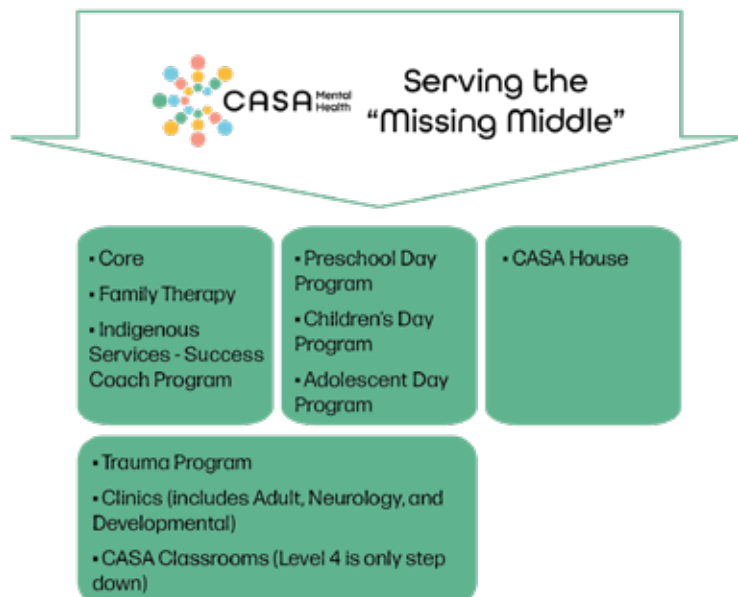
CASA operates within a standardized level of care system for children and youth developed by the American Association of Community Psychiatry and the American Academy of Child and Adolescent Psychiatry. CALOCUS (Child and Adolescent Level of Care Utilization System - see image below) is a standardized tool used to determine the intensity of services needed for children and adolescents aged six to 18.

In this system, levels 0, 1 and 2 identify services of prevention, promotion and early intervention/treatment that are best delivered by primary care networks, community organizations and other non-profits. At the other end of the model is level 6, which includes intensive, complex specialty care services that are best delivered within a hospital or secure care facility, and are provided through Recovery Alberta.

CASA serves kids, youth and their families in levels 3, 4 and 5 - the "missing middle," as the image below shows. Our work is more critical and needed than ever. Statistics Canada data from 2022 shows that twice as many kids aged 15 and older had generalized anxiety, compared with 10 years earlier. The same study found more than one in three Canadians with a mood, anxiety or substance abuse issue either didn't get the mental health treatment they needed, or only partly got it.

Source: https://www.aacap.org/aacap/Member_Resources/Practice_Information/CALOCUS_CASII.aspx

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			Recovery Alberta/Alberta Health Services			



Our Commitment to Inclusion, Diversity, Equity and Accessibility

Guiding Statement

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

CASA has identified Inclusion, Diversity, Equity and Accessibility (IDEA) 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

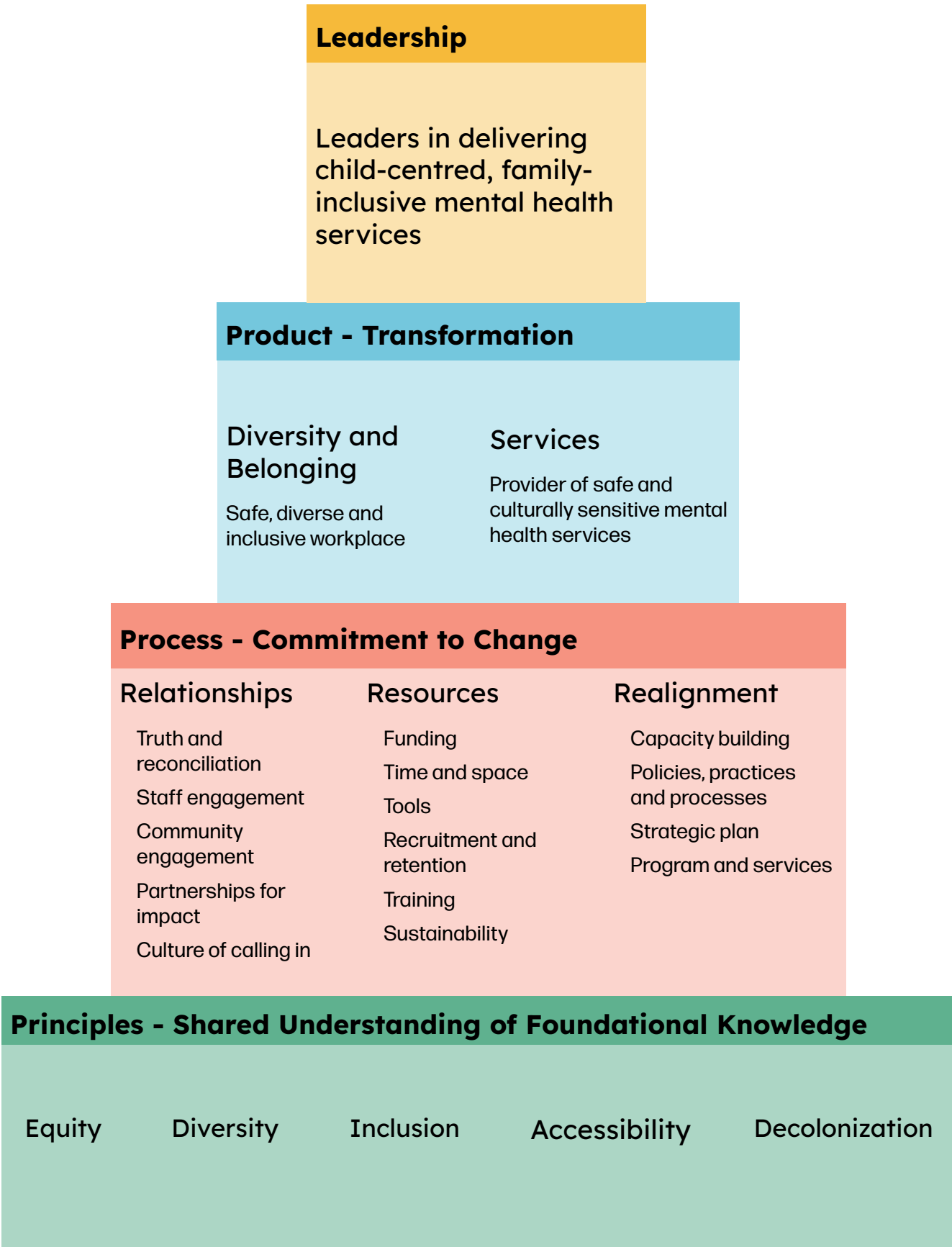
In line with embedding equity, diversity and inclusivity as building blocks of our organizational culture shift, CASA commits to:

1. Defining inclusion, diversity, equity, accessibility 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 normalize IDEA 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 IDEA 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 Inclusion, Diversity, Equity and Accessibility



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

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, evidence-informed and compassionate 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, Métis and Inuit 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 fourth 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 each year.

Change Management Process





Roadmap and Targets

2022-2027 Roadmap

Focus Area	Leaders in delivering child-centred, family-inclusive mental health services		Programming efficacy and relevance		Financial health	
Focus Area Definitions	<ul style="list-style-type: none"> Encompasses occupational health and safety, resiliency as well as equity, diversity and inclusivity. Focuses on creating a workplace where staff have physical, emotional and mental safety. Reflects focus on child-centred, family-focused wrap-around approach to mental health services. 	<ul style="list-style-type: none"> Encompasses 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 Recovery 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 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.
Year Four (2025-2026)	<ul style="list-style-type: none"> Effective medication management through a consulting pharmacist. 	<ul style="list-style-type: none"> Increase staff and patient safety through trauma-informed training. 	<ul style="list-style-type: none"> Build capacity for enhanced trauma programming. Develop service pathway to improve treatment of OCD. Improve coordination of Indigenous Services care and access to psychiatry. 	<ul style="list-style-type: none"> Improve family-inclusive care through a family therapy clinical supervisor. Promote Preschool Day Program parent confidence and competence. Develop Psychiatric and Medical Clinics Capital plans for four new CASA House facilities. Program support specialist to improve efficiency for Family Therapy and Trauma. Continue expansion of CASA Classrooms provincially. Review electronic medical record. Expand service to evenings and week-ends. Serve 11,500 patients and family members. 	<ul style="list-style-type: none"> Implement a purchase order system. Support expansion through donor acquisition, retention and growth. Explore and develop business case to diversify revenue. Renew Government of Alberta Grants. Achieve 2025-26 budget approval from the board of directors. Raise \$4.7 million in philanthropic contributions. 	<ul style="list-style-type: none"> Develop successful leaders through a manager guide, leadership development framework and HR training. Assess and audit cybersecurity and infrastructure. Information Technology Transformation: Year 2. Implement virtual private network (VPN). Implement helpdesk ticketing system.

Focus Area	Leaders in delivering child-centred, family-inclusive mental health services		Programming efficacy and relevance		Financial health	
Year Three Measures (2024-25)	<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. 	
Year Two (2023-24)	<ol style="list-style-type: none"> Employee well-being and resiliency strategy/program implemented. Integrated equity, diversity and inclusivity strategy documented. Electronic patient and staff safety incident tracking system implemented. Successfully Accredited and quality improvement plan developed. 	<ol style="list-style-type: none"> Professional Development and Education services to external health care professionals and internal CASA Mental Health teams increased. Clinical therapist supervision program implemented. Logic models and evaluation frameworks documented for all programs and services. 	<ol style="list-style-type: none"> Ocean software successfully launched. First set of patient sociodemographic and satisfaction data generated. School-based services delivered at Kipohatakaw Education Centre (KEC) Clinical pathways for the greater Edmonton area documented. 	<ol style="list-style-type: none"> Clear organizational admission, transition and discharge pathways documented with appropriate triage and transition teams in place. Core program capacity increased to improve waitlist management. Eleven new CASA Classrooms launched. 5,500 children, youth and families served. 	<ol style="list-style-type: none"> Human resource information and payroll system implemented and staff trained. Cost recovery psychological assessment consultation (PAC) services trial complete. 	<ol style="list-style-type: none"> 100% of all archived records are cleaned up in accordance with records retention policy. \$3.3M net raised through donor relations and fundraising activities. Information technology infrastructure and expansion reviewed with recommendations for provincial footprint. Technology sustainability plan approved.
Year One (2022-23)	<ol style="list-style-type: none"> Process created and tools (eg: Ocean) adopted to collect demographic staff and patient data. Integrated multi-year diversity and inclusivity strategy complete with staff and physician training begun. Well-being and resiliency framework completed and being utilized for program planning. 	<ol style="list-style-type: none"> Staff and physician onboarding package and process designed and being utilized at point of hire. Mentorship program designed and all new staff assigned a mentor upon hire. Physician resource plan complete and approved by Senior Leadership Team. 	<ol style="list-style-type: none"> Patient satisfaction/ experience surveys redesigned and first set of data generated. All policies and practices reviewed through an equity, diversity and inclusivity lens and reframed as required. Patient stories/ voice integrated into board and senior leadership meetings. 	<ol style="list-style-type: none"> Number and type of CASA programs defined and streamlined. Clinical framework(s) informing practice and incorporating therapeutic modalities designed and being utilized for program planning and evaluation. Virtual Child and Adolescent Mental Health Program Evaluation and Research Hub in place. Successful accreditation through Accreditation Canada. 	<ol style="list-style-type: none"> Business intelligence and evaluation capacity in place. Increase number of grants pursued by 25%. Options paper, with recommendations, regarding creation of a profit arm for CASA complete. 	<ol style="list-style-type: none"> New website designed and active. Rebranding and social media strategy completed. Web-based capability in place for effective donor management.



Case for Support

The opportunity

The Government of Alberta has committed an exceptional \$75 million to fund the “bricks and mortar” for CASA’s expansion to four locations across the province. They have also made an unprecedented commitment to provide operating funding for CASA Houses once built, and funding for CASA Classrooms as they are established in partnership with school divisions around the province. CASA has been asked to match the capital funding, and support expansion of programs in those areas where services are expanding.

We know we can do it with supporters like you who care about our kids and the future of our province.

Together, we can:

- Extend wrap-around services across the province, including families within rural communities, to ensure both the child and their family are fully supported.
- Build integrated CASA House and day program facilities in Fort McMurray, Edmonton, Calgary and Medicine Hat over the next four years, offering both live-in and day treatment programs in the communities where teens need help.

CASA has more than doubled the number of kids, youth and families served from 4,000 to over 11,000 in just the past three years. As we learn and understand more about the importance of mental health as a key factor in a person’s life journey, more families are reaching out to CASA for our life-changing services.

Your support helps ensure that CASA services can be available to more kids and families, and in more communities across Alberta than ever before.

Campaign Goal:

**\$90
Million**

With your support, CASA Mental Health will raise \$90 million between 2025 and 2029. Your generosity will ensure CASA Mental Health is there for kids and families that need us. You can help our multidisciplinary teams reach over 11,000 kids, from three to 18 years old, across Alberta free of charge each year.

Campaign Priorities

CASA Houses: \$75 Million

Your support helps more teens who need intensive mental health treatment by bringing CASA Houses into Fort McMurray, Calgary and Medicine Hat and relocating an enhanced Edmonton CASA House. You can help us serve up to 324 more youth each year who won’t have to travel so far from home to get the timely mental health care they need.

CASA Community Programs: \$15 Million

Your donation will provide CASA programming for families who are helping their child manage their mental health. Family support is crucial for a child’s mental health as it provides emotional security, builds resilience and helps children develop coping skills while fostering a sense of trust and belonging.



Risk Landscape

CASA Risk Landscape

Risks are possible events that can affect an organization's ability to operate or achieve its objectives. They can be preventable, strategic or external in nature. Identifying an organization's risks is important, as is ongoing dialogue, monitoring and mitigation.

CASA Mental Health uses an integrated risk management approach to understand and manage its risks. This means we receive input from across the organization and discuss the likelihood and probability of each risk on a regular basis, including any existing or needed mitigation strategies. As part of this approach, we engaged leaders and staff from all departments in a risk identification and prevention discussion during the Catchball process. Leaders identified risks to their respective operational plan activities as well as larger organizational risks.

We identified 14 key organizational risks that require monitoring and mitigation strategies. Each 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. Each was then given a rating and placed on a heat map, along with mitigation strategies. The identified risks will be monitored monthly by the senior leadership team to determine if the risk is acceptable and if additional mitigation activities are needed.

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

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

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

Category of Risk	Risk	Risk Ratio
People	Inability to recruit staff in new geographic areas, especially rural Alberta	4C
Risk Prevention and Mitigation Strategies: <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 skill professionals in new areas (e.g. campus recruitment, partnerships with associations, recruitment mixers and previously untapped markets). Implement an early recruitment strategy. 		
Organizational	Lack of content management strategy for critical program and service documentation	4C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Implement a content management strategy for critical program and service documentation, such as clinical frameworks, manuals, service models, 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. 		
Property and Assets	Negative staff perception on utilization of existing spaces.	4C
Risk Prevention and Mitigation Strategies: <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. 		
Organizational	Lack of guidance around use of artificial intelligence	4B
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> AI policy developed and implemented. 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. 		

Organizational	Available classroom seats are not fully utilized	2C
<p>Risk Prevention and Mitigation Strategies:</p> <ul style="list-style-type: none"> ▪ Identification of additional important touchpoints in schools to increase awareness of CASA and Classrooms. ▪ Increased collaboration with pathways to increase our CASA Classroom presence in communities. ▪ Increasing the number of connections within school divisions to speak and teach about appropriate referrals. ▪ Improvement of our criteria and description of the kids we are looking for, ensuring frequent discussions to more people more often. 		
Organizational	Unattainable pace of organizational growth due to rapid expansion	3C
<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. ▪ 2025-26 operational plan is less aggressive. ▪ Reduce the number of new hires for next year. ▪ Staff Engagement Survey administered, results used to inform decision making. 		
Organizational	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 cybersecurity and patient privacy procedures. ▪ Establish health information management policies, procedures and processes that align with the move to cloud-based systems. ▪ Implement annual security awareness training for all staff. 		
Organizational	Lack of continued availability of government funding	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. 		

Organizational	Decreased quality of new programming due to rapid growth	3C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Secure appropriate financial and people resources for all new initiatives. Ensure appropriate project and change management plans are developed and used for any new initiatives. Develop well-defined evaluation plans and outcome measures to evaluate quality of programming. Inter-departmental collaboration to promote thoughtful change. Ensure span of control is manageable through thoughtful ratio of managers to front line staff in the organizational structure. Utilize literature reviews and complete best practice research. Consider scope of practice expansion where possible. 		
Organizational	Inability to effectively manage our program waitlists	2D
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Develop effective process for internal step-up and step-down to streamline service delivery and ensure patients are getting to the right service, at the right time, with the right provider. Internal implementation and training on the Child and Adolescent Level of Care Utilization System (CALOCUS). Develop alternative services and resources for patients and families while on waitlist for services (e.g. FamilySmart). Redesign admission and intake processes and implement effective transitions. 		
Property and Assets	Aging technological infrastructure and ineffective software integration	4B
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> New IT manager hired and onboarded. Continuing work outlined in the IT Transformation Roadmap (Year 2). Ensure integration and scalability of systems and software. Ensure effective business continuity and disaster recovery plans are in place in case of infrastructure failure. Delivery of effective IT training and acknowledgement of acceptable use for staff. 		
Organizational	Ineffective implementation of accreditation standards into standard organizational work	3C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Accreditation Council implemented. QI strategy developed and embedded within the organization. Annual policy review plan implemented. 		
Organizational	Inability to maintain total patient beds at CASA House	4C
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Review and revise unit and program staffing model. Update clinical frameworks. Map out processes and procedures. Implement safety and training initiatives to support the clinical team. 		
Organizational	Inability to meet annual fundraising target	5B
Risk Prevention and Mitigation Strategies: <ul style="list-style-type: none"> Target high-potential donors. Work closely with the three mostly likely identified donors who have the capacity to contribute. 		

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

	STRENGTHS	WEAKNESSES
Internal	<p>Living Our Core Values: Our core values are deeply embedded in our services and operations, fostering trust among staff and partners.</p> <p>Guided by Strong, Values-Driven Leadership: Our leadership is strong and values-driven, with a clear focus on strategic planning, operational sustainability, and purposeful growth.</p> <p>Unique Targeted Clinical Support (CALOCUS 3-5): As the only organization in the province offering this level of targeted support for children and adolescents, we fill a crucial gap in mental health services for the "missing middle."</p> <p>Increased Accessibility to Mental Health Services: Our ability to extend services to underserved areas through innovative initiatives like CASA Classrooms sets us apart.</p> <p>Community Engagement and Reputation: We have built a strong reputation and trusted presence in Edmonton through long-standing community partnerships and active engagement.</p> <p>Inclusive and People-focused Culture: We foster a people-first, values-driven workplace that prioritizes life-work harmony and inclusion.</p> <p>Commitment to Inclusion, Diversity, Equity and Accessibility (IDEA): By integrating IDEA into decision-making and organizational practices, we ensure that all careholders, regardless of background or identity, feel valued and supported.</p> <p>Operational Agility and Innovation: Through robust financial planning, dedicated teams for project management, change management and quality improvement, along with cross-functional collaboration, we effectively manage risks, drive innovation and address critical gaps in mental health care.</p>	<p>Communication Challenges: As an organization, communication across all levels continues to be a challenge, particularly between business and clinical departments.</p> <p>Staff Engagement and Recognition: We should continue to explore different ways to engage staff and recognize their contributions.</p> <p>Lack of Optimized Technology: Updating our IT systems and Electronic Medical Records (EMR) use will help enhance productivity and integration.</p> <p>Workforce Recruitment and Sustainability: Continued enhancement of recruitment strategies is required, especially in rural areas.</p> <p>Lack of Standardization for Key Functions: Continued development and implementation of standardized processes and workflow is required to optimize performance of key functions.</p>

	OPPORTUNITIES	THREATS
	<p>Relationships With the Government: There continues to be opportunity to build strong relationships between organizational leaders and the Government of Alberta.</p> <p>Strategic Expansion and Increased Awareness: Our established reputation in Edmonton provides a strong foundation to expand services to other communities across the province.</p> <p>Rising Demand for Mental Health Services: Increased societal awareness of mental health needs, particularly for children and adolescents, positions us to meet the growing demand and also advocate for impactful systemic change.</p> <p>Technological and Virtual Care Advancements: Technological advancements and the rising acceptance of virtual care offer us a chance to innovate in service delivery.</p>	<p>Political and Economic Uncertainty: Political changes, elections, budget deficits, healthcare privatization and economic influences (such as tariff threats) could jeopardize stability.</p> <p>Cybersecurity Risks: As our organization grows, the risk of cybersecurity breaches increases.</p> <p>Rapid Expansion: Expanding too rapidly may present risks, including gaps in communication and community mistrust with smaller or rural communities.</p> <p>Staff Strain Amid Rapid Growth: A myriad of factors including rising inflation, saturated job markets and competition with private practices may pose challenges to recruitment, while rapid growth adds pressure on our current staff.</p>

External



About the operational planning worksheets

The operational planning worksheets in this section of the 2025-26 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 teams or significant assistance from other departments, programs or services, creating interdependencies that change how people prioritize that work for the 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.

Convenor

What position (not person) in the organization is responsible for convening this work? A convenor is not necessarily the individual completing the work. They are initiating and leading the work. Only one position should be 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.

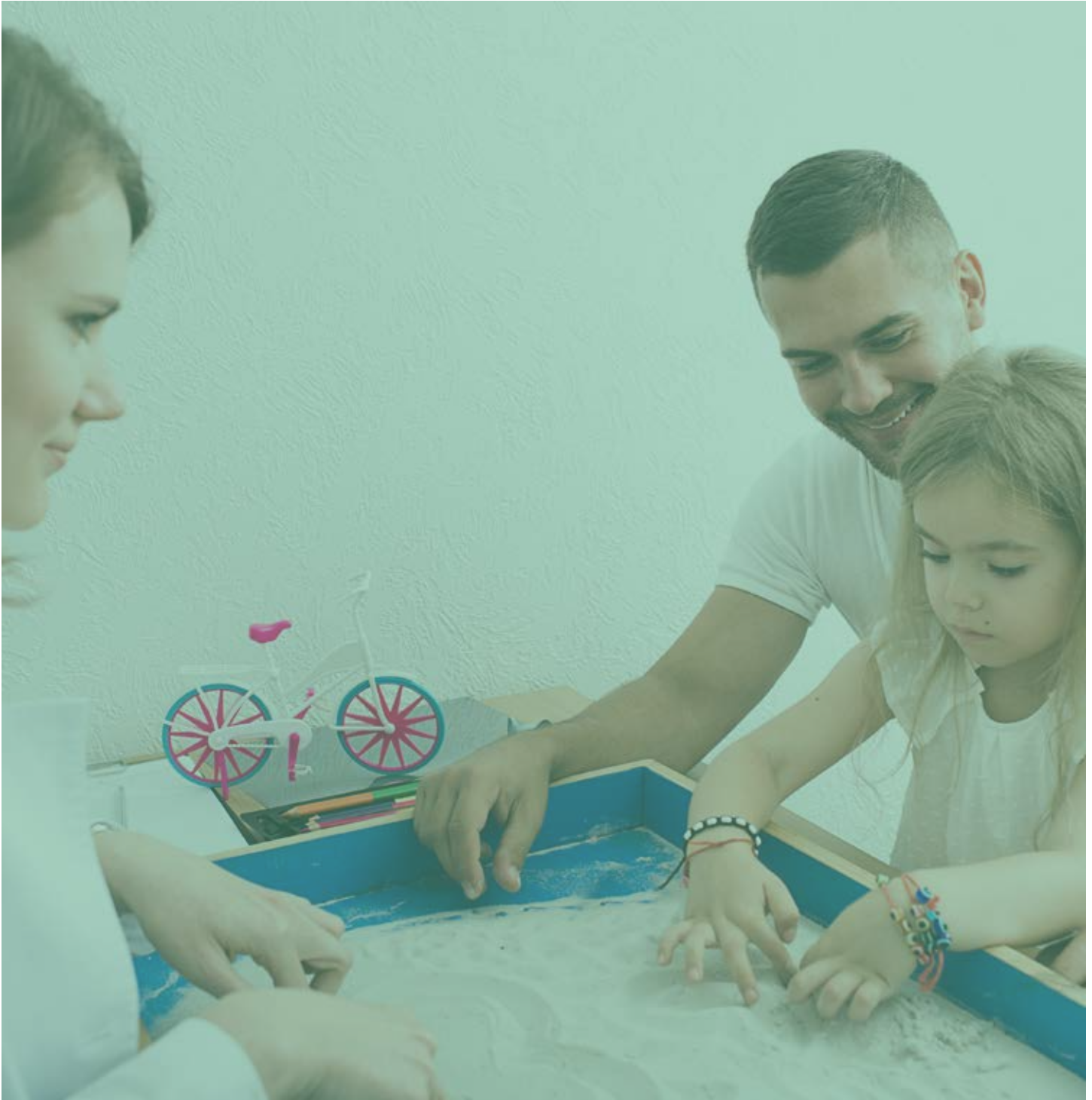
Work Plan - A plan that outlines the required tasks to achieve a desired result.

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 and 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.



Quarter of Projected Completion	
Stable	
1 Clinical administrative support: Improving efficiency for Family Therapy and Trauma through a program support specialist	2
2 Improving family-inclusive care through a dedicated family therapy clinical supervisor	1
3 Preschool Day Program: Promoting parent confidence and competence	1
4 Implement a purchase order system to streamline invoice approvals	2
5 Developing successful leaders through a manager guide, leadership development framework and HR training	4
6 Information Technology Transformation: Year 2	4
7 Virtual private network (VPN) implementation	2
8 Reviewing the electronic medical record	4
Steady	
9 CASA Classrooms: Continued expansion of 10 new CASA Classrooms provincially	4
10 Building capacity for enhanced trauma programming	4
11 New helpdesk ticketing system	2
12 Continued development of the Psychiatric and Medical Clinics to better serve children with complex mental health disorders	4
13 Supporting expansion by growing capacity to ensure donor acquisition, retention and growth	4
14 Capital builds: building four new CASA House facilities	
Secure	
15 Effective medication management through a consulting pharmacist	1
16 Service pathway to improve treatment of obsessive-compulsive disorder	4
17 Indigenous Services: Improved coordination of care and access to psychiatry	1
18 Cybersecurity and infrastructure assessment/audit	3
19 Increasing staff and patient safety through trauma-informed training	4
20 Renewal of Government of Alberta Grants - Classrooms, Expansion and Legacy	4
21 Diversifying business revenue - exploration and business case development	1,4

A woman with curly hair and glasses, wearing a light-colored cardigan, is holding a smartphone and smiling. A young girl with dark hair in a ponytail, wearing a light-colored sweatshirt, is looking at the phone and smiling. The background is blurred, suggesting an indoor setting. The entire image has a light blue overlay.

Stable

CASA will strive for stability through a continued focus on quality programming. We have realigned, grown and evolved our programs, and now will ensure those programs meet the needs of the communities that we serve through eight stabilizing deliverables.

1 Clinical administrative support: Improving efficiency for Family Therapy and Trauma through a program support specialist

Description:

A program assistant position for the Trauma and Family Therapy teams will reduce the administrative burden on therapy support navigators (TSNs), mental health therapists and the program manager.

This role would also assist the Clinical Practice team in managing the referrals and schedule. This role would handle tasks such as preparing group materials, coordinating evaluations, managing patient schedules and supporting follow-up calls with families. Additionally, the program assistant would assist with therapeutic space setups, technology coordination and provide administrative support to the program manager.

By reassigning these tasks, TSNs can focus more on direct care and outreach, improving team efficiency and maintaining quality while allowing for the program's continued growth. Within Clinical Practice and PAC, the program assistant will support administrative tasks such as document review, maintaining processes, scheduling and re-scheduling assessments, and managing PAC referrals and materials. This portion of the position would represent 0.2 out of a 1.0 FTE.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Manager, Clinical Administration

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 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:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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
Admin 2	1.0	Perm	Y	N	N	1
TOTAL	1.0		1	1	0	

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

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
Admin 2 Salary 1.0 FTE	Permanent	\$53,500
Admin 2 Benefits 1.0 FTE	Permanent	\$10,700
TOTAL		\$64,200

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: Resource allocation and budget constraints.

Mitigation strategy:

Hiring a program assistant may strain resources or exceed the budget, impacting other priorities.

Risk 2: Integration and transition challenges

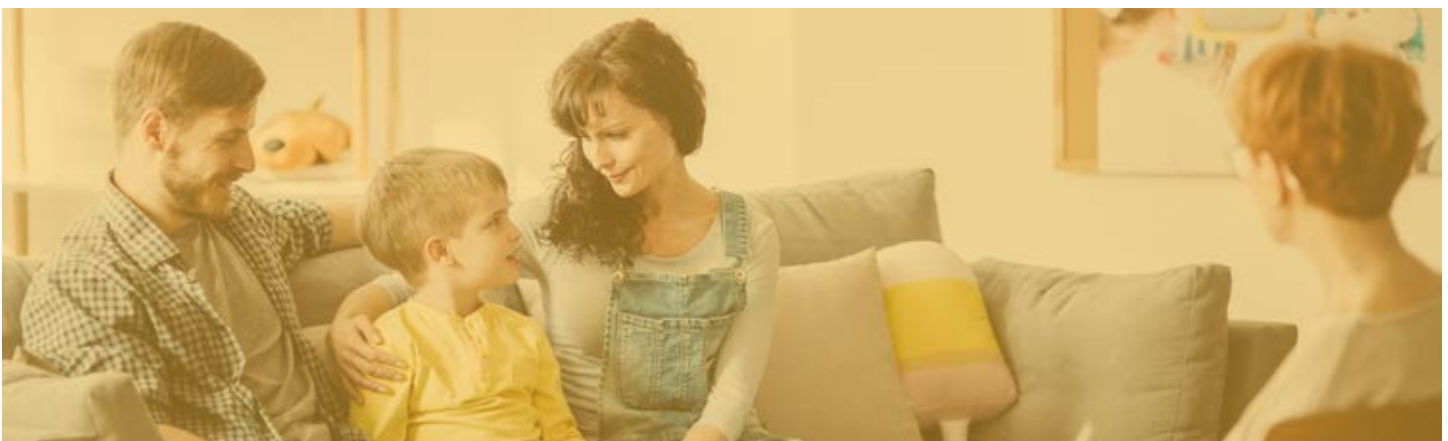
Mitigation strategy:

The new role may face difficulties integrating into the team and adjusting to existing workflows..

Risk 3: Potential overlap of responsibilities.

Mitigation strategy:

Without clear role definitions, the program assistant's duties may overlap with existing team responsibilities, causing confusion and inefficiencies.



2

Improving family-inclusive care through a dedicated family therapy clinical supervisor

Description:

In recent years, CASA Mental Health has seen growing complexities in the families we serve and a rising demand in delivering family-inclusive care across programs. Investing in a dedicated Family Therapy clinical supervisor to enhance family therapy group delivery, support the re-launch of adult mental health groups and provide co-family therapy consultation across Edmonton programs can support the continued growth of clinical programs. This will support family-inclusive care across CASA programs and establish quicker pathways to care.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Clinical Manager, Trauma and Family Therapy

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:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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 Supervisor, Family	1.0	Perm	Y	Y	Y	1
TOTAL	1.0		1	1	1	

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

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
Clinical Supervisor, Family 1.0 FTE	Permanent	\$136,800
TOTAL		\$136,800

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: Lack of appropriate and/or qualified candidates.

Mitigation strategy:

Internal team members have identified their desire for leadership opportunities. Between internal members' interest and the existing network of family therapists in the community with CASA, there will likely be an interested candidate.

Risk 2: Role integration challenges.

Mitigation strategy:

A dedicated orientation period for the new position will help to introduce the team to a new supervision system. Existing external consultation meetings have been helpful in socializing a new way of approaching supervision.

Risk 3: Role clarity between supervisor and manager.

Mitigation strategy:

Regular touchpoints between the supervisor and manager will be helpful to navigate roles and responsibilities. A RACI chart may be completed within the first months for clarity purposes.

3

Preschool Day Program: Promoting parent confidence and competence

Description:

The Preschool Day Program (PDP) is a tertiary-level, interdisciplinary diagnostic and therapeutic service for children experiencing severe challenges regulating their emotions and behaviours, with significant impairment at home and in community (e.g. daycare). The program promises to “strengthen the family’s ability to support their child’s development and learning by promoting parent confidence and competence.”

To that end, the PDP clinical framework includes Parent-Child Interaction Therapy (PCIT), an evidence-based behaviour training treatment for young children and their parents, which takes about 12-20 sessions to complete. With 18 pre-kindergarten and kindergarten students annually and only one mental health therapist (MHT), it is not possible for most families to access PCIT during the PDP admission, let alone bi-weekly family/parent sessions. This is often a reduction in service for the families referred from CASA’s other programs – PDP’s main referral source.

Growing the PDP staffing model by one MHT will bring the resourcing in line with the clinical framework, the program’s intended acuity and CASA’s other day program staffing models. The success of this deliverable will be measured within the current evaluation, which includes decreased parenting stress as a primary outcome.

CASA colleagues offered strong support around the value of early intervention with young kids, the evidence base for PCIT and its alignment with other clinical CASA programs. There is opportunity to cost-share PCIT training with Core, Business Intelligence and Evaluation wants to measure impact and Philanthropy wishes to partner to ensure adequate funding.

The risk of not making this change includes challenges with staff retention, lower-quality programming and poorer outcomes. Clinical and evaluation frameworks will need to be adapted if PDP continues to operate with one MHT.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Program Manager, Day Programs

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:

☒ IDEA (Inclusivity, Diversity, Equity and Accessibility)

☐ Truth and Reconciliation

Interdependencies

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

		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	Y	Y	N	1
TOTAL	1.0		1	1	0	

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

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
Mental Health Therapist	Permanent	\$113,056.50
TOTAL		\$113,056.50

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: Increased program costs in the context of uncertain program funding.

Mitigation strategy:

Intention to renegotiate Alberta Health Services grant funding to include PDP with other day programs.

Risk 2: Current clinical framework doesn't result in desired outcome (decreased parenting stress), even when adequately delivered.

Mitigation strategy:

Clinical and/or evaluation framework needs to be re-adjusted.

Risk 3: Current MHT struggles to adjust to sharing responsibilities and caseload.

Mitigation strategy:

A well-crafted change management plan for program staff.

4

Implement a purchase order system to streamline invoice approvals

Description:

A purchase order (PO) system will allow us to streamline the process of requesting, approving and managing purchases, personal expenses and VISA card reconciliations within the organization. Users will be able to submit purchase orders with the specifics of their purchase and will help automate the approval process and reduce the manual work created by not having a system in place. By automating these workflows, the PO system will help reduce manual errors, improve efficiency and provide transparency and completeness in our purchasing process.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Manager, 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 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:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation



Interdependencies

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

		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						

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

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
PO system costs	Permanent	\$30,000
System implementation costs	One time	\$5,000
TOTAL		\$ 35,000

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: Staff resist adopting a new system due to unfamiliarity or perceived disruption.

Mitigation strategy:

Provide thorough training, involve key partners in the decision-making process and communicate the benefits clearly.

Risk 2: Data migration to a new system may result in errors or missing information.

Mitigation strategy: Rigorous data validation during the implementation process.

Risk 3: A new system may not integrate seamlessly with current software and systems.

Mitigation strategy:

Ensure systems chosen are compatible or have integration solutions available.

5

Developing successful leaders through a manager guide, leadership development framework and HR training

Description:

This initiative addresses a growing need for effective and successful leadership to guide CASA and its programs into the next phases of the roadmap, including new communities with expanded services. A manager guide will provide both clinical and non-clinical managers with processes and principles from areas across CASA that are needed to navigate and apply managerial functions. Human Resources training will create foundational knowledge of CASA HR processes and consistency with best practices. An overarching leadership development and organizational training framework will align education with desired competencies and will introduce a LEADS-based philosophy to support leadership development.

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 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 type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- ☒ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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						

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

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
External trainers/facilitators/coaches in addition to training already offered	One time	\$10,000
Certified LEADS Specialist Certification	Every three years	\$3,250
Organizational LEADS license	Every three years	\$1,575
TOTAL		\$14,825 one-time \$4,825 every three years thereafter

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: Reliance and support from multiple interdependencies could cause timeline issues or project gaps.

Mitigation strategy:

Program Management Office support, effective project planning and follow-up will be required to keep things moving.

Risk 2: Availability of HR resources to deliver training and lead work while maintaining service.

Mitigation strategy:

Resource and structure the team and services appropriately to meet organizational goals.

Risk 3: Specialized expertise is often required for specific HR training topics, content creation and delivery.

Mitigation strategy:

Use external relationships and vendors where possible, and develop appropriate skillsets within the team.

6 Information Technology Transformation: Year Two

Description:

This initiative is a continuation of the full-scale IT Transformation plan that started in 2024. CASA's information technology landscape has been shifting in a positive direction over the past year. To maintain this momentum and support CASA's rapid growth and expansion, the IT team will focus on the following key deliverables:

- Implement Microsoft Autopilot
- Implement Security Awareness Training for all staff (quarterly)
- Redesign the network infrastructure to transition from current network (MPLS) to new network (SD-WAN)
- Implement the full Office 365 suite (Teams, OneDrive and SharePoint)
- Upgrade to Windows 11 (Windows 10 will not be supported after Oct. 14, 2025)

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 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:

☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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						

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

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 E5 Licensing	Permanent	\$30.90/user/month \$370.80/user/year \$259,560 Projection of ~700 users in 2025-26
Office connectivity (MPLS network) re-design hardware and consultation	One time	\$45,000 Expected cost saving of approximately \$25,000 annually by moving to SD-WAN network
Microsoft Autopilot consultation	One time	\$22,500
TOTAL		\$327,060

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 office connectivity (MPLS network) 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.

Risk 2: Windows 10 will reach end of support in October 2025 – Microsoft will no longer provide security patches, technical support and updates for Windows 10.

Mitigation strategy:

Plan and deploy Windows 11 before reaching end of support on Windows 10.

Risk 3: Without Teams, OneDrive and SharePoint, teams face collaboration inefficiencies, with siloed communication tools hampering productivity.

Mitigation strategy:

Plan, prepare and implement the roll-out of these platforms in a controlled and measured manner with proper change management in place and ensure teams transition to these tools in a timely manner.

7 Virtual private network (VPN) implementation

Description:

As CASA expands, so will the size of its remote workforce. As a result, the implementation of a virtual private network (VPN) solution and subsequent decommissioning of our remote desktop servers is imperative. A VPN will enable staff to connect to a private network remotely.

As well as enhancing CASA's security, this implementation will drastically improve staff's productivity and efficiency by providing a seamless connectivity experience. A VPN will allow staff to access network resources through a single desktop across multiple devices. This implementation will also streamline the entire IT service management channel by reducing the support burden on the IT team.

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
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Organizational Commitments - Commitment statements supported by this deliverable:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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						

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

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
VPN licensing	Permanent	~ \$45/user/year Projecting CASA's remote workforce to be around 450 at any given time (i.e. connecting remotely to the network simultaneously), the annual cost is around \$20,250
Consultancy	One time	\$18,000
TOTAL		\$38,250

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: Prolonged reliance on Remote Desktop Servers could increase exposure to cyberattacks, such as ransomware or unauthorized access.

Mitigation strategy:

Implement interim security measures such as stricter access controls, multi-factor authentication (MFA) and regular monitoring of RDP usage logs or adopt VPN to mitigate these risks.

Risk 2: Staff productivity suffers due to inconsistent and cumbersome access to network resources from the Remote Desktop Servers, leading to frustration and delays.

Mitigation strategy:

Add more resources to the current Remote Desktop Server environment which makes it work in the short term (while being cost-prohibitive) but does not solve the problem of lost productivity.

Risk 3: The IT team faces escalating support tickets due to persistent connectivity and performance issues with Remote Desktop Servers.

Mitigation strategy:

Allocate additional resources to IT support and optimize existing systems to handle short-term demands.

Risk 4: Single VPN server could prove to be a bottleneck and in instance of server downtime, results in connectivity disruption.

Mitigation strategy:

Deploy redundant VPN servers with failover mechanisms and conduct regular availability testing.

8 Review of electronic medical record (EMR)

Description:

Electronic medical records (EMRs) are a critical part of patient care. They encompass important demographic information, documentation of service provision, progress and outcome measurement, and communication between professionals involved in patients' care. In feedback provided during the program reviews in 2024-25, many programs and services identified ways in which EMR implementation has room for improvement. The goal of this deliverable will be to review the current EMR structure and implementation, and build a plan for improvement of this service.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Director, Clinical (Interprofessional Practice and Support Services)

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
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Organizational Commitments - Commitment statements supported by this deliverable:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation



Interdependencies

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

		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						

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

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: Confusion in service delivery and support during review process

Mitigation strategy:

Feedback from programs has indicated there is inconsistency in EMR use across programs. Program and service leaders will be updated regularly with regard to this process through the Clinical Operations and Clinical Practice committee meetings, allowing for questions and discussion.

Risk 2: Need to ensure maintenance of privacy

Mitigation strategy:

Patient privacy is one of the most important factors involved in EMR management. The manager of Privacy and Health Information and the Business Intelligence and Evaluation team will be consulted to ensure any changes are compliant with all relevant health privacy legislation.

Risk 3: Change management around process/procedures

Mitigation strategy:

Change management and Communications will be consulted to determine best practice for implementing any process changes. This will allow for a clear and cohesive explanation for any new procedures or requirements.

A woman with glasses and a man are shown in a library setting. The woman is on the left, wearing glasses and a blue shirt, holding a tablet. The man is on the right, wearing a white t-shirt, smiling and holding a pen. The background shows bookshelves filled with books. The entire image has a blue overlay.

Steady

CASA has earned new funding, expanded our programs and served more patients and family members than ever before. This year, we will pace our growth and move forward successfully through a set of six new operational deliverables.

Continued expansion of 10 new CASA Classrooms provincially

Description:

This improvement work initiative is to continue the expansion of CASA Classrooms throughout Alberta with the potential for 10 additional classrooms provincially as part of the Thrive grant. These classrooms bring services closer to where children are, and reduce the barriers to accessing service.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Director, Clinical (Classrooms)

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:

- ☒ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☒ Truth and Reconciliation

Interdependencies

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

		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
Program Manager	1.0	Perm	N	Y	Y	1
Mental Health Therapist	11.0 SB	Perm	N	Y	Y	1
Therapy Support Assistant	11.0 SB	Perm	N	Y	Y	1
Therapy Support Navigator	4.0	Perm	N	Y	Y	1
Indigenous Wellness Worker	7.0	Perm	N	Y	Y	1
Professional Practice Lead - School Based Programming (PPL-C)	3.0	Perm	N	Y	Y	1
Professional Practice Lead - Teaching (PPL-T)	2.0	Perm	N	Y	Y	1
Mental Health Nurse	2.0 SB	Perm	N	Y	Y	1
TOTAL	41.0		0	8	8	

Zone	Location	PM	PPLC	PPLT	MHT	TSA	TSN	IWSS	MHN	TOTAL
North	Slave Lake/High Prairie				1	1		1		3
	Grande Prairie		1	1	1	1	1	1	1	7
	TBD				1	1				2
Edmonton					1	1		1		3
Central	Lacombe	1		1	1	1		1		5
	Red Deer Catholic				1	1	1	1		4
Calgary	CBE (public)		1		1	1	1	1	1	6
	CSSD(Catholic)				1	1	1	1		4
South	Taber		1		1	1	1	1		5
	Lethbridge area				1	1				2
	Brooks				1	1				2

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

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: Limitations of the school calendar year and the CASA Classrooms school-based staffing model results in limited time to train and orient new classroom teams.

Mitigation strategy:

Hire staff three months before new classrooms open, to allow enough time for orientation, training and classroom preparation.

Risk 2: CASA operational planning timelines misaligned with school budget timelines.

Mitigation strategy:

Communicate timelines for new classroom commitments to school divisions well ahead of CASA's operational planning timelines. Target schools before May when they are setting their budgets for the following school year, and use data from classrooms that have opened to demonstrate benefits.

Risk 3: Current IT infrastructure unable to support rapid growth in the Calgary zone.

Mitigation strategy:

Provide early information to IT on requirements and locations of new classrooms. Anticipate software and hardware requirements and order supplies immediately when new classrooms are announced. Address connectivity issues by ensuring laptops and phones are capable of various forms of connectivity in various settings.



10 Building capacity for enhanced trauma programming

Description:

Calgary and Red Deer were identified as expansion populations for the Thrive grant, therefore giving a provincial scope to CASA Mental Health's Trauma program. Building the capacity of trauma programming within CASA needs to get better before it gets bigger.

Provincially enhancing trauma program leadership, supervision and coordination will keep services evidence-informed and outcomes-based while taking the lead from the communities and people they serve in the current communities of Edmonton and Calgary. This approach will effectively support the set up of the next branch of programming in Red Deer, focusing on community connections, capacity building, navigation and dedicated support for patients and families.

These changes will enable the successful integration of CASA Mental Health into Red Deer while paving the way for future philanthropic and expansion connections and partnerships. A program supervisor and mental health therapist stream lead can ensure daily clinical fidelity to the Trauma program clinical framework across the province.

Furthermore, it will allow program managers to continue focusing on organizational and programmatic values to serve children and families in the Trauma program. Maintaining all positions under one provincial program umbrella will ensure the required coordination and communication needed to have a secure foundation. The enhanced leadership and clinical structure of the provincial Trauma program, across all cities, will align with CASA's vision and mission as a whole.

Type of Work: ☐ Improvement work ☒ Breakthrough Initiative

Convenor: Clinical Manager, Calgary Trauma

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:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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
Program Supervisor	1.0	Perm	Y	Laptop	Y	1
Mental Health Therapist	1.0	Perm	Y	Laptop	Y	1
Therapy Support Navigator	1.0	Perm	N	Laptop	Y	2/3
TOTAL	3.0		2	3	3	

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

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
Program Supervisor Salary (provincial)	Permanent	\$114,000
Program Supervisor Benefits	Permanent	\$22,800
MHT Salary (provincial)	Permanent	\$106,079
MHT Benefits	Permanent	\$21,216
MHT Special Project Pay	Permanent	\$2,356.25
TSN Salary (Red Deer)	Permanent	\$78,291.75
TSN Benefits	Permanent	\$15,658.35
Travel (Provincial, new positions)	[First Year] Permanent	[\$25,245] \$19,035
Clinical Travel (TSN, Red Deer)	Permanent	[\$1,131] \$2,262
Education/Training (3 new positions)	[First Year] Permanent	[\$9,000] 2% per staff salary
Child and Family Supports (Red Deer)	Permanent	\$2,000
TOTAL		First year total: \$396,777.35

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: Expansion of a service to a geographical area (Red Deer) that CASA does not have a physical location to use.

Mitigation strategy:

Establishing community connections with current service providers in the Red Deer system of care will allow for potential drop-down space use when serving the same or similar populations.

Establish and support interdependency of Trauma program therapy support navigator with CASA Classrooms teams already operating in Red Deer.

Risk Assessment and Mitigation

Risk 2: Ensuring balance of workload between for all staff working with a provincial program focus.

Mitigation strategy:

- Adequate coordination of quarterly trips to Edmonton, Red Deer and/or Calgary.
- Clearly outline job descriptions and minimize potential overlap in tasks across the entire Trauma leadership team provincially (clinical manager, program supervisor and MHT stream leads).
- Engage senior manager input to ensure a balance of work (with staff and patients) for all provincially-oriented staff to be done directly versus indirectly and virtually versus in person.

Risk 3: Support of therapy support navigator situated in Red Deer.

Mitigation strategy:

- Engage OHPS staff for recommendations and planning prior to hire.
- Establish in-person connections and relationships for the therapy support navigator (TSN) with central Alberta CASA Classrooms staff.
- Connect the Red Deer TSN to the CASA TSN community of practice meetings as well as Calgary TSNs for Trauma and CASA Classrooms.
- TSN to join weekly Calgary or Edmonton case conference meetings for clinical oversight.



11 New helpdesk ticketing system

Description:

The current service request ticketing system reached end of life in 2021 and is not meant for rapid growth and scalability.

We will implement a modern, user-friendly ticketing system that will enhance staff experience and improve request tracking from both the customer and service perspective. Increased reporting access will allow for faster resolution of issues that arise. Both IT and Facilities Management will onboard onto the system this year.

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 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:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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						

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

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
Software/service licensing	Permanent	\$8,500 annually (only IT) \$3,350 additional annually for Facilities to be onboarded
TOTAL		\$11,850

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 legacy system lacks modern security features, increasing the risk of data breaches as well as integration with our new Microsoft Office 365 environment.

Mitigation strategy:

No real mitigation available. Incurring unnecessary costs to keep the system functional.

Risk 2: Inability to extend the platform to other business units could limit collaboration and efficiency.

Mitigation strategy:

Implement standalone tools for other departments, leading to fragmented solutions.

Risk 3: Inadequate reporting capabilities may hinder data-driven decisions and delay problem resolution.

Mitigation strategy:

Develop external reporting tools, which could increase complexity and costs.

Continued development of the Psychiatric and Medical Clinics to better serve children with complex mental health disorders

Description:

The 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 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.

The previous year of clinic development work has included transitioning current physician-only files within CASA's EMR, beginning to build the care team (including hiring a program manager, mental health nurse and therapy support navigator), and adopting a guiding care model.

The upcoming year will focus on growing the care team and developing internal and external pathways in and out of the service.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Program Manager, Medical Clinics

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 type="checkbox"/> Identifiable and trusted organization in western Canada

Organizational Commitments - Commitment statements supported by this deliverable:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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 Nurse	1.0	Perm	Y	Y	N	1
Mental Health Nurse/ Therapy Support Navigator	1.0	Perm	Y	Y	N	2
TOTAL	2.0		2	2	0	

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

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
Behavioural Health Consultant (BHC) Model of Care Training	One time	\$30,100
TOTAL		\$ 30,100

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 workload.
- 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.

Risk 3: Adequate office space for these individuals to work from.

Mitigation strategy:

Shared office space and use of multiple sites and hybrid work.

Supporting expansion by growing capacity to ensure donor acquisition, retention and growth

Description:

CASA Mental Health is beginning a capital campaign in 2025-26, with the ambitious goal of raising \$90 million over five years to support CASA's provincial expansion. To achieve this goal, the Philanthropy team needs to steadily build its capacity by hiring additional staff to amplify and support its efforts, as well as ensure the team has skills and expertise in specialty philanthropy roles to guide stable donor acquisition, retention and growth strategies.

To support campaign efforts and expansion into new communities, two new positions are required: one in Fort McMurray and one in Calgary. These positions will focus on building awareness and engaging new donors in these key regions. Additionally, the Philanthropy team is building a strong foundation of policies and procedures, exemplifying high industry standards and reflecting professional excellence.

The Philanthropy team will pursue Imagine Canada accreditation (Canada's most widely recognized non-profit standards accreditation body) and lead CASA through the process. These improvement initiatives will help the Philanthropy team improve its operational quality, add more value to donor relationships and secure more funds to support the children, youth and families we serve.

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 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:

- ☒ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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
Philanthropy Officer, Major Gifts (Fort McMurray)	1.0	Perm	Y	Y	Y	1
Philanthropy Officer, Major Gifts (Calgary)	1.0	Perm	Y	Y	Y	1
TOTAL	2.0		2	2	2	

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

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
Imagine Canada Accreditation	One Time	\$8,532 (monthly community; application fee)
	Permanent	\$6,240 (yearly renewal)
TOTAL		\$14,772

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: Philanthropy team members face escalating workloads as they strive for their fundraising goals, resulting in burnout, disengagement and retention issues.

Mitigation strategy:

Adding two major gift officers to the team will help distribute the workload, contribute to fundraising goals and bring additional philanthropic expertise in-house.

Risk 2: Major donors often expect their funds to be managed by organizations that comply with known accreditation standards and are more likely to give to organizations that are accredited.

Mitigation strategy:

By pursuing Imagine Canada accreditation, CASA will establish a framework of high professional standards and excellence through proper guidance, support and templates from Imagine Canada.

Risk 3: CASA isn't set up to succeed in achieving its fundraising goals.

Mitigation strategy:

New FTEs and Imagine Canada accreditation will help lay a foundation for CASA to meet its fundraising goals.

New major gift officers will help grow the number of prospects in the donor database, especially in key new regions, and ensure there are enough staff to properly engage donors. Accreditation will reduce potential mistrust from donors who prefer to give to non-profits that adhere to accreditation standards.

14 Capital builds: building four new CASA Houses

Description:

CASA Mental Health's capital expansion includes four new buildings across the province, designed to deliver trauma-informed, culturally-sensitive, medical and therapeutic mental health care to youth aged 13 to 18 with both day and overnight programs. The project is divided into two, regional phases. Phase 1 includes Calgary and Fort McMurray, which will open Adolescent Day and House programs in 2027. Phase 2 includes southern Alberta and Edmonton opening their doors in 2029.

CASA aims to ensure efficiency and cost effectiveness by adopting a construction delivery approach called Integrated Project Delivery (IPD). This model is a values-based and highly collaborative construction approach with all partners coming together early on so voices from all disciplines are heard from the beginning of the project which not only stays true to CASA's core values, it eliminates the need for many costly change orders throughout the life of the project.

Engagement sessions with key careholders like staff, patients and caregivers guide the concept of the building's design, ensuring it reflects CASA's clinical and operational priorities. There will be one design for all four buildings, resulting in major cost efficiencies and allowing clinical staff who travel between locations to work seamlessly in familiar environments and with common safety protocols. These state-of-the-art facilities are thoughtfully designed to support CASA's commitment to accessible, high-quality care.

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
<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 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:

- ☒ IDEA (Inclusivity, Diversity, Equity and Accessibility)
- ☒ Truth and Reconciliation

Interdependencies

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

		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						

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

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

This is a multi-year project with the following phases planned:

- Phase 1: CASA opens its doors in Fort McMurray and Calgary in 2027;
- Phase 2: CASA opens its doors in Edmonton and southern Alberta in 2029.

Risk Assessment and Mitigation

The Capital Expansion construction team regularly manages a comprehensive risk register, including mitigation of risks. High-level risks are around our project values, which include project delivery schedule, project budget, occupant safety of our new buildings, the quality of clinical care we deliver, trauma-informed design of our space and 21st century learning .





Secure

Security is key as we grow and evolve. These seven deliverables focus on secure technologies, privacy, resources, and employee and patient safety.

Effective medication management through a consulting pharmacist

Description:

A consulting pharmacist brings specialized knowledge to children's mental health programming, ensuring safe and effective medication management for complex cases. They provide critical support in evaluating medication efficacy, managing side effects and tailoring pharmacological approaches to each child's unique needs. Their expertise enhances interdisciplinary collaboration, equipping our clinical teams with up-to-date evidence and personalized recommendations. By optimizing medication use, they improve treatment outcomes and support the overall well-being of children, youth and their caregivers through education and consultation.

Type of Work: ☐ Improvement work ☒ Breakthrough Initiative

Convenor: Director, Clinical (Outpatient Clinics)

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
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Organizational Commitments - Commitment statements supported by this deliverable:

- ☒ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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
Consulting Pharmacist	1.0	Contract	Centre - drop down	Laptop - 1	N	1
TOTAL	1.0		1	1	0	

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

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
Contract - total compensation	Annually	\$142,000
TOTAL		\$142,000

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: Financial costs.

Mitigation strategy: Adding a consulting pharmacist increases organizational expenses through a contract model, as CASA would be invoiced for total compensation by the contractor.

Risk 2: Role clarity and integration.

Mitigation strategy: Without clear role definitions and effective integration into the existing care team, there is a risk of overlap or conflict with other clinical professionals, potentially affecting team dynamics and efficiency.

Risk 3: Limited measurable impact.

Mitigation strategy: If the benefits of the consulting pharmacist's contributions are not easily quantifiable, we may face challenges justifying the role's value to stakeholders or funders.

Service stream to improve treatment of obsessive-compulsive disorder

Description:

Members of the Core team will develop and implement a specific pathway for the treatment of obsessive-compulsive disorder (OCD). About 10 per cent of patients who access the Core program present with OCD.

Due to our current clinical framework in which all patients are offered similar treatment in terms of frequency of visits, eclectic modalities of intervention and universally-applied outcome measures, patients with OCD are not receiving the frequency nor intensity of therapeutic interventions they require.

To provide the gold standard of care for our patients who have a diagnosis or queried diagnosis of OCD, we will create a treatment pathway in which patients will receive a specific, measurable and evidence-based therapeutic intervention.

Exposure with Response Prevention (ERP), a particular type of Cognitive Behavioural Therapy (CBT), is the most effective treatment for OCD. The creation of this treatment pathway within Core would require the addition of one full-time to part-time mental health therapist who would provide both increased expertise and increased frequency of intervention for this population.

To maximize the number of patients receiving specialized treatment, therapeutic interventions would be provided by a treatment team (mental health therapist, therapy support navigator and psychiatrist) and would include individual ERP therapy as well as group therapy for patients and caregivers/families.

Using this treatment stream, the Core program would be able to provide specialized treatment services to between 60 and 100 patients per year. This treatment pathway would improve the services to these current patients, rather than serving additional patients in the Core Program.

The outcomes of this treatment would be measured to evaluate the effectiveness of the treatment pathway and to create additional opportunities for improvement. The therapist would require experience working with this population, as well as training in both CBT and ERP. This therapist would support the training and learning of other therapists within the Core program, as well as other programs at CASA, to increase the capacity of all therapists to identify and treat OCD.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Clinical Manager, Core Program

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:

☒ IDEA (Inclusivity, Diversity, Equity and Accessibility)
 ☐ Truth and Reconciliation

Interdependencies

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

		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	Y	Y - Desktop	N	2
TOTAL	1.0		1	1	0	

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

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: Recruitment and retention of a qualified employee.

Mitigation strategy:

Working closely with HR to identify qualified candidates.

Risk 2: Space for employee.

Mitigation strategy:

Exploring opportunities for space-sharing and evaluating current space needs.



Indigenous Services: Improved coordination of care and access to psychiatry

Description:

Access to physicians and psychiatry is limited in the communities we serve. Working collaboratively within an interdisciplinary team, the mental health nurse will improve the coordination of care and access to psychiatry for patients receiving mental health services in the Comprehensive School-Based Mental Health program and First Nations, Métis and Inuit Mental Health Services.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: Director, Clinical (Inclusivity and Indigenous Initiatives)

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
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Organizational Commitments - Commitment statements supported by this deliverable:

- ☒ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☒ Truth and Reconciliation

Interdependencies

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

		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
Admin 2	1.0	Perm	N	Y	Y	1
TOTAL	1.0		0	1	1	

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

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	\$3,500
Medical Supplies (scale etc.)	One time	\$1,500
TOTAL		\$5,000

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: Continuity of care. Continuing to use nurses from other program areas for referrals to psychiatry does not support wrap-around service delivery.

Mitigation strategy:

Including a Registered Nurse on the interdisciplinary team would support improved coordination of services, collaborative care planning and treatment.

Risk 2: Access to psychiatry.

There may be an inability to meet the mental health needs of children and adolescents from the Indigenous communities CASA serves.

Mitigation strategy:

Including a Registered Nurse on the interdisciplinary team would improve access to psychiatry for Indigenous children and adolescents.

Risk 3: Organizational commitments to Truth and Reconciliation.

CASA must meet organizational commitments made in response to calls to action:

- **Commitment #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.**
- **Commitment #8: Staffing allocation to support the evolving mental health and wellness needs of Indigenous communities.**

Mitigation strategy:

The increased staffing allocation and interdisciplinary approach will support the organization's commitments to meet the identified mental health needs of the Indigenous communities CASA serves.

18 Cybersecurity and infrastructure assessment/audit

Description:

As CASA experiences rapid growth, its IT infrastructure and cybersecurity will become increasingly complex and vulnerable. Without a comprehensive cybersecurity and infrastructure assessment, the organization faces significant risks, including data breaches, operational disruptions, compliance violations and reputational damage. This assessment will identify vulnerabilities, ensure scalability and align IT resources with business objectives.

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

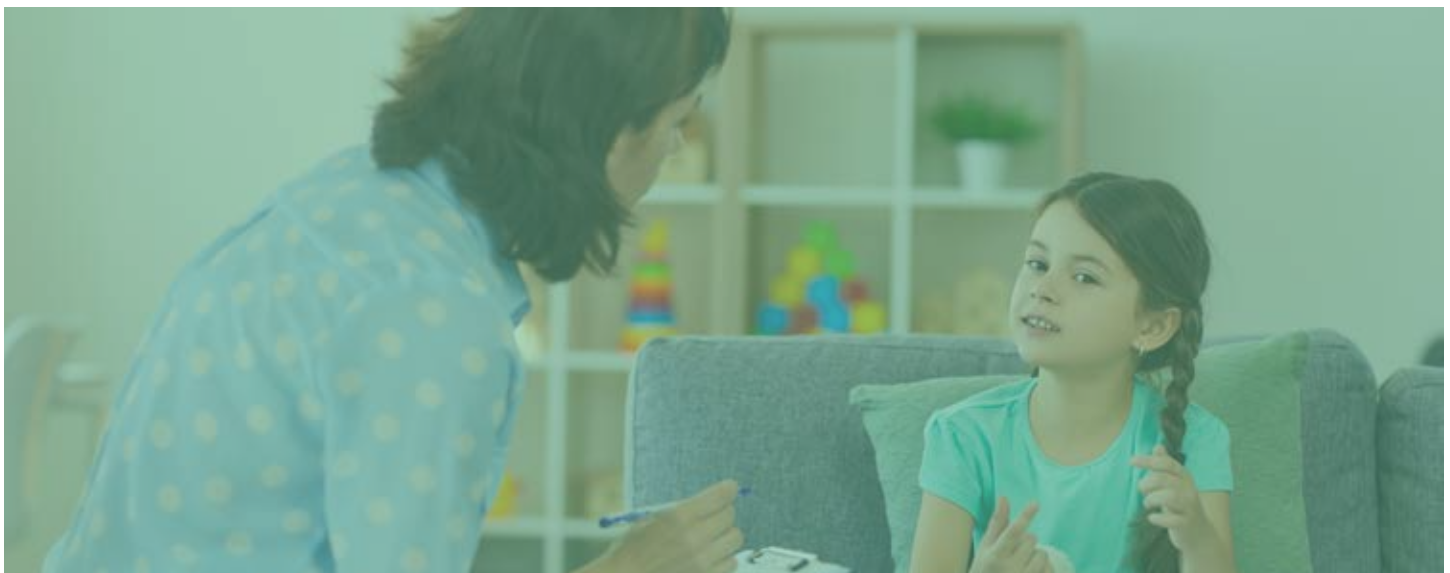
Roadmap

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 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:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation



Interdependencies

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

		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						

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

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
Consultant/Managed Service Provider	One time	\$46,000
TOTAL		\$46,000

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: Failing to clearly define the scope of the assessment may result in overlooked areas or inadequate focus on critical vulnerabilities.

Mitigation strategy:

Conduct detailed scoping sessions with all partners to ensure all systems, networks and policies are covered.

Risk 2: Testing activities (e.g., penetration testing, network scans) might impact live systems, causing downtime or degraded performance.

Mitigation strategy:

Schedule testing during off-peak hours and coordinate with IT teams to minimize operational disruptions.

Increasing staff and patient safety through trauma-informed training

Description:

As CASA expands, it is crucial to invest in and support CASA's trauma-exposed professionals who have suffered operational stress injuries in the line of duty through psychological treatment, trauma treatment, assessment services and proactive training.

It is important to provide employees with proactive, rather than reactive mental health education. The Before Operational Stress (BOS) program is a proactive approach that gives individuals the skills to care for their mental health and actively promote resiliency and cognitive training, in turn promoting longevity on the job.

BOS is independently researched and evidence-based, having been deployed to more than 74,000 trauma-exposed professionals in Canada and the U.S. Publications on this research show statistically-significant improvements in mental health outcomes.

This training is \$200-\$250 a person, which will be paid for from each participant's education budget.

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 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:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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						

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

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
Training materials/supplies	One time	\$6,000
TOTAL		\$6,000

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: Employee retention, well-being and resiliency.

Mitigation strategy:

Left untreated or unaddressed, continuous exposure to trauma and occupational stress can have long-term effects on employee well-being, including low morale, burnout and subsequent turnover. This puts a strain on supporting departments including Human Resources and Inclusivity, Diversity, Equity and Accessibility. The potential for psychological injuries submitted to the Workers' Compensation Board (WCB) is exponentially higher.

Risk 2: Proactively reducing WCB premiums and short-term disability claims.

Mitigation strategy:

In the past 12 months at CASA, there has been an increase in psychological injury inquiries and reports to WCB and short-term disability (STD) and long-term disability (LTD) claims due to workload, stress, mental exhaustion, harassment and bullying. WCB premiums are calculated and based on claims in previous years. The delay means that CASA won't see the price increase due to psychological claims for this year and previous years until 2026. This program can help CASA in mitigating psychological injuries due to occupational exposure, trauma and stress. In the long term this program can decrease premiums, both to WCB and to Sun Life disability.



Risk 3: Investment into staff has a direct impact on CASA culture.

Mitigation strategy:

Throughout the last two years at CASA, there has been staff feedback reporting repeated and ongoing exposure to occupational stress due to the nature of their work, especially in CASA's residential program.

This stress has a direct impact on day-to-day morale, the quality of patient care and workplace culture. Studies show that decreased job satisfaction and low morale can impact compliance with safety requirements and patient care.

Renewal of Government of Alberta Grants – Classrooms, Expansion and Legacy

Description:

In the 2025-26 fiscal year, all three of CASA's agreements with the Government of Alberta are in their final year. CASA will renegotiate the renewal of these agreements for new multi-year terms. These agreements will support CASA's programs and services across the province through the Provincial Expansion and Classroom agreements, and our Edmonton-based programs and services through the Legacy agreement.

Type of Work: ☒ Improvement work ☐ Breakthrough Initiative

Convenor: 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 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 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:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation



Interdependencies

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

		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						

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

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: Renewal is dependent on the Government of Alberta's timelines and processes.

Mitigation strategy:

We will engage with the Ministry early in the 2025-26 fiscal year to understand the timelines and begin the process as soon as possible. We have standing monthly meetings with the Ministry team responsible for these agreements. This will be a priority during those meetings.

Risk 2: Due to economic factors, less funding may be available for any increases under the agreements to cover increased wages and benefits.

Mitigation strategy:

We have built capacity into the current agreements to ensure increases related to our collective agreement are covered until the end of the current collective agreement. We will be far enough along the renewal process with the Government of Alberta to inform our negotiations for the new collective agreement in terms of any available funding for increased wages and benefits.

Risk 3: Existing surpluses under current Classroom and Expansion agreements may impact levels of funding under new agreements.

Mitigation strategy:

There is currently enough surplus to continue funding programs under these agreements. The government would likely look to us to spend the current surpluses, and we may look at negotiating a shorter term on these agreements as a result.

Diversifying business revenue – exploration and business case development

Description:

CASA Mental Health has been successful in solidifying ongoing funding through government agreements, grants and philanthropic donations, but there has been little work done to explore business revenue opportunities. The focus for the 2025/26 fiscal year will be to complete a business revenue exploration followed by developing a minimum of three business cases for possible streams of future income. Business cases will also include consideration of licensing or franchise options for existing CASA programs and services.

Type of Work: ☐ Improvement work ☒ Breakthrough Initiative

Convenor: Director, Clinical (Outpatient Clinics)

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
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Organizational Commitments - Commitment statements supported by this deliverable:

- ☐ IDEA (Inclusivity, Diversity, Equity and Accessibility) ☐ Truth and Reconciliation

Interdependencies

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

		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						

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

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
Contract	One time	\$50,000
TOTAL		\$50,000

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: Financial self-sufficiency.

Mitigation strategy:

There is a financial risk associated with the degree of CASA's current dependence solely on government funding. While CASA has set significant fundraising targets, we also need to look at other ways to mitigate financial risk. Our mitigation approach will include diversifying revenue streams, helping ensure CASA is not solely reliant on fluctuating external funding.

Risk 2: Commitment to innovation.

Mitigation strategy:

Without embracing innovative service models, CASA risks not fully meeting the evolving needs of the children and families it serves. CASA will continue to incorporate best practices and pioneer new approaches to enhance mental health treatment.

Risk 3: Untapped workforce potential.

Mitigation strategy:

Without effectively harnessing and implementing the innovative ideas and talents within our workforce, CASA risks missing opportunities to enhance its programs and services. CASA will continue to foster an environment that encourages creativity, collaboration and the full breadth of our team's diverse skills and insights to drive continuous improvement and impactful outcomes.



Programs and Services

CASA Definitions - Programs and Services

Program

A program is a discrete, organized set of actions that use resources across the organization, to produce a desired outcome for CASA's patients. Programs differ from services in that there is intentionality around change, with goals, objectives and indicators to measure progress toward desired outcomes.

Programs at CASA are further defined as having responsibility for the patient and the patient record, as well as having a definitive start and stop date for CASA patients.

For Funding: Programs stand alone and have their own product sheets.

Service

A service is an activity of providing help or support to those who provide assistance to CASA patients. Services are activities that support others in fulfilling the purpose or mission of the program or organization.

Services at CASA are further defined as those supports that do not stand alone and that provide assistance to others in producing desired outcomes for CASA patients.

For funding: Service costs are incorporated into program product sheets to ensure appropriate capture of all expenses related to each program. Services will also have a separate service product sheet to capture specific service costs reportable to funders.

CASA Programs:

- Adolescent Day Program
- Children's Day Program
- Core
- CASA House
- Trauma Program
- Family Therapy
- Psychiatry and Medical Clinics
- CASA Classrooms
- Preschool Day Program
- First Nations Program
- FASTRACS
- Indigenous School-Based Program

CASA Services:

- Indigenous Wellness Support Services
- Psychological Assessment and Consultation (PAC)
- Rehabilitation Services
- Concurrent Care
- Triage and Transition
- FamilySmart
- Professional Development and Education
- Inclusivity, Diversity, Equity and Accessibility

1 Adolescent Day Program

Who we help:

CASA's Adolescent Day Program (ADP) serves youth in grades eight to 12 who need tertiary-level care due to ongoing emotional, psychological or behavioural challenges in attending a community school. The program provides assessment, diagnosis, therapy and medication review to youth at a CALOCUS Level 4.

Projected number of children served annually by this program:

2025-26
24 - Edmonton

What happens in the program:

ADP's goal is to help the adolescent and family develop skills to enable them to experience increased success in school, peer relationships and within the family. The adolescent, their family and the multidisciplinary team develop a collaborative treatment plan. A successful return to a community school is a priority; this is achieved by strengthening existing abilities and developing new skills in interpersonal relationships, problem-solving, organization, task management and family function.

ADP's framework is evidence-based and focuses on five key areas:

1. Application of current brain science and neurodevelopment toward a strengths-based, resiliency approach;
2. Reducing toxic stress for the adolescent through building upon strengths individually, within the family setting and in the classroom and larger community;
3. Effective learning strategies to build success across home, school and community;
4. Trauma-informed interventions for the adolescent, families and staff within the program, and
5. Evidence-based programming to serve individual needs (including dialectical behaviour and cognitive behavioural therapy and motivational interviewing), including risk assessment and safety planning as necessary.

Patients attend ADP for an average of one semester (4.5 months), which allows for two intake periods per year (September and February). There is no program during July and August.

Therapeutic Services

The ADP team consists of school teachers, mental health therapists, therapy support assistants, therapy support navigators, psychiatrists, nurses, an allied health team and program leadership staff.

Therapeutic approaches include:

- Group therapy (psychodynamic and dialectical behaviour therapy)
- Individual therapy
- Family therapy
- Art therapy
- Therapeutic milieu
- Therapeutic Crisis Intervention
- Bi-weekly parent group

Attending parent group is mandatory for all families attending ADP.

Step-Up and Step-Down Services While in Programming

During a patient's treatment in the program, the multi-disciplinary 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, where space may afford the family an opportunity to gain individual skills before re-integrating and/or 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 intensive inpatient care before transition to the community school.

Transition Services at Discharge

ADP therapy support navigators work with the multi-disciplinary team to identify post-treatment supports and coordinate services to the adolescent exiting ADP, prior to their transition back to the community. The adolescent's family is engaged to develop a thoughtful and organized transition plan that addresses the patient and family's needs. Non-urgent, follow-up transition support is provided for a defined period after discharge.

2025-2026 Budget

Salary & Wages	682,819
Benefits	136,564
Total Salaries and Employee Benefits	819,383

Education, Conferences & Workshops	13,656
Child & Family Supports	1,500
Clinical Consultation	17,280
Clinical Contracts / Services	7,000
Clinical Travel	2,000
Office Materials & Supplies	2,000
Professional Consulting / Services	15,000
Program Materials & Supplies	12,000
Recreation	1,700
Team Building	818
Travel & Subsistence	2,000
Total Program Expenses	74,954

Total Expenses	894,338
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Position Name	FTE
Assessment Psychologist	0.25
Concurrent Counsellor	0.20
Mental Health Nurse	1.00
Mental Health Therapist	2.00
Occupational Therapist	0.10
Program Manager, Day Programs	0.34
Senior Manager, Clinical Operations	0.17

Speech Language Pathologist	0.10
Therapy Support Assistant	3.00
Therapy Support Navigator	0.68
Unit Supervisor, Day Programs	0.34
Grand Total	8.18



2 CASA Classrooms Program

Who we help:

The CASA Classrooms program provides individualized mental health treatment for students in grades four to 12. These students experience 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
- Need 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 learning in a CASA Classroom environment.

Children and adolescents who access CASA Classrooms receive more support than a community child and youth mental health service clinic can provide. These supports include therapy-based interventions (individual and group) supported by a mental health team in the classroom, physician and multi-disciplinary support and ongoing transition services supporting the students' progress towards recovery.

Keeping the mental health classroom integrated into the school provides the opportunity to 'practice' classroom engagement in a smaller, safe, lower-pressure environment and is recognized as a positive component of the CASA Classrooms 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:

CASA Mental Health partnered with the Government of Alberta and school divisions to bring mental health services closer to where kids and families are: in schools either in their community or school division. Bringing intensive services to communities reduces barriers to services, fills the "missing middle" gap and allows CASA to step into existing schools to deliver services to more kids and families, in more communities provincially, in an environment that is already familiar to kids.

CASA provides the health-care team to deliver an integrated, recovery-focused mental health treatment and educational support program. Local school divisions provide the classroom and certificated teachers.

The classroom team works together to develop treatment and programming tailored to the student's mental health and learning needs. This includes collaborating with students and their caregivers to set goals. 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 cover half of a traditional school year, running from September to January or February to June. Patients benefit from medical and mental health assessments, and engage in in-class mental health and individualized academic programming.

During their time in the CASA Classroom, goals for patients 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 about 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. The team has access to multi-disciplinary team members such as occupational therapists and speech-language pathologists.

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, which is 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 the patient's family, education, social and community networks.

CASA Classrooms is a step up from mental health supports typically available in school and community settings. A 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 based on location, history of previous services and results from the assessments conducted in the early stages of the classrooms program.

Transition Services at Discharge

During the second half 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 with the goal of implementing strategies and practices which are found to be helpful in the CASA Classroom setting. Receiving school staff are supported through modelling, consulting and planning how best to support each patient within their school setting. Over the five-month supported transition period, receiving school staff and community-based mental health supports are increasingly relied on to act as a support network for the patient.

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

Each classroom is allotted one MHT and one TSA. Each geographic area is allotted one RN, one PPL - Teacher, one PPL - Therapy and one TSN per two classrooms.

2025-2026 Budget

Salary & Wages	12,747,610
Employment Contracts / Services	30,000
Benefits	2,549,522

Total Salaries and Employee Benefits	15,327,132
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Education, Conferences & Workshops	254,952
Child & Family Supports	2,000
Clinical Consultation	513,225
Clinical Contracts / Services	30,000
Clinical Travel	50,000
Office Materials & Supplies	207,500
Program Materials & Supplies	160,000
Team Building	15,808
Travel & Subsistence	157,500

Total Program Expenses	1,390,985
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Total Expenses	16,718,118
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Position Name	FTE
Assessment Psychologist	2.40
Executive Assistant I	1.00
Indigenous Professional Practice Lead	4.00
Indigenous Wellness Worker	9.00
Mental Health Consultant	0.80
Mental Health Nurse	10.60
Mental Health Therapist	32.00
Occupational Therapist	1.40
Professional Practice Lead, Clinical	3.00
Professional Practice Lead, School Based Programming	7.00
Professional Practice Lead, Teaching	8.50
Program Administration	1.00
Program Manager, CASA Classrooms	7.00
Project Admin	1.00
Rehab Assistant	1.00
Senior Manager, Clinical Operations	1.07
Speech Language Pathologist	1.20
Therapy Support Assistant	34.00
Therapy Support Navigator	20.00
Grand Total	145.97

Edmonton 2025-2026 Budget

Salary & Wages	2,948,623
Benefits	589,725

Total Salaries and Employee Benefits	3,538,348
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Education, Conferences & Workshops	58,972
Clinical Consultation	118,298
Clinical Contracts / Services	30,000
Clinical Travel	10,000
Office Materials & Supplies	37,500
Program Materials & Supplies	45,000
Team Building	3,567
Travel & Subsistence	15,000

Total Program Expenses	318,338
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Total Expenses	3,856,686
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Position Name	FTE
Executive Assistant I	0.50
Mental Health Nurse	2.00
Mental Health Therapist	9.00
Occupational Therapist	0.60
Professional Practice Lead, School Based Programming	2.00
Professional Practice Lead, Teaching	2.00
Program Manager, CASA Classrooms	1.00
Rehab Assistant	1.00
Senior Manager, Clinical Operations	0.16
Therapy Support Assistant	11.00
Therapy Support Navigator	4.00
Indigenous Wellness Worker	1.00
Speech Language Pathologist	0.40
Grand Total	34.66

Central 2025-2026 Budget

Salary & Wages	2,915,251
Benefits	583,050

Total Salaries and Employee Benefits	3,498,301
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Education, Conferences & Workshops	58,305
Clinical Consultation	118,298

Clinical Travel	10,000
Office Materials & Supplies	70,000
Program Materials & Supplies	50,000
Team Building	3,558
Travel & Subsistence	37,500

Total Program Expenses	347,661
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Total Expenses	3,845,962
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Position Name	FTE
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Assessment Psychologist	0.50
Indigenous Professional Practice Lead	1.00
Mental Health Nurse	2.00
Mental Health Therapist	8.00
Occupational Therapist	0.20
Professional Practice Lead, School Based Programming	2.00
Professional Practice Lead, Teaching	2.00
Program Manager, CASA Classrooms	2.00
Project Admin	0.34
Senior Manager, Clinical Operations	0.25
Speech Language Pathologist	0.20
Therapy Support Assistant	8.00
Therapy Support Navigator	5.00
Indigenous Wellness Worker	2.00

Grand Total	33.49
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South 2025-2026 Budget

Salary & Wages	1,928,050
Benefits	385,610

Total Salaries and Employee Benefits	2,313,660
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Education, Conferences & Workshops	38,561
Clinical Consultation	118,298
Clinical Travel	10,000
Office Materials & Supplies	37,500
Program Materials & Supplies	20,000
Team Building	2,458
Telephone & Communications	
Travel & Subsistence	30,000

Total Program Expenses	256,817
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Total Expenses	2,570,477
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Position Name	FTE
Assessment Psychologist	0.50
Indigenous Professional Practice Lead	0.50
Mental Health Nurse	1.00
Mental Health Therapist	5.00
Occupational Therapist	0.20
Professional Practice Lead, Clinical	1.00
Professional Practice Lead, School Based Programming	1.00
Professional Practice Lead, Teaching	1.00
Program Manager, CASA Classrooms	1.00
Project Admin	0.33
Senior Manager, Clinical Operations	0.25
Speech Language Pathologist	0.20
Therapy Support Assistant	5.00
Therapy Support Navigator	4.00
Indigenous Wellness Worker	1.00
Grand Total	21.98

North 2025-2026 Budget

Salary & Wages	2,729,376
Employment Contracts / Services	30,000
Benefits	545,875
Total Salaries and Employee Benefits	3,305,251

Education, Conferences & Workshops	54,588
Child & Family Supports	2,000
Clinical Consultation	40,033
Clinical Travel	10,000
Office Materials & Supplies	30,000
Program Materials & Supplies	20,000
Team Building	3,367
Travel & Subsistence	40,000
Total Program Expenses	199,988
Total Expenses	3,505,239

Position Name	FTE
Assessment Psychologist	1.00
Executive Assistant I	0.50
Indigenous Professional Practice Lead	2.00
Mental Health Nurse	3.60
Mental Health Therapist	4.00
Professional Practice Lead, Clinical	1.00

Professional Practice Lead, School Based Programming	1.00
Professional Practice Lead, Teaching	2.50
Program Administration	0.50
Program Manager, CASA Classrooms	2.00
Senior Manager, Clinical Operations	0.16
Therapy Support Assistant	4.00
Therapy Support Navigator	4.00
Indigenous Wellness Worker	4.00
Occupational Therapist	0.20
Speech Language Pathologist	0.20
Grand Total	30.66

Calgary 2025-2026 Budget

Salary & Wages	2,226,310
Benefits	445,262
Total Salaries and Employee Benefits	2,671,572

Education, Conferences & Workshops	44,526
Clinical Consultation	118,298
Clinical Travel	10,000
Office Materials & Supplies	32,500
Program Materials & Supplies	25,000
Team Building	2,858
Travel & Subsistence	35,000

Total Program Expenses	268,182
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Total Expenses	2,939,754
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Position Name	FTE
Assessment Psychologist	0.40
Indigenous Professional Practice Lead	0.50
Mental Health Consultant	0.80
Mental Health Nurse	2.00
Mental Health Therapist	6.00
Occupational Therapist	0.20
Professional Practice Lead, Clinical	1.00
Professional Practice Lead, School Based Programming	1.00
Professional Practice Lead, Teaching	1.00
Program Administration	0.50
Program Manager, CASA Classrooms	1.00
Project Admin	0.33
Senior Manager, Clinical Operations	0.25

Speech Language Pathologist	0.20
Therapy Support Assistant	6.00
Therapy Support Navigator	3.00
Indigenous Wellness Worker	1.00
Grand Total	25.18



3 CASA House Program

Who we help:

CASA House is a tertiary-level, CALOCUS Level 5, voluntary inpatient 19-bed treatment facility that supports adolescents aged 12-17 and their families who have not been successfully treated in community settings. Youth can turn 18 during their stay. Adolescents who come to CASA House have complex needs, which could include severe mental health challenges, family dysfunction, school issues or school avoidance, peer-related issues, and social or economic challenges.

Projected number of children served annually by this program:

2025-26
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 evidence-informed individual and group psychotherapeutic treatments. These treatments focus on managing symptoms and functional improvement.

Adolescents and their families also participate in family therapy and multi-family therapy with other families at CASA House to improve the parent-child relationship, implement effective parenting strategies and increase the parent'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 from the transitions team after discharge.

Therapeutic Services

The CASA House program team consists of a variety of health and school-based professionals including school teachers, mental health therapists, mental health support staff, psychiatrists, nurses, allied health staff and transition support staff.

Therapeutic approaches include:

- Large/small group therapy
- Individual therapy for adolescents
- Family therapy
- Music therapy

Art therapy or other 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 and increasing school and therapy attendance.
- Bi-weekly parent group and multi-family group therapy
Attending parent group is mandatory for all families attending CASA House.

Step-Up and Step-Down Services While in Programming

During a patient's treatment in program, the multi-disciplinary 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 it is to a more (step up) or less (step down) intense program. Patients with an increased level of acuity are supported 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.

Some CASA House patients may need a high level of support before transitioning back to their community mental health care provider and community school. These patients are stepped down into another service at the time of discharge.

Transition Services at Discharge

CASA House transition support staff work with the multi-disciplinary team to provide proactive post-treatment supports and coordinate services for the adolescent living at CASA House, before transitioning back to their home, school and community. The adolescent's family is engaged to develop a thoughtful and organized transition plan that addresses the patient and the family's community and school-based needs. Non-urgent, follow-up medical care and transition support is provided up to eight to 12 weeks post-discharge.

2025-2026 Budget

Salary & Wages	2,948,670
Salaries - Casuals	229,500
Benefits	589,734
Total Salaries and Employee Benefits	3,767,903

Education, Conferences & Workshops	63,563
Child & Family Supports	4,000
Clinical Consultation	4,000
Clinical Contracts / Services	63,098
Clinical Travel	17,000
Drugs & Medical Supplies	4,000
Food & Kitchen	121,000
Office Materials & Supplies	9,926
Professional Consulting / Services	10,000
Program Materials & Supplies	23,511
Recreation	43,281
Software & Subscription	1,380
Team Building	7,417
Travel & Subsistence	4,700
Total Program Expenses	376,876
Total Expenses	4,144,780

Position Name	FTE
Assessment Psychologist	0.75
Behavioural Specialist	1.00
Child Care Counsellor	7.28

Concurrent Counsellor	0.80
Cook II	1.80
Licensed Practical Nurse	12.42
Mental Health Therapist	2.60
Mental Health Therapist Intern	1.00
Occupational Therapist	0.45
Program Manager, CASA House	1.00
Program Supervisor, CASA House	1.00
Recreation Coordinator	2.00
Senior Manager, Clinical Operations	0.17
Therapy Support Navigator	1.80
Unit Lead	2.00
Unit Supervisor, CASA House	2.00
Grand Total	38.07



4 Children's Day Program

Who we help:

The Children's Day Program (CDP) is a tertiary-level, interdisciplinary diagnostic and therapeutic resource for children in grades three to six experiencing severe challenges regulating their emotions and behaviour. These challenges have impacted their ability to participate meaningfully in home, school and community environments. Children attending the program may also have associated difficulties with executive function in the domains of attention, impulse control, planning, judgment and cognitive flexibility, as well as learning disability.

Projected number of children served annually by this program:

2025-26
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 academic and clinical support within a therapeutic environment. Individual, group and family treatment are provided, along with specialized education, consultation with the community school and medication management.

CDP's framework is evidence-based and focuses on two key areas:

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

Therapeutic Program

The CDP team includes Edmonton Public School teachers, therapy support assistants, a behaviour specialist, a mental health therapist, psychiatrists, nurses, therapy support navigators, program leadership and other adjunctive professionals such as occupational therapists, speech-language pathologists and educational psychologists. Therapeutic approaches include:

- Small group therapy (Stop Now and Plan™, a cognitive-behavioural program for students)
- Individual family therapy
- Therapeutic milieu
- Art therapy
- Therapeutic Crisis Intervention
- Classroom behavioural management and organizational skills training
- Bi-weekly parent group*

Attending parent group is mandatory for all families attending CDP.

Step-Up and Step-Down Services While in Programming

During a patient's treatment in the program, the multi-disciplinary 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 specialized care in these areas is required.

Step-down care from CDP may be appropriate when a patient and their family have 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.

Transition Services at Discharge

CDP therapy support navigators work with the multi-disciplinary team to identify post-treatment supports and coordinate services to the child exiting ADP, before they transition back to the community. The child's family is

engaged to develop a thoughtful and organized transition plan that addresses the family's needs. Non-urgent, follow-up transition support is provided for a defined period after discharge.

2025-2026 Budget

Salary & Wages	811,730
Benefits	162,346
Total Salaries and Employee Benefits	974,076

Education, Conferences & Workshops	16,235
Child & Family Supports	1,500
Clinical Consultation	23,880
Clinical Contracts / Services	7,333
Memberships & Dues	6,500
Office Materials & Supplies	2,000
Program Materials & Supplies	10,000
Recreation	1,200
Team Building	988
Travel & Subsistence	2,000

Total Program Expenses	71,636
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Total Expenses	1,045,712
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Position Name	FTE
Assessment Psychologist	0.35
Behavioural Specialist	1.00
Mental Health Therapist	1.00
Occupational Therapist	0.40
Occupational Therapy Assistant	0.50
Program Manager, Day Programs	0.33
Registered Psychiatric Nurse	0.50
Senior Manager, Clinical Operations	0.16
Speech Language Assistant	0.25
Speech Language Pathologist	0.40
Therapy Support Assistant	4.00
Therapy Support Navigator	0.66
Unit Supervisor, Day Programs	0.33
Grand Total	9.88

5 Clinical Pathways

What are clinical pathways?

Clinical pathways are tools used to guide evidence-based healthcare, and aim to translate clinical processes to maximize patient safety and clinical efficiency. 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 community partners to enhance and support connecting patients and families in their mental health journey into, throughout and out of CASA Mental Health programs. These 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 them. CASA can also establish partnership agreements to address legislation about information-sharing and communication with our community partners. Resources for families and siblings may also be included in some pathways.

How can staff access the Clinical Pathway Development team?

If your team is struggling with navigating the mental health system when you have patients and families that need to step up or step down in programming, please use the request form on CASA Connect, [here](#).

Expect a meeting with a Clinical Pathway Development team member to engage on current state process mapping into and out of your assigned CASA program(s). 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, including referral and contact information. Timelines are dependent on workload and prioritization.

Where is this information stored:

Internal pathways are stored on CASA Connect. All information is on the Clinical Pathway Development page, and program-specific pathway information is posted on the 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 longstanding collaborative partners in patients' mental health journeys, with the goal of building sustainable and

long-term supports for patients and families. The Clinical Pathway Development team is able to more quickly identify gaps and barriers to service, and help create plans to limit the negative impact of these barriers or create processes to avoid them entirely. Program outputs consist of community support matrices, along with individualized and detailed pathway information for each partner.

2025-2026 Budget

Salary & Wages	344,583
Employment Contracts / Services	86,000
Benefits	68,917

Total Salaries and Employee Benefits	499,500
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Education, Conferences & Workshops	6,892
Office Materials & Supplies	2,000
Program Materials & Supplies	1,000
Team Building	300
Travel & Subsistence	10,000

Total Program Expenses	20,192
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Total Expenses	519,692
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Position Name	FTE
Clinical Pathway Specialist	2.00
Manager, Pathways	1.00
Senior Manager, Clinical Practice	0.25
Grand Total	3.25

6 Core Program

Who we help:

CASA's 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
1,000	1,000	1,000	1,000	1,000

What happens in the program:

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

- Provides timely and flexible access to mental health care;
- Matches the patient and family's clinical presentation with the appropriate level of clinical service, while acknowledging patients may need to step up or 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 specialized CASA programs to ensure families are matched with the right service at the right time;
- Includes the family as active participants in treatment, and
- Includes the patient and family's school and community network to provide a holistic approach.

Core's framework is evidence-based, and focuses on two key areas:

1. Developmental Theory and Brain Development
2. Trauma-Informed Care

Therapeutic Services

Core's services are provided by a multi-disciplinary team including psychiatrists, social workers, psychologists, occupational therapists, speech and language pathologists and nurses. Together, these registered professionals use a wide range of therapeutic approaches to facilitate the healing and growth of patients and their families, including:

- Individual therapy (may include play-based and expressive arts approaches, CBT, DBT-informed, dyadic interventions, etc.)
- Therapeutic Crisis Intervention
- Group therapy
- Educational sessions for caregivers

The Core program recognizes that child and adolescent mental health develops in the context of relationships. Core aims to support the relationships around the child or adolescent, including with the parent/caregiver, family and community. The Core team promotes the child's healthy development, identifies strengths and struggles, reduces symptoms of mental illness and provides information and strategies to the child and their caregivers that facilitate growth. Core is committed to providing evidence-informed, patient-centred, 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, we provide consultative services to Child and Family Services, Home Visitation and Head Start service providers in the community who are working with children ages five and under. Core professionals provide consultation for individual children who present 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 multi-disciplinary team may determine, in conjunction with the family, that a different level of service is required. Other programs such as Family Therapy, the Trauma program, CASA House or a day program may be accessed if a more intensive service is required.

Step-down services from Core may be appropriate when a patient and their family has completed their course of care and less intensive supports are needed. Core staff may then work to connect the patient and family to community programs to build their natural support network.

2025-2026 Budget

Salary & Wages	3,433,873
Benefits	686,775
Total Salaries and Employee Benefits	4,120,647

Education, Conferences & Workshops	68,677
Child & Family Supports	7,000
Clinical Consultation	100,000
Office Materials & Supplies	5,000
Program Materials & Supplies	11,599
Software & Subscription	3,000
Team Building	4,035
Travel & Subsistence	10,000

Total Program Expenses	209,311
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Total Expenses	4,329,959
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Position Name	FTE
Assessment Psychologist	1.83
Concurrent Counsellor	2.00
Executive Assistant I	0.20
Manager, Clinical	2.00
Mental Health Therapist	19.87
Occupational Therapist	0.55
Professional Practice Lead, Rehab	0.40
Registered Nurse	1.80
Registered Psychiatric Nurse	0.80

Senior Manager, Clinical Operations
Therapy Support Navigator

0.20
7.80

Grand Total **37.45**



7 Family Therapy Program

Who we help:

CASA's Family Therapy program provides voluntary, community-based family therapy services for families of CASA patients between the ages of three and 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 to help support the recovery and healing of the CASA patient.

Projected number of children served annually by this program:

2024-25
440

What happens in the program:

Throughout the course of therapy, therapists complete an assessment of family functioning. In collaboration with the family, family therapy goals are established and a family treatment plan is created. Adult family members may be referred to adult psychiatry to complement ongoing family therapy treatment as needed, and concurrent individual therapy for the child/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;
- Strengths-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 the 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, these registered professionals use a variety of therapeutic approaches to facilitate family healing and growth.

Therapeutic approaches 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.

Transition Planning

During a patient's treatment in the program, the multi-disciplinary 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 patient or make a referral for adult mental health for caregivers as appropriate.

If the care team determines that the patient needs a stepped-up level of care, the care team will connect with the patient's primary mental health provider or primary physician to advocate for a referral to the higher-level program.

Once a period of care is completed, 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 program's therapy support navigator may work to connect the patient and their family to community programming that will build on their natural and formal support networks.

2025-2026 Budget

Salary & Wages	926,433
Benefits	185,287

Total Salaries and Employee Benefits	1,111,720
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Education, Conferences & Workshops	18,529
Child & Family Supports	2,000
Clinical Consultation	17,280
Office Materials & Supplies	1,000
Other Services & Rentals	2,000
Professional Consulting / Services	10,000
Program Materials & Supplies	4,000
Team Building	1,040
Travel & Subsistence	1,004

Total Program Expenses	56,853
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Total Expenses	1,168,573
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Position Name	FTE
Concurrent Counsellor	0.50
Executive Assistant I	0.20
Manager, Clinical	0.50
Mental Health Therapist	7.40
Senior Manager, Clinical Operations	0.20
Therapy Support Navigator	1.00
Grand Total	9.80

Fetal Alcohol Spectrum Treatment Resources and Community Support (FASTRACS)

Who can help:

Fetal Alcohol Spectrum Treatment Resources and Community Support (FASTRACS) provides caregiver education and parent-child interaction sessions for families living in Edmonton and rural Indigenous communities. These families have a child aged three to 17 with a possible or confirmed diagnosis of fetal alcohol spectrum disorder (FASD).

Caregiver education groups run for six sessions, followed by two parent-child interactional therapy sessions where indicated for children 12 years and under. 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:

2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
12	25	60	70	90

What happens in this service:

The goal of this program is to provide caregivers with an increased understanding of FASD, while providing them with 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 the therapy support navigator to assist with resource navigation and funding.

The FASTRACS framework is evidence-based and focuses on three key areas:

1. Application of current research in FASD.
2. Effective learning strategies for caregivers to build success in the home, school and community.
3. Reducing toxic stress for children through building on strengths individually, within the family setting and in the larger community.

Therapeutic Service Delivery

FASTRACS caregiver education and programming is provided by mental health therapists. Parent educators are an integral support in building awareness and capacity locally and in rural Indigenous communities.

Therapeutic approaches 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.

2025-2026 Budget

Salary & Wages	163,921
Benefits	32,784

Total Salaries and Employee Benefits	196,705
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Education, Conferences & Workshops	3,278
Child & Family Supports	5,000
Program Materials & Supplies	5,000
Team Building	170
Travel & Subsistence	2,000

Total Program Expenses	15,448
Total Expenses	212,153

Position Name	FTE
Director, Diversity and Belonging	0.20
Manager, Clinical	0.25
Senior Manager, Clinical Operations	0.25
Therapy Support Navigator	1.00
Grand Total	1.70

2022-23	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.25
	Therapy support navigator	1.00

2023-24	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.25
	Therapy support navigator	1.00

2024-25	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.25
	Therapy support navigator	1.00

2025-26	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.25
	Therapy support navigator	1.00

9 First Nations, Inuit and Métis Mental Health Program

Who 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 living in or connected to Alexander, Alexis Nakota Sioux, Enoch Cree and Paul First Nations communities. Holistic mental health care provided by the FNMI multi-disciplinary 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:

2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
25	100	150	150	200

What happens in this program:

The goal of FNMI services is to provide equitable access to quality mental health services for rural First Nations 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 Service Delivery

The multi-disciplinary team is comprised of clinical and non-clinical staff who provide a variety of recovery-focused and resiliency-oriented interventions. Treatment is multi-faceted and provided by mental health therapists and consulting psychiatrists and supported by a range of non-clinical staff, concurrent counsellors, therapy support navigators and family liaisons.

Therapeutic approaches 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/Step-Down Care

During a patient's treatment in the program, the multi-disciplinary 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, CASA Classrooms, Family Therapy or the Trauma program may be accessed if a more intensive service is required.

2025-2026 Budget

Salary & Wages	883,470
Benefits	176,694

Total Salaries and Employee Benefits	1,060,163
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Education, Conferences & Workshops	17,669
Child & Family Supports	16,000
Clinical Consultation	15,000
Clinical Travel	10,000
Office Materials & Supplies	7,000
Program Materials & Supplies	20,700
Team Building	970
Travel & Subsistence	30,000

Total Program Expenses	117,339
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Total Expenses	1,177,503
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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	2.80
Senior Manager, Clinical Operations	0.25
Therapy Support Navigator	3.00
Registered Nurse	0.50
Grand Total	9.50

2022-23	Position Title	FTE
	Clinical manager	0.25
	Clinical supervisor	1.0 <i>(Re-profiled for 23/24-School-based Services clinical manager)</i>
	Mental health therapist	2.62
	Therapy support navigator	6.0
	Addictions counsellor	2.0 <i>(1.0 position approved and re-profiled as EA)</i>
	Senior manager	0.25

2023-24	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.25
	Mental health therapist	*3.62 <i>(0.4 increase approved for full 1.0 position for 23/24)</i>
	Therapy support navigator	6.0 <i>(2.0 approved positions moved to IWSS, 1 CSBMHP)</i>
	Addictions counsellor	1.0
	Executive assistant	1.0

2024-25	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.75 <i>(0.5 approved correction - moved from CSBMHP and IWSS)</i>
	Mental health therapist	4.0 <i>(1.0 moved to CSBMHP)</i>
	Therapy support navigator	3.0
	Concurrent counsellor	1.0
	Executive assistant	1.0

2025-26	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.75
	Mental health therapist	3.0
	Therapy support navigator	3.0
	Concurrent counsellor	1.0
	Executive assistant	1.0

Indigenous Services - Comprehensive School-Based Mental Health Program

Who 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 Nations school divisions to provide children and adolescents from Alexander, Alexis Nakoda Sioux, Enoch Cree and Paul First Nations access to culturally-integrated, trauma-informed mental health education and intervention services.

Projected number of children served annually by this program.

(Universal programming-Tier 1):

2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
265	530	795	795	1060

(Targeted group programming-Tier 2):

2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
0	20	40	60	80

(Individualized intervention-Tier 3):

2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
7	20	20	20	40

What happens in this service:

Using the Response to Intervention (RTI) model, the program supports our 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 who need 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 Nations, 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 multi-disciplinary team works to develop individualized treatment and programming tailored to the child/adolescent's mental health and academic needs.

The STC provides assessment, social-emotional learning and individualized mental health and academic services to identified children and youth who 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 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, the tapering of treatment and transition to secondary interventions or community-based services. The 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 Nations schools and are accessible to children of all grade levels. The Specialized Therapeutic Classroom provides intensive mental health assessment and treatment to adolescents ages seven to nine.

Treatment and Services

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 treatment
- 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 with school division administrators, staff and teachers

Step Up/Step Down Care

Services are provided in partner First Nations 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 systems of care.

2025-2026 Budget

Salary & Wages	728,279
Benefits	145,656

Total Salaries and Employee Benefits	873,935
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Education, Conferences & Workshops	14,566
Child & Family Supports	25,000
Clinical Consultation	17,500
Clinical Travel	6,000
Office Materials & Supplies	2,500
Program Materials & Supplies	27,200
Software & Subscription	3,000
Team Building	795
Travel & Subsistence	23,500

Total Program Expenses	120,061
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Total Expenses	993,995
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Position Name	FTE
Director, Diversity and Belonging	0.20
Manager, Clinical	1.00
Mental Health Therapist	2.00
Registered Nurse	0.50
Senior Manager, Clinical Operations	0.25
Therapy Support Assistant	1.00
Wellness Coach	3.00
Grand Total	7.95

2022-23	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.25
	Therapy support navigator (success coach)	2.50
	Senior manager	0.25
	Mental health therapist	1.0
	Classroom behavioural specialist	1.0
	Elder - cultural integration	1.0

2023-24	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.25
	Clinical manager (School-Based Services)	1.00 <i>(Approved- position moved from FNMI budget)</i>
	Therapy support navigator (wellness coach)	3.00 <i>(Approved increase 0.5 to 1.0)</i>
	Mental health therapist	1.0
	Therapy support assistant (formerly CBS)	1.0
	Elder - cultural integration	1.0

2023-24	Position Title	FTE
	Senior manager	0.25
	Clinical manager (School-Based Services)	2.00 <i>(1.0 FTE was included in this budget incorrectly and has been moved to IWSS for IW practitioner)</i>
	Therapy support navigator (wellness coach)	3.00
	Mental health therapist	1.0
	Therapy support assistant (formerly CBS)	1.0
	Elder - cultural integration	1.0

2025-26	Position Title	FTE
	Senior manager	0.25
	Clinical manager (School-Based Services)	1.00
	Therapy support navigator (wellness coach)	3.00
	Mental health therapist	2.0
	Therapy support assistant	1.0
	Elder - cultural integration	1.0

11 Pediatric Psychiatric and Medical Program

Who we help:

CASA's Pediatric Psychiatric and Medical Program provides intensive, medically-monitored, community-based psychiatric care for children and adolescents aged three to 17 with complex, chronic mental health disorders.

Projected number of children served annually by this program:

2025-26

Edmonton - About 700 (Many of these patients are not new to CASA, but are internally transferred to the Psychiatry and Medical Clinics program)

What happens in the program?

The Pediatric Psychiatric and Medical Program provides services through a two-phased approach.

Phase 1 - Complex and Chronic Psychiatric Management:

The Pediatric Psychiatric Medical Program provides long-term support for children and youth experiencing complex, chronic mental health disorders that require ongoing psychiatric and multi-disciplinary team oversight.

Phase 2 - Expanded Populations for Complex Medical Management and Direct to Psychiatry Referral Pathway:

The Pediatric Psychiatric Medical 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 functioning, diagnoses such as Tourette's syndrome, obsessive-compulsive disorder, complex anxiety and depression, and other psychiatric disorders that significantly impair function.

Therapeutic Services

The Pediatric Psychiatric and Medical Program will grow to include a multi-disciplinary team composed of psychiatrists, CanREACH-trained family physicians and pediatricians, other specialist physicians, mental health nurses, therapy support navigators, physician support associates and a pharmacist.

2025-2026 Budget

Salary & Wages	729,315
Benefits	145,863

Total Salaries and Employee Benefits	875,178
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Education, Conferences & Workshops	14,586
Child & Family Supports	2,000
Clinical Consultation	20,000
Clinical Contracts / Services	30,100
Office Materials & Supplies	4,000
Program Materials & Supplies	3,500
Team Building	740
Travel & Subsistence	3,000

Total Program Expenses	77,926
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Total Expenses	953,105
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Position Name	FTE
Executive Assistant I	0.20
Mental Health Nurse	3.00
Program Manager, Medical Clinics	1.00
Senior Manager, Clinical Operations	0.20
Therapy Support Navigator	2.00
Consult Pharmacist	1.00
Grand Total	7.40

Position Name	FTE
Mental health nurse - CASA Centre, Q1 2025	1.00
Mental health nurse/therapy support navigator - CASA Centre, Q2 2025	1.00
Grand Total	2.0



12 Preschool Day Program

Who we help:

CASA's Preschool Day Program (PDP) is a tertiary-level, interdisciplinary diagnostic and therapeutic educational resource for pre-kindergarten and kindergarten children aged four and five who are experiencing severe challenges regulating their emotions and behaviour. These challenges have impacted their ability to participate meaningfully in the home and community programs, and associated difficulties with development, executive functioning and learning may be evident.

Projected number of children served annually by this program:

2025-26
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 on 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 school and community settings.
- Facilitating effective transition and reintegration into community-based services.

Therapeutic Services:

The interdisciplinary care team of professionals from the areas of education, psychology, psychiatry, speech-language pathology, occupational therapy and nursing, collaborates with the family on individualized goals.

Therapeutic approaches include:

- Diagnostic review
- Medication review
- Occupational therapy group
- Speech-language group
- Parent group
- Individual family-orientated therapy
- PATHS: Promoting Alternative Thinking Strategies
- Handwriting Without Tears

Step-Down and Step-Up Care

During a patient's treatment in the program, the multi-disciplinary team may determine, in conjunction with the family, that a different level of care is required. Other CASA programs such as Core, Family Therapy or Trauma programs may be accessed if specialized care in these areas 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. PDP staff may then work to connect the patient and family to community programs to build their natural support network.

2025-2026 Budget

Salary & Wages	650,985
Employment Contracts / Services	185,970
Benefits	130,197

Total Salaries and Employee Benefits	967,152
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Education, Conferences & Workshops	13,020
Child & Family Supports	6,500
Clinical Consultation	17,280
Office Materials & Supplies	2,000
Professional Consulting / Services	15,000
Program Materials & Supplies	28,000
Recreation	1,200
Team Building	758
Travel & Subsistence	1,000

Total Program Expenses	84,758
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Total Expenses	1,051,910
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Position Name	FTE
Assessment Psychologist	0.35
Mental Health Therapist	2.00
Occupational Therapist	0.50
Occupational Therapy Assistant	0.50
Program Manager, Day Programs	0.33
Registered Psychiatric Nurse	0.50
Senior Manager, Clinical Operations	0.16
Speech Language Assistant	0.75
Speech Language Pathologist	0.50
Therapy Support Assistant	1.00
Therapy Support Navigator	0.66
Unit Supervisor, Day Programs	0.33
Grand Total	7.58

13 Clinical Practice

Who we help:

The Clinical Practice team provides consultation, education, training, skills coaching and supervision to mental health professionals within CASA and rural Alberta. The team's program goal is to enhance clinicians' knowledge and skill 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 novice and experienced therapists to increase their knowledge, skills, competencies and sense of mastery in children's mental health assessment and treatment.

Other goals include:

- Mentoring new therapists to increase their capacity and 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 and remote communities.
- Supporting the needs of Indigenous communities in a culturally- and spiritually-sensitive and inclusive way.

Key Activities

Orientation to Child and Adolescent Mental Health

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 toward new children's mental health therapists. Participants can self-refer or be referred by their supervisor.

Clinical Consultation

Rural Consult Services mental health consultants offer consultation on 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

Rural Consult Services 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

Rural Consult Services 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 use principles of adult education to create a safe and inviting environment that maximizes learning potential.

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 can also 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

Rural Consult Services 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 each participant's experiences and knowledge. Didactic methods and scenario-based discussions or other interactive learning activities allow professionals to develop the skills required for treating specific diagnoses, and they 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 enhances the expertise in rural and remote areas, reducing the need for out-of-town referrals.

Stream 2: Clinical Education

The Clinical Education team provides education on mental health topics to all clinical staff to increase their knowledge, skills, 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 and prevent staff turnover and burnout.
- Understanding the education needs of all clinical staff to ensure targeted education delivery.
- Providing group consultation and coaching.
- Assisting in the creation of CASA's Supervision Framework.

Key Activities

Orientation to Child and Adolescent Mental Health

Clinical Education offers 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 toward new children's mental health therapists who will be referred by their clinical manager. Group sessions 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 offers consultation on 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 and capitalizing on the wisdom of others in learning from one another.

Group Coaching

Clinical Education offers coaching to clinical staff through self-referral or referral by their clinical manager. Coaching provides an opportunity for professional development on a specific skill set or intervention of clinical interest.

Clinical Education Calendar

Clinical Education offers a clinical education calendar which provides staff with a central location for all education and training opportunities. Clinical Education helps support the facilitation of external training opportunities as identified by clinical managers. Each clinical program has access to external training opportunities, and Clinical Education can help streamline this process. This will ensure training events are well-planned with clear communication to managers and staff via the Clinical Education calendar. This will also allow for equal training opportunities for all clinical staff within CASA. These education events provide many benefits that contribute to personal and professional growth, fostering a dynamic and adaptive workforce.

Stream 3: Internal Supervision

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

Clinical Supervision Activities

- 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 4: Therapeutic Crisis Intervention (TCI) and Safety Pods

The Therapeutic Crisis Intervention (TCI) training program offers a crisis prevention and intervention model designed to teach staff how to help youth learn constructive ways to handle crises. The ability of the entire organization to respond effectively to young people in crisis is critical in establishing a safe environment, and one that promotes growth and development. Staff skills, knowledge and professional judgment in responding to crises are critical factors in helping young people learn constructive and adaptive ways to deal with frustration, failure, anger, rejection, hurt and depression.

A Safety Pod™ is a specialized piece of equipment which, on its own, can primarily be a comforting and therapeutic piece of furniture that meets the safety standards required for use in high-risk environments. Safety Pods can also be used as a restrictive intervention through the use of a specific physical restraint onto the Safety Pod™ by certified staff.

TCI Activities

- A TCI overview is provided for all staff across the organization as the crisis intervention model endorsed for use at CASA.
- Regular and consistent base TCI trainings for the two training levels provided at CASA.
- CASA's TCI learning pathways ensure consistent standards for competency standards and ongoing certification.
- Regular and consistent refresher courses for ongoing skill building and constructive feedback for continual development.
- Ongoing re-certification opportunities to ensure staff can remain certified through attending written testing opportunities, protective intervention re-certifications and physical intervention re-certifications.

Safety Pod™ Activities

- Safety Pod™ non-certification training for staff in programs that will use the pod only as a piece of furniture.
- Safety Pod™ certification training for staff in programs that intend to use the pod as a restrictive intervention.

- Ongoing re-certification and refresher opportunities for staff to achieve the bi-annual re-certification and required refresher hours.

2025-2026 Budget

Salary & Wages	1,348,621
Benefits	269,724
Total Salaries and Employee Benefits	1,618,346
Education, Conferences & Workshops	26,972
Office Materials & Supplies	3,500
Professional Consulting / Services	26,650
Program Materials & Supplies	28,500
Software & Subscription	14,600
Team Building	1,360
Travel & Subsistence	30,000
Total Program Expenses	131,582
Total Expenses	1,749,928

Clinical Practice

Position Name	FTE
Clinical Educator	1.80
Clinical Supervisor	3.00
Director, Clinical Practice	0.80
Education Assistant	1.00
Professional Practice Lead, Concurrent Care	0.60
Professional Practice Lead, Nursing	1.00
Professional Practice Lead, Rehab	0.60
Professional Practice Lead, School Based Programming	1.00
Senior Manager, Clinical Practice	0.25
TCI Educator	1.00
Therapy Supervisor	1.00
Grand Total	12.05

Rural 2025-2026 Budget

Salary & Wages	721,705
Benefits	144,341
Total Salaries and Employee Benefits	866,047
Education, Conferences & Workshops	14,434
Office Materials & Supplies	2,000

Program Materials & Supplies	9,500
Software & Subscription	6,000
Team Building	1,000
Travel & Subsistence	45,000
Total Program Expenses	77,934
Total Expenses	943,981



14 Trauma Program

Who we help:

The Trauma program provides intensive, trauma- and attachment- focused, voluntary, community-based mental health services for children and adolescents aged five to 17 who have experienced complex developmental trauma and, as a result, are experiencing significant challenges with daily functioning. These children need stepped-up care from primary mental health.

Children in the program carry a diagnosis of complex developmental trauma (e.g., 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-economic 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 not/are not part of the child's trauma story.

Projected number of children served annually by this program:

2025-26
Edmonton - 300
Calgary - 2025-26 Q1 launch - 150
Red Deer - 2025-26 Q3 launch - 20

What happens in the program:

The Trauma program delivers care in three streams:

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

The outpatient clinic works with families and youth through individual and family/dyadic therapy. This clinic may be used 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, the therapist or therapists complete an assessment of the patient and caregiver's trauma and attachment history, the patient's functioning and presenting issues, and the family's functioning. In collaboration with the family, trauma therapy goals are established and a trauma treatment plan is created.

Stream 2: Trauma and Attachment Groups (TAG)

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

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

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

Stream 3: Consultative Services

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

Therapeutic Services

The Trauma program consists of a core multi-disciplinary team including psychiatrists, social workers, psychologists, occupational therapists, nurses and clinical support workers.

Together, these professionals use a multi-faceted blend of therapeutic approaches to facilitate the healing of

trauma and attachment wounds and support the growth and resilience of families.

Therapeutic approaches include:

- Large group therapy (parent groups and child groups in TAG 1, TAG 2 and Teen TAG)
- Individual therapy:
 - Accelerated Resolution Therapy/Eye Movement Desensitization and Re-processing
 - Sensorimotor or Somatic Modalities/SmartMoves
 - Family Therapy: Attachment-Focused Family Therapy/Emotional-Focused Family Therapy
 - Play-Based Therapies: Sand Play/Attachment-focused Play/Non-directive play
 - CBT/DBT
 - Motivational Interviewing
- Family and caregiver coaching and psychoeducation
- Therapeutic Crisis Intervention

Transition Planning

During a patient's treatment in the program, the multi-disciplinary 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 course 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.

Step-up services may be needed temporarily to allow for an enhanced level of stabilization and safety. Accessing crisis services or hospital treatment will be discussed with patients and caregivers as needed.

Lastly, a therapeutic break may be chosen, in collaboration with the family, with the goal of enhancing motivation and readiness to engage in specialized trauma treatment.

2025-2026 Budget

Salary & Wages	2,006,316
Benefits	401,263
Total Salaries and Employee Benefits	2,407,579

Education, Conferences & Workshops	43,126
Child & Family Supports	8,000
Clinical Consultation	60,742
Clinical Contracts / Services	2,400
Office Materials & Supplies	8,000
Other Services & Rentals	1,000
Program Materials & Supplies	18,400
Software & Subscription	1,000
Team Building	2,165
Travel & Subsistence	53,883
Total Program Expenses	198,716
Total Expenses	2,606,295

Position Name	FTE
Assessment Psychologist	0.60
Concurrent Counsellor	0.50
Executive Assistant I	0.20
Manager, Clinical	1.50
Mental Health Nurse	2.00
Mental Health Therapist	10.60
Program Supervisor	1.00
Senior Manager, Clinical Operations	0.45
Therapy Support Navigator	4.00
Grand Total	20.85

Edmonton 2025-2026 Budget

Salary & Wages	1,040,187
Benefits	208,037
Total Salaries and Employee Benefits	1,248,224
Education, Conferences & Workshops	20,804
Child & Family Supports	2,000
Clinical Consultation	43,462
Clinical Contracts / Services	2,400
Office Materials & Supplies	4,000
Other Services & Rentals	1,000
Program Materials & Supplies	7,400
Team Building	1,140
Travel & Subsistence	3,000
Total Program Expenses	85,206
Total Expenses	1,333,430

Position Name	FTE
Concurrent Counsellor	0.50
Executive Assistant I	0.20
Manager, Clinical	0.50
Mental Health Nurse	1.00
Mental Health Therapist	6.80
Senior Manager, Clinical Operations	0.20
Therapy Support Navigator	2.00
Grand Total	11.20

Calgary 2025-2026 Budget

Salary & Wages	966,129
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Benefits	193,226
Total Salaries and Employee Benefits	1,159,355
Education, Conferences & Workshops	22,323
Child & Family Supports	6,000
Clinical Consultation	17,280
Office Materials & Supplies	4,000
Program Materials & Supplies	11,000
Software & Subscription	1,000
Team Building	1,025
Travel & Subsistence	50,883
Total Program Expenses	113,511
Total Expenses	1,272,865

Position Name	FTE
Assessment Psychologist	0.60
Manager, Clinical	1.00
Mental Health Nurse	1.00
Mental Health Therapist	3.80
Program Supervisor	1.00
Senior Manager, Clinical Operations	0.25
Therapy Support Navigator	2.00
Grand Total	9.65

15 Integrated Concurrent Care (ICC)

Who we can help:

Children and youth ages seven to 18 who are 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:

2025-26
325

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

If co-occurring substance or process use is identified, Integrated Concurrent Care will be offered as an additional clinical resource for the patient, family or caregiver, or both.

The following clinical CASA programs are supported by a concurrent counsellor: Core, Trauma, Family Therapy, Adolescent Day Program and CASA House.

What happens in the service:

Stream 1: Integrated Concurrent Care

At the triage level, patients who meet indicators for concurrent care needs and who are open and willing to engage in concurrent care may be assigned a concurrent counsellor (CC) and a mental health therapist (MHT). Alternatively, the MHT can refer to the CC on completion of the patient's initial assessment. The MHT and CC engage with the patient and family collaboratively to ensure cohesive treatment planning, role clarity and quality care provision.

Stream 2: 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 beginning 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 3: 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 will be provided to caregivers who are motivated to support their child with concurrent care needs, but the child is not yet ready or willing to connect with a concurrent counsellor. Depending on the level of need, this may be provided through individual sessions or in a group psychoeducational format.

Stream 4: 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 a mental health therapist, the concurrent counsellor will arrange to provide updates and consultation via case conference, individual patient consultation meetings or updates via the electronic medical record.

b. Concurrent Care Groups for Youth

A variety of groups will be offered as required by the concurrent counsellor's 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.

Integrated Concurrent Care 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 behaviours.
- 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 approaches include:

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

16 Indigenous Wellness Support Services (IWSS)

Who we 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 integral to the provision of Indigenous-informed service delivery provided by the First Nations, 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:

2022-23	2023-24	2024-25	2025-26	2026-27
0	0	30	50	70

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 its Wisdom Committee comprised of Elders, knowledge keepers, those with lived experience and those it serves from partner First Nations communities to inform IWSS framework and therapeutic practice. IWSS also works with our First Nations partners to improve the continuum of care in their communities through consultation, professional development and training.

The IWSS 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 neuro-development 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 our First Nations community partners.

Step Up/Step Down care

Services are accessible to all CASA programs and teams. IWSS also supports service and program navigation.

2025-2026 Budget

Salary & Wages	620,577
Benefits	124,115
Total Salaries and Employee Benefits	744,692

Education, Conferences & Workshops	12,412
Child & Family Supports	10,000
Office Materials & Supplies	2,500
Professional Consulting / Services	7,000
Program Materials & Supplies	36,700
Team Building	645
Travel & Subsistence	10,000
Total Program Expenses	79,257
Total Expenses	823,949

Position Name	FTE
Director, Diversity and Belonging	0.20
Professional Practice Lead, Cultural	1.00
Senior Manager, Clinical Operations	0.25
Indigenous Wellness Practitioner	1.00
Indigenous Wellness Specialist	3.00
Professional Practice Lead, Technical	1.00
Grand Total	6.45

	Position Title	FTE
2022-23	Senior manager	0.25
	Clinical manager	0.25
	Professional practice lead	1.0
	Indigenous wellness support specialists	2.0
		<i>(1.0 approved position re-profiled as PPL-Cultural)</i>
	Clinical manager	0.25
	Senior manager	0.25

	Position Title	FTE
2023-24	Senior manager	0.25
	Clinical manager	0.25
	Professional practice lead - technical	1.0
	Professional practice lead - cultural	1.0
	Indigenous wellness support specialists	3.0
	<i>(2.0 approved TSN positions moved to IWSS from FNMI)</i>	

2023-24	Position Title	FTE
	Senior manager	0.25
	Clinical manager	0.25 <i>(approved correction- moved 0.25 to FNMI Services)</i>
	Professional practice lead - technical	1.0
	Professional practice lead - cultural	1.0
	Indigenous wellness specialists (Title Change)	3.0
	Indigenous wellness practitioner	1.0 <i>(approved- moved from CSBMHP-1.0 FTE CM Position)</i>

2025-26	Position Title	FTE
	Senior manager	0.25
	Professional practice lead - technical	1.00
	Professional practice lead- cultural	1.0
	Indigenous wellness specialists (Title Change)	3.0
	Indigenous wellness practitioner	1.0

17 Privacy and Health Information

Who we help:

The Privacy and Health Information team supports clinical programs and services and all CASA business departments. The Privacy and Health Information team also provides external, public-facing support to CASA patients and families through multiple avenues.

What happens in the service:

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.
- ensuring all components on the chart are completed.
- archiving paper files.
- scanning records and cataloging each appropriately on to the electronic health record within the EMR.
- tracking files that are sent to other sites.
- restricting patient files as required and ensuring record management policies are applied appropriately.

Electronic Medical Records team:

Provides indirect support to the clinical team by:

- adding and disabling accounts in the EMR and all other administrative work on user profiles.
- offering helpdesk support on the EMR.
- training employees in the overall use of the EMR.
- creating new programs, templates and appointment types in the EMR.
- updating EMR templates and letters.
- creating and updating EMR procedures on CASA Connect.
- creating and updating clinical forms for programs and updates CASA Connect.
- managing Netcare access and Ocean appointments.

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 to determine when appropriate 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, defining and implementing privacy best practices and standards in alignment 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.

2025-2026 Budget

Salary & Wages	757,768
Benefits	151,554
Total Salaries and Employee Benefits	909,322

Education, Conferences & Workshops	15,155
Office Materials & Supplies	1,025
Other Services & Rentals	10,000
Software & Subscription	188,246
Team Building	1,100
Travel & Subsistence	5,000
Total Program Expenses	220,526
Total Expenses	1,129,848

Position Name	FTE
Electronic Medical Records (EMR) Coordinator	3.00
Health Records Clerk	1.00
Intake Services	3.00
Manager, Privacy and Health Information	1.00
Privacy Advisor	2.00
Senior Health Records Clerk	1.00
Grand Total	11.00

18 Psychological Assessment and Consultation Team (PAC)

Who we help:

The Psychological Assessment and Consultation (PAC) team can help CASA program teams by providing consultation, specialized assessment and classroom observations to 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 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 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:

2025-26
200

How are services 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: Educational psychologists provide assessment and consultation services on referral from the patient's treatment team. Assessment results and recommendations support treatment planning within CASA, as well as the transition back into and programming in the community.

What happens in the service?

Stream 1: 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 on clarification of mental health problems and/or diagnosis, type of treatment based on cognitive/academic functioning and possibility of assessment.

Stream 2: Classroom Observation

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

Stream 3: Report Translation

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

Stream 4: Assessment

When required, PAC offers specialized assessments that cater to specific concerns or questions from care team, individual therapists and care providers. Assessments offered include direct and/or indirect evaluation of cognitive functioning, academic achievement, executive functioning, memory, personality, behavioural/emotional/ social functioning and adaptive functioning. Assessment results and recommendations support treatment planning, school programming and enhancing understanding of the child's strengths and needs.

2025-2026 Budget

Salary & Wages	421,814
Benefits	84,363

Total Salaries and Employee Benefits	506,176
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Education, Conferences & Workshops	8,436
Office Materials & Supplies	2,000
Program Materials & Supplies	13,000
Team Building	400
Travel & Subsistence	6,000

Total Program Expenses	29,836
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Total Expenses	536,012
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Position Name	FTE
Assessment Psychologist	1.00
Classroom Behaviour Specialist	1.00
Professional Practice Lead, Assessment and Consultation	1.00
Psychological Assistant	1.00
Senior Manager, Clinical Practice	0.25
Grand Total	4.25

19 Rehabilitation Services

Who we help:

Rehabilitation Services (RHS) assists patients actively receiving services from CASA who may also have difficulties within the scope of speech-language pathology (SLP) and occupational therapy (OT) such as fine motor, gross motor, sensory, speech, language, communication or related developmental skills. RHS strives to provide support to mental health therapists, physicians and program teams within CASA who have patients with concurrent mental health and developmental difficulties.

Projected number of patients served annually by this service:

	2025-26
SLP	75
OT	125

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

Non-tertiary programs: Services are referral-based, and assessment results and recommendations are shared via assessment reports on the electronic medical record. Results can also be discussed with the mental health therapist or at case conferences with the patient's treatment team. Recommendations from the assessment are incorporated into a patient's treatment plan.

Tertiary programs: Rehabilitation services are directly embedded in PDP and CDP. OTs and SLPs work directly with patients and their families in classroom programming and parent meetings. They also work collaboratively as part of a multi-disciplinary team, and attend regularly-scheduled case conferences and discharge/transition meetings. Rehabilitation services are referral-based for ADP and CASA House, similar to non-tertiary programs described above.

What happens in the service:

Stream 1: Assessment

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

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

Stream 2: Intervention

Rehabilitation Services offers OT and SLP intervention to the following programs: Preschool Day Program (PDP), Children's Day Program (CDP) and CASA Classrooms, Edmonton. Individual intervention may be provided if needed and as determined by the SLP or OT, and may be carried out by an SLP assistant or OT assistant under the direct supervision of the SLP or OT. In addition, the following group interventions are offered per program:

- Preschool Day Program
 - Weekly SLP and OT-focused screening and intervention groups for the 10-month program year, as embedded in the program/classroom schedule
 - A 12-week literacy and story narrative group
 - One or two parent education session(s) per program year
- Children's Day Program
 - Four to six-week SLP and OT screening group

- OT-focused groups such as a daily Mindfulness Group, a Weekly Selective Eating/Food Exposure Group and Gross Motor Movement Group
- CASA Classrooms, Edmonton
 - Four-week SLP and OT-focused screening and intervention group

For other tertiary programs where OT and SLP services are not embedded within programming (ADP and CASA House), intervention plans may be created to implement in the program or at home.

Stream 3: 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, language and sensory-motor development. Resources and information are shared to address challenges that may occur as a result of a developmental delay or neurodevelopmental condition. Recommendations about accommodations, supports and strategies to promote development or improve functional performance in a variety of environmental contexts are provided. Rehabilitation Services 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.

Position Name	FTE
Speech-Language Pathologist	1.5
1.0 Allocated to Tertiary	
0.40 Allocated to Core	
0.10 Allocated to Classrooms	
Speech Pathology Assistant - Allocated across Tertiary & Core	0.87
Occupational Therapist	2.00
1.45 Allocated to Tertiary	
0.45 Allocated to Core	
0.10 Allocated to Classrooms	
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 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 service providers' experience at CASA, by ensuring the right patient is accessing the right service or program at the right time.

Projected number of children served annually by this service Triage, Transition:

2025-26
Triage - 1,000 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 community services and programs. It is the first step towards integrated pediatric 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 internal CASA programs to develop transition care plans with patients and families, and fosters community partnership for seamless transition (warm hand off) for continuity of care.

What happens in the service:

Triage services are provided by a specialized multi-disciplinary team including psychiatrists, therapy support navigators, mental health therapists and nurses. Together, these professionals work collaboratively to offer individual support and treatment, psychoeducation and 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 with optimism.

Triage:

- Clinical/psychiatric assessment and diagnosis
- Health promotion/harm reduction interventions

Transition Services:

- Consultation with families directly to assess individual needs in mental health service 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
- Psychoeducational groups
- Warm hand off to community services

Therapeutic Services:

Therapeutic approaches include:

- Psychopharmacology teaching
- Solution focus

- Motivational Interviewing
- CBT and DBT strategies
- Harm reduction
- Health promotion
- Safety planning
- Strength-based and resiliency
- Various screeners (e.g., ASQ and SDQ)
- Emotion-Focused strategies
- Parent coaching
- Mental status exam

2025-2026 Budget

Salary & Wages	1,230,773
Benefits	246,155
Total Salaries and Employee Benefits	1,476,927

Education, Conferences & Workshops	24,615
Clinical Consultation	10,000
Office Materials & Supplies	2,000
Program Materials & Supplies	1,500
Software & Subscription	20,000
Team Building	1,540
Travel & Subsistence	2,500
Total Program Expenses	62,155
Total Expenses	1,539,083

Position Name	FTE
Executive Assistant I	0.20
Manager, Clinical	1.00
Mental Health Nurse	2.80
Mental Health Therapist	2.20
Registered Nurse	1.00
Senior Manager, Clinical Operations	0.20
Therapy Support Navigator	7.00
Grand Total	14.40



Business Operations

Office of the Chief Executive Officer

2025-2026 Budget

Salary & Wages	513,767
Benefits	102,753
Total Salaries and Employee Benefits	616,521

Education, Conferences & Workshops	35,959
AGM Expenses	2,500
Board Expenses	40,000
Clinical Consultation	382,922
Legal Fees	30,000
Other Services & Rentals	17,500
Professional Consulting / Services	51,788
Program Materials & Supplies	6,000
Team Building	300
Travel & Subsistence	10,000

Total Program Expenses	576,969
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Total Expenses	1,193,489
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Position Name	FTE
Chief Executive Officer	1.00
Executive Assistant II	1.00
Executive Assistant, Board of Directors	1.00
Grand Total	3.00

Business Intelligence and Evaluation

Who we help:

The Business Intelligence and Evaluation department supports the evaluation of clinical programs and uses analytics to support data-driven decision-making and organizational strategy. This work includes supporting data governance with the strategic creation and maintenance of data, supporting clinical and business teams with continuous quality improvement and accreditation efforts and supporting the collation, interpretation and visualization of organizational and program/department data for operational, evaluation and reporting needs.

Projected number of children served annually by this program: N/A

What happens in the department:

Evaluation: Developing and implementing evaluation activities for continuous clinical and organizational quality improvement, including evaluation plans and frameworks. We ensure key performance indicators align with organizational and program objectives and collect, analyze and interpret data for reporting and quality improvement.

Business Intelligence: Designing, developing and implementing business intelligence initiatives that contribute to operational and strategic decision-making at CASA. This includes acquiring and analyzing data from various sources, creating dashboards and interactive reporting tools and providing data-driven, actionable recommendations.

Quality Improvement: Ensuring organizational readiness for accreditation and playing a key role in quality assurance and improvement initiatives throughout the organization.

Data Strategy and Governance: Ensuring CASA's comprehensive data strategy and governance frameworks align with the organization's strategic objectives, operations and regulatory requirements. We also work closely with clinical teams and business areas across the organization to assess current data practices, identify areas for improvement and establish best practices for data management and use.

2025-2026 Budget

Salary & Wages	960,863
Salaries - Casuals	50,000
Benefits	192,173

Total Salaries and Employee Benefits	1,203,035
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Education, Conferences & Workshops	20,217
Accreditation Fee	9,000
Office Materials & Supplies	5,000
Program Materials & Supplies	11,150
Software & Subscription	5,590
Team Building	1,200
Travel & Subsistence	5,000

Total Program Expenses	57,157
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Total Expenses	1,260,193
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Position Name	FTE
Business Intelligence Analyst	1.00
Business Intelligence Lead	1.00
Clinical Quality Improvement Specialist	1.00
Data Strategy and Governance Lead	1.00
Evaluation and Data Analyst	4.00
Manager, Business Intelligence and Evaluation	1.00
Quality and Continuous Improvement Specialist	1.00
Quality Improvement Lead	1.00
Grand Total	11.00

Clinical Operations

2025-2026 Budget

Salary & Wages	371,698
Benefits	74,340
Total Salaries and Employee Benefits	446,037

Education, Conferences & Workshops	7,434
Other Services & Rentals	6,500
Professional Consulting / Services	57,000
Program Materials & Supplies	1,000
Software & Subscription	500
Team Building	300
Travel & Subsistence	10,000
Total Program Expenses	82,734
Total Expenses	528,771

Position Name	FTE
Director, Clinical Operations	1.00
Executive Assistant I	1.00
Program Development Specialist	1.00
Grand Total	3.00

Communications

2025-2026 Budget

Salary & Wages	669,740
Benefits	133,948
Total Salaries and Employee Benefits	803,688
Education, Conferences & Workshops	13,395
Media / Advertising	30,000
Memberships & Dues	3,500
Office Materials & Supplies	2,000
Professional Consulting / Services	7,500
Program Materials & Supplies	32,000
Software & Subscription	45,000
Team Building	750
Travel & Subsistence	5,000
Total Program Expenses	139,145
Total Expenses	942,833

Position Name	FTE
Communications Coordinator	2.00
Communications Specialist	3.00
Director, Corporate and Community Relations	0.50
Graphic Designer	1.00
Manager, Communications	1.00
Grand Total	7.50

Inclusion, Diversity, Equity and Accessibility (IDEA)

Who we can help

The IDEA team supports CASA in 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 aligns 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.
- **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 department:

The IDEA 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 IDEA 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 IDEA knowledge growth, advocacy, review of policies and procedures, gap identification and charting the way ahead. The team will develop an organizational strategic plan that will form CASA's framework for change and will also outline an action plan to guide IDEA implementation. IDEA 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)

2025-2026 Budget

Salary & Wages	343,379
Benefits	68,676
Total Salaries and Employee Benefits	412,055

Education, Conferences & Workshops	6,868
Office Materials & Supplies	2,000
Professional Consulting / Services	110,000
Program Materials & Supplies	58,000
Team Building	320
Travel & Subsistence	4,000
Total Program Expenses	181,188
Total Expenses	593,242

Position Name	FTE
Director, Diversity and Belonging	0.20
Inclusion, Diversity, Equity and Accessibility (IDEA) Partner	2.00
Manager, Inclusion, Diversity, Equity and Accessibility	1.00
Grand Total	3.20

Facility Management

Who we help:

The Facility Management (FM) department covers a broad range of services designed to ensure that the physical environment – buildings and spaces where we work and serve patients and their families– operates efficiently, safely and sustainably. This function plays a crucial role in maintaining CASA's assets, thereby ensuring a well-maintained environment for employees, visitors and patients. By optimizing resources, managing costs and ensuring compliance with health and safety regulations, the FM department helps maximize CASA's budget, allowing more funds to be allocated to patient care and community services.

What happens in the department:

Facility Management supports CASA staff by ensuring a safe, clean and well-maintained environment that enhances staff productivity and supports patient care. Our team offers a comprehensive suite of services designed to ensure that our organization runs efficiently.

Facility Management services provided:

a. Preventive and Corrective Maintenance:

- **Service Overview:** Regular inspections, maintenance and repairs of building systems and equipment (HVAC, electrical, plumbing, elevators, fire safety).
- **Benefits to Users:** Reduced downtime, improved safety and enhanced comfort in the workplace.
- **Efficiency Impact:** Minimizes the risk of expensive and unexpected breakdowns by proactively addressing issues before they become critical. Extends the lifespan of assets.

b. Space Planning and Utilization:

- **Service Overview:** Efficient management of workspaces, office layouts and common areas.
- **Benefits to Users:** Optimized workspace for employees, allowing for increased productivity and better collaboration.
- **Efficiency Impact:** Reduces wasted space, lowers real estate costs and maximizes resource use.

c. Energy Management:

- **Service Overview:** Implementation of energy-efficient practices, including monitoring and reducing consumption in heating, cooling, lighting and other energy systems.
- **Benefits to Users:** Comfortable working environments with reduced environmental footprint.
- **Efficiency Impact:** Significant cost savings on energy bills and reduced environmental impact, contributing to corporate sustainability goals.

d. Health and Safety Compliance:

- **Service Overview:** Ensuring that the facility meets all relevant local and national safety codes and regulations (OSHA, fire codes, etc.).
- **Benefits to Users:** A safe, healthy environment for employees, visitors and contractors.
- **Efficiency Impact:** Reduces the risk of accidents, injuries and liability claims, leading to a safer and more productive workplace.

e. Cleaning and Janitorial Services:

- **Service Overview:** Daily cleaning and sanitation of office spaces, restrooms, kitchens and other common areas.
- **Benefits to Users:** Clean and hygienic workspaces improve morale, reduce sickness and enhance the professional appearance of the facility.
- **Efficiency Impact:** A cleaner environment helps reduce illness-related absenteeism and improves

employee satisfaction.

f. Security and Access Control:

- **Service Overview:** Security services including personnel, CCTV monitoring, key card systems and alarm systems.
- **Benefits to Users:** Enhanced safety for employees, patients and assets.
- **Efficiency Impact:** Deters potential threats and minimizes security incidents, contributing to peace of mind and operational continuity.

g. Vendor Management and Procurement:

- **Service Overview:** Coordination of third-party service providers for specialized needs like landscaping, waste management and pest control.
- **Benefits to Users:** Seamless service delivery through reliable vendors, enhancing facility operations.
- **Efficiency Impact:** Streamlines procurement processes, ensures vendor compliance and reduces operational overhead.

CASA's Facility Management department strives to perfect its responsiveness and proactive approach. A key indicator of a well-managed department is the speed and quality of response to service requests. Whether it's a minor repair or a major system failure, the facilities team ensures issues are resolved quickly, thus minimizing disruption to daily operations. The combination of a strategic preventive maintenance program and excellent service response times helps CASA maintain a seamless flow of operations which is crucial to supporting CASA's ability to provide timely mental health services to our patients and families.

2025-2026 Budget

Salary & Wages	156,905
Benefits	31,381
Total Salaries and Employee Benefits	188,286

Education, Conferences & Workshops	3,138
Facilities Maintenance Service Contracts	101,084
Facilities Repairs & Maintenance	168,575
Facility Lease	522,373
Insurance	144,474
Janitorial / Snow Removal	194,200
Memberships & Dues	600
Occupancy Costs	216,851
Office Materials & Supplies	3,000
Other Services & Rentals	37,000
Program Materials & Supplies	58,900
Software & Subscription	19,985
Team Building	200
Travel & Subsistence	4,000
Utilities	168,000
Waste	10,800
Total Program Expenses	1,653,180
Total Expenses	1,841,466

Position Name	FTE
Manager, Facilities	1.00
Facilities Coordinator	1.00
Grand Total	2.00



Finance

2025-2026 Budget

Salary & Wages	897,316
Benefits	179,463
Total Salaries and Employee Benefits	1,076,779

Education, Conferences & Workshops	17,946
Accounting / Audit Fees	50,000
Bank Fees	20,000
Liability Insurance	54,756
Memberships & Dues	5,000
Office Materials & Supplies	2,000
Professional Consulting / Services	5,000
Software & Subscription	45,000
Team Building	1,000
Travel & Subsistence	1,000
Total Program Expenses	201,702
Total Expenses	1,278,481

Position Name	FTE
Accounts Payable Administrator	2.00
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 Coordinator	2.00
Grand Total	10.00

Human Resources

Who we help

The Human Resources team serves all employees in the organization. Our clients are people leaders, employees, students, physicians and candidates. Our goal is to help ensure everyone has access to HR supports in their roles as well as the opportunity to feel at home within the organization.

What happens in the department:

The Human Resources team provides a wide variety of services for CASA, including:

- Recruitment
- Onboarding support and facilitation of CASA 101
- Student placement services
- Labour relations support
- Employee engagement activities
- Human Resources training for managers
- Benefit administration, disability and leave support
- Pension administration
- Entitlement support
- Legislation and best practice guidance in Human Resources functions
- Organizational point of contact with our union, the Health Sciences Association of Alberta (HSAA), and collective agreement interpretation
- Point of contact for complaint resolution and assisting the process
- Organization structure consultation
- Organization guidance on total compensation

2025-2026 Budget

Salary & Wages	1,101,290
Benefits	210,258
Other Benefits -Employee Assistance Program	18,000
Total Salaries and Employee Benefits	1,329,548

Education, Conferences & Workshops	21,026
Legal Fees	75,000
Memberships & Dues	5,000
Office Materials & Supplies	1,000
Professional Consulting / Services	162,325
Program Materials & Supplies	500
Software & Subscription	227,492
Staff Recruitment	371,000
Team Building	136,200
Travel & Subsistence	8,000
Total Program Expenses	1,007,543
Total Expenses	2,337,091

Information Technology

Who we help

The Information Technology (IT) department at CASA Mental Health is dedicated to providing reliable, secure and innovative technology solutions that support the organization's mission. We ensure seamless day-to-day operations by maintaining critical infrastructure, supporting staff with their technology needs and implementing cybersecurity measures to safeguard data. Our team also plays a key role in advising on data protection, privacy and governance policies while supporting expansion initiatives to ensure scalable and efficient IT operations.

What happens in the department

The IT department supports all staff across the organization by ensuring that technology resources are accessible, secure and aligned with operational needs. Our role includes troubleshooting technical issues, managing networks and infrastructure, securing digital assets and providing strategic guidance on IT policies and best practices.

Services provided:

Service Desk and Desktop Support

- Providing technical assistance to staff for hardware, software and network-related issues.
- Managing service requests, troubleshooting incidents and escalating issues as needed.
- Supporting end-user computing devices, including desktops, laptops, printers and mobile devices.

Infrastructure Management

- Maintaining and optimizing IT systems, servers and cloud-based solutions.
- Managing network infrastructure, including Wi-Fi, firewalls and remote access.
- Ensuring data backups, disaster recovery planning and business continuity measures.

Cybersecurity Initiatives

- Implementing and enforcing security protocols to protect sensitive information.
- Conducting cybersecurity awareness training for staff to mitigate risks.
- Monitoring systems for potential threats and responding to security incidents.

Advisory on Data Protection, Privacy and Governance

- Providing guidance on compliance with data privacy regulations and best practices.
- Assisting in the development and enforcement of IT policies and procedures.
- Conducting risk assessments to enhance data governance strategies.

Support for Expansion Activities

- Assisting in IT planning and implementation for new locations, teams or services.
- Ensuring seamless integration of technology in organizational growth initiatives.
- Collaborating with partners to align IT infrastructure with business objectives.

The IT department remains committed to delivering high-quality technology services, enhancing cybersecurity resilience and ensuring that staff have the necessary tools and support to perform their roles efficiently.

2025-2026 Budget

Salary & Wages	419,447
Benefits	83,889
Total Salaries and Employee Benefits	503,336

Education, Conferences & Workshops	8,389
Copier / Office Equipment Rental	18,000
Copier Usage	65,158
IT Maintenance & Support	25,000
IT Materials & Supplies	158,300
Office Materials & Supplies	1,500
Professional Consulting / Services	134,500
Software & Subscription	703,295
Team Building	500
Telephone & Communications	420,204
Travel & Subsistence	6,000
Total Program Expenses	1,540,846
Total Expenses	2,044,182

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 (OHPS)

Who we help:

The Occupational Health and Patient Safety department at CASA Mental Health is committed to fostering a safe, healthy and secure environment for staff and patients. Our team works proactively to mitigate workplace risks, ensure regulatory compliance and promote a culture of health and safety across all CASA locations. We provide support, training and guidance to help staff maintain a safe work environment and deliver optimal patient care. By integrating best practices in health and safety, we aim to minimize workplace hazards, prevent illness and injury and enhance overall well-being within the organization.

What happens in the department

The Occupational Health and Patient Safety team supports CASA staff by ensuring that all CASA locations are safe, compliant and conducive to a healthy work environment. Our role includes safety training, risk mitigation, injury prevention and emergency preparedness to protect staff from potential hazards and promote workplace well-being.

Services provided:

- **Workplace Hazard Identification and Risk Assessment:** Conducting regular safety inspections to identify and mitigate risks.
- **Incident Reporting, Investigation and Corrective Actions:** Ensuring workplace incidents are documented, analyzed and addressed to prevent recurrence.
- **Injury and Illness Prevention Strategies:** Implementing proactive measures such as ergonomic assessments, mental health support and wellness programs.
- **Workplace Safety Training Programs:** Offering essential training, including first aid, incident management, emergency preparedness and orientation.
- **Emergency Response Planning and Drills:** Developing and maintaining emergency protocols, conducting fire drills and preparing staff for workplace emergencies.
- **Workplace Ergonomics:** Assessing and optimizing workstation setup to reduce musculoskeletal strain and injury.
- **Infection Prevention and Control (IPC) Measures:** Managing outbreak response plans, ensuring proper hand hygiene, PPE training and maintaining environmental cleaning protocols.
- **Environmental Safety:** Ensuring CASA sites meet safety standards, including slip and fall prevention, accessibility, and occupant and visitor safety.

The patient safety team ensures that patients receive care in a safe and supportive environment. We collaborate with clinical teams, administrative staff and leadership to foster a patient-centred safety culture that prioritizes risk reduction and adherence to best practices in health care safety.

Services provided:

- **Patient Safety Policies and Procedures:** Developing, implementing and monitoring safety guidelines to minimize risks and improve care quality.
- **Incident Reporting, Review and Risk Mitigation:** Investigating patient-related incidents, analyzing trends and implementing corrective measures and learnings.
- **Education on Patient-Centred Safety Practices:** Providing ongoing training and resources to maintain high standards of patient care and minimize risks.
- **Continuous Quality Improvement:** Using data-driven approaches to monitor patient safety indicators, assess risks and implement improvements to enhance care outcomes.

2025-2026 Budget

Salary & Wages	358,077
Benefits	71,615

Total Salaries and Employee Benefits	429,692
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Education, Conferences & Workshops	7,162
Medical/Safety Equipment Repairs & Maintenance	23,000
Memberships & Dues	1,000
Office Materials & Supplies	2,500
Professional Consulting / Services	22,000
Program Materials & Supplies	177,000
Software & Subscription	34,000
Team Building	400
Travel & Subsistence	9,500

Total Program Expenses	276,562
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Total Expenses	706,254
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Position Name	FTE
Manager, Occupational Health and Patient Safety	1.00
Occupational Health and Safety Advisor	2.00
Patient Safety Advisor	1.00
Grand Total	4.00

Business Operations

2025-2026 Budget

Salary & Wages	240,787
Benefits	48,157
Total Salaries and Employee Benefits	288,945
Education, Conferences & Workshops	4,816
Team Building	200
Travel & Subsistence	10,000
Total Program Expenses	15,016
Total Expenses	303,961

Position Name	FTE
Director, Business Operations	1.00
Executive Assistant	1.00
Grand Total	2.00

Philanthropy

2025-2026 Budget

Salary & Wages	1,248,356
Benefits	249,671

Total Salaries and Employee Benefits	1,498,027
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Education, Conferences & Workshops	24,967
Accreditation Fee	14,772
Annual Giving	193,000
Bank Fees	14,000
Capital Expansion	833,000
Community Fundraising	15,000
Gaming	500
Grants	37,800
Major Gifts	35,000
Media / Advertising	50,000
Mid-Level Giving	2,500
Office Materials & Supplies	1,000
Planned Giving	9,000
Scholarship	5,000
Signature Events	629,000
Software & Subscription	30,000
Stewardship	31,000
Team Building	1,400
Travel & Subsistence	5,000

Total Program Expenses	1,931,939
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Total Expenses	3,429,966
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Position Name	FTE
Director, Philanthropy	1.00
Executive Assistant I	1.00
Manager, Philanthropy	2.00
Philanthropy Officer, Annual Giving	1.00
Philanthropy Officer, Community Fundraising	1.00
Philanthropy Officer, Data and Reporting	1.00
Philanthropy Officer, Meaningful Giving	1.00
Philanthropy Officer, Calgary	1.00
Philanthropy Officer, Fort McMurray	1.00
Philanthropy Officer, Marketing	1.00

Philanthropy Officer, Engagement and Events	1.00
Philanthropy Officer, Donor Experience	1.00
Philanthropy Officer, Meaningful Giving	1.00
Grand Total	14.00



Program Management Office

The Program Management Office (PMO) is a collaborative support department that helps CASA teams plan, manage, and deliver projects—big and small—using best practices and a people-first approach. Whether you're leading a new project, managing a complex initiative, or needing guidance on how to move an idea into action, the PMO can help bring clarity, structure, and momentum.

The PMO plays a central role in supporting CASA's exciting growth. We provide project and change management leadership for key initiatives such as the CASA Classrooms expansion, ADP/House expansion, multi-site capital builds across Alberta, and the capital fundraising campaign. We also provide a wide range of services, including Operational Plan project support for conveners and sponsors and facilitating collaborative meetings and workshops.

Beyond that, the PMO contributes to a culture of continuous improvement across the organization. We share tools and templates, facilitate planning conversations, and help teams reflect on what's working—and what could be better. Our standardized processes make it easier for CASA to track progress, manage change and risks, and communicate clearly.

We pride ourselves on being people-centred and results-focused, tailoring our support to meet the unique needs of each team and project.

2025-2026 Budget

Salary & Wages	1,239,771
Benefits	247,954
Total Salaries and Employee Benefits	1,487,725

Education, Conferences & Workshops	24,795
Memberships & Dues	3,000
Office Materials & Supplies	1,000
Professional Consulting / Services	10,000
Program Materials & Supplies	2,500
Software & Subscription	6,000
Team Building	1,000
Travel & Subsistence	35,000
Total Program Expenses	83,295
Total Expenses	1,571,020

Position Name	FTE
Change Manager, Operations	1.00
Director, Program Management Office	1.00
Organizational Change Management (OCM) Lead	1.00
Program Management Support Lead	1.00
Project Manager, Campaign	1.00
Project Manager, Capital Expansion	1.00
Project Manager, Capital Expansion South	1.00
Project Manager, Clinical Programs and Services	1.00

Project Manager, Operations	1.00
Manager, Program Management Office	1.00
Grand Total	10.00



Volunteer Resources

2025-2026 Budget

Salary & Wages	185,367
Benefits	37,073

Total Salaries and Employee Benefits	222,440
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Education, Conferences & Workshops	3,707
Memberships & Dues	500
Program Materials & Supplies	5,500
Software & Subscription	4,000
Team Building	225
Travel & Subsistence	1,000

Total Program Expenses	14,932
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Total Expenses	237,372
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Position Name	FTE
Director, Corporate and Community Relations	0.25
Manager, Volunteer Resources	1.00
Volunteer Resources Coordinator	1.00
Grand Total	2.25

Youth and Family Advisory Council

2025-2026 Budget

Salary & Wages	104,325
Benefits	20,865
Total Salaries and Employee Benefits	125,190

Education, Conferences & Workshops	2,087
Professional Consulting / Services	8,000
Program Materials & Supplies	5,500
Team Building	125
Travel & Subsistence	500
YFAC Family Festival	6,500

Total Program Expenses	22,712
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Total Expenses	147,902
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Position Name	FTE
Director, Corporate and Community Relations	0.25
Youth and Family Advisory Liaison	1.00
Grand Total	1.25

Organization Chart

Current as of March 2025

