Catholic Children's Aid Society of Toronto

# Integrated Operating Plan

2023-24 through 2027-28





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## Integrated Operating Plan

## 1. Purpose of the IOP

The term "Integrated Operating Plan" denotes the combination and integration of five key areas into a single plan covering a five-year timeframe: (1) Strategic priorities and objectives; (2) Programs, Initiatives and Pilots (PIPs); (3) Service Volume projections; (4) Human Resource requirements; and (5) Budget projections. In March 2021 the Catholic Children's Aid Society of Toronto (CCAS) tabled its first five-year Integrated Operating Plan (IOP). The IOP was updated in March 2022, and the current plan represents the latest version as at May 2023.

FIGURE 1: COMPONENTS OF THE INTEGRATED OPERATING PLAN (IOP)



The IOP is intended to demonstrate how the society will deliver on its Strategic Priorities and meet its objectives. Included in the plan are the projects underway and planned and the people and culture required to make this happen, within the context of a finite budget from the Ministry of Children, Community and Social Services (MCCSS). As shown in Figure 1 (above), the IOP is intended to demonstrate the blueprint for how the society will use its allocated resources in the very best possible way to support positive impact for the communities we serve.

## 2. CCAS Mission, Vision & Values

The Catholic Children's Aid Society has been serving the Catholic community for more than 125 years. The following statements guide what we do (Mission), what we stand for (Values) and the impact we are hoping to have for the communities we serve (Vision).

Mission:The Catholic Children's Aid Society of Toronto, on behalf of the Catholic community is<br/>committed to providing social services that protect children and strengthen family lifeVision:Catholic children, youth, families and communities are safe, strong and resilient

#### Values: We value:

- Human Dignity
- The Courage and Integrity to Take a Stand
- Partnership & Teamwork
- Cultural, Racial & Individual Differences
- Professional Excellence

### 3. IOP Planning Process

The process for developing the updated IOP involved extensive collaboration across the senior leadership team. Several meetings were held over the fall (2022) and winter (2023) to support strategic and budget planning, and decision-making regarding priority projects. Figure 2 outlines the inputs and outputs of the planning process:

#### FIGURE 2: IOP PLANNING PROCESS



## 4. Strategic Priorities & Objectives

#### 4.1 Strategic Priorities

In February 2022 the Board of Directors held a retreat and invited the Senior Leadership Team of the society to attend. Through discussion, a set of strategic priorities were suggested by the Board to the society (shown in the left-hand column of Figure 3, following page). Through work done over the summer of 2022 by the society, CCAS leadership proposed back to the Board in October 2022 a revised set of priorities, taking into account the society's work on Differential Response (DR), Youth Readiness, the centrality of focused partnerships within the context of these initiatives, along with the imperative to engage with referral sources differently through the work on DR. Further, through a Theory of Change exercise conducted (see Appendix A), it became clear that a missing priority in the initial set was Clinical Development, a necessary ingredient for success throughout all the work of the society.

In October 2022, the Board endorsed the revised strategic priorities on the right-hand side of Figure 3, all viewed through the lenses of Catholic Identity, Anti-Racism & Anti-Oppression and Trauma-Informed Practice:

Draft Strategic Priorities February 2022 FROM	Finalized Strategic Priorities October 2022 TO								
Organizational Culture	Organizational Culture								
Differential Response	Differential Bernance								
Engagement of Referral Sources	Differential Response Youth Readiness								
Partnerships	foutil Reduitiess								
	Clinical Skills Development								
Strategic relationship with the Foundation (CCAF)	Strategic Relationship with the CCAF								
Developed through the lenses of Catholic Identity, Ant	Developed through the lenses of Catholic Identity, Anti-Racist, Anti-Oppressive and Trauma-Informed Practices								

### 4.2 Strategic Objectives

The society has established the following objectives through the creation of a strategy map in 2020, shown in Figure 4 (below). The strategy map is organized using a balanced scorecard approach to support an understanding of key objectives across four areas: 1) service user experience; 2) internal processes; 3) culture and capacity; and 4) financial acumen and resources. The map below demonstrates a balance between objectives related to our service delivery (designed to have an impact on the communities we serve) and those related to our organization (designed to build a strong, Catholic child welfare agency), the latter of which supports our ability to realize the former.

#### FIGURE 4: CCAS STRATEGY MAP



## 5. Projects, Initiatives & Pilots

Through a process of planning, the society has landed on a range of projects, initiatives and pilots (PIPs) to carry out over the next several years. As a group, the PIPs represent critical projects that, once implemented, support the realization of the organizational objectives outlined above. Figure 5 (below) outlines the six PIPs that are considered of strategic importance for the organization: they are directly tied to the organizational strategic priorities. Further, they have significance across the organization as they shape the way of the future for service delivery, organizational structure, organizational culture and sustainability.

The timelines for each of these PIPs have been colour coded to indicate the four stages of implementation science (see the legend at the bottom of Figure 5). Timelines are best estimates as of January 2023. Not all PIPs have a "green" section (full implementation) as some are pilots and the decision about whether to take them to scale is dependent on the evaluation stemming from the pilot.

		2023-24										2024-25												
Project/Initiative/Pilot Name		Q1		Q2			Q3			Q4		Q1		Q2			Q3			Q4				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
trategic PIPs																								
Differential Response																								
Youth Readiness																								
Organizational Culture																								
Clinical Development/PACE																								
Learning & Development																								
Workplace Redesign																								

FIGURE 5: STRATEGIC PIPS AND TIMELINES

Exploration: exploring the problem, researching and designing solutions, etc.

Installation: supporting organizational readiness, e.g., training, change management, communication, etc.

Initial Implementation: Begin to deliver the service/program, monitor results, engage in continuous quality improvement, etc.

Full Implementation: PIP is fully implemented, business as usual, sustainment activities in place.

Planned deferral of project

These strategic PIPs make a significant contribution towards the realization of our strategic objectives. Figure 6 (below) shows the relationship between each of the strategic PIPs and the objectives contained in the strategy map shown on page 3:



#### FIGURE 6: STRATEGIC PIPS MAPPED TO STRATEGIC OBJECTIVES

Figure 7 (following page), shows additional PIPs that are operational in nature and represent departmental priorities that require attention. These projects/initiatives are not less important than those noted above, and some require a great deal of thought and effort with respect to implementation. They are built into Departmental workplans and are reported on regularly through the Senior Leadership Quarterly Review meetings. The same colour coding applies as outlined for Figure 5 on page 4, and timelines coded in cross-hatched grey demonstrate planned deferral of the PIP work for the period identified, e.g., eMEC replacement, Signs of Safety. Some PIPs have not yet developed detailed timelines across all stages of implementation, and future stages to be planned are noted as TBD.

#### FIGURE 7: OPERATIONAL PIPS AND TIMELINES

		2023-24																202	4-25					
Project/Initiative/Pilot Name		Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Operational PIPs																								
Organizational																								
Africentric Wraparound Scale Up																								
Administrative Analysis (next phase)																								
Catholic Retreat																								
Data Extraction/Visualization																								
Decision Making Models				TBD																				
Future Technology (Mitel & ATP)																								
HRIS (next phase)	TBD																							
Changes to the regulations (CYFSA-156/18)	)																							
Organizational Restructuring																								
Payroll																								
Performance Assessment Framework																								
Post Pandemic Planning (Hybrid)																								
Replacing eMEC w/ iExpense													TBD											
RESP/RDSP																								
Signs of Safety																								
Support Services Hub																								
Workload Study	TBD																							
Departmental																								
Access Redevelopment																								
AS400 (Consolidation)													TBD											
Digitization/Other IRM projects													TBD											
Emergency After Hours																								
Implementation of the FCS										TBD														
Intensive Reunification Program													TBD											
Male Engagement Worker												PILO	T END	S										
Placement Capacity/Property	TBD																							
Police Collaboration	TBD																							
Policy Database																								
Pregnancy Support													TBD											
System of Care													PILOT	Γ END	S									
World Youth Day																								

## 6. Key Service Volumes

Service volumes have been declining year-over-year for the last several years. This was a trend evident prior to the onset of the COVID-19 pandemic, and CCAS, like most children's aid societies, saw a sudden and sharp decrease beginning in 2020-21, the first year of the pandemic.

Figure 8 shows the trends related to volumes, both historically, and projected, using the five-year forecast developed in April 2023, taking into account the impact of the new Ready, Set, Go policy directive. Projected trends at the front end of the system (Intake and Investigation) show a levelling off of volumes as Differential Response is expected to provide more services across a broader range of circumstances within the context of declining referrals overall. Case volumes at Ongoing services are expected to continue with minor declines as we close legacy cases and provide more services in collaboration with community partners. Children in care are expected to also decline as admissions have decreased substantially since 2015-16 (and prior) and young people leave our care through both discharges and the Youth Readiness program. Increases are noted for services such as Community Link, which show the broader range of responses engaged in at the front door, in keeping with Differential Response.



FIGURE 8: VOLUME TRENDS AND PROJECTIONS

Figure 9 (following page) shows projections for service volumes over the five-years from 2023-24 through 2027-28. Actuals from 2022-23 are presented for comparative purposes. Projections include the assumptions noted above with respect to the impact of Differential Response, the continuing work on admission prevention, and the significant number of discharges expected over the next three fiscal years.

FIGURE 9: KEY SERVICE VOLUME STATISTICS

Service Element	2022-23 Actuals	2023-24 Forecast	2024-25 Forecast	2025-26 Forecast	2026-27 Forecast	2027-28 Forecast
Community Links Investigations	590	540	540	540	540	540
Completed	1,326	1,350	1,350	1,350	1,350	1,350
Ongoing - Year End	520	508	497	485	474	462
Admissions	75	68	68	62	60	58
Discharges Children in Care -	70	176	116	92	88	87
Year End	572	464	416	386	358	329
Paid Days of Care	194,301	179,105	151,187	137,077	126,632	116,345
Group Care Days	8,879	8,113	7,747	7,686	7,603	7,539

## 7. Human Resources Planning

Human Resources planning and development is fundamental to the success of the IOP, including the following: (1) Support to service in identifying staffing approaches and requirements; (2) Support the allocation of staffing to PIPs; (3) Ensure that we have people with the right skills in the right roles across the organization; and (4) Promote a culture of safety and wellness for all in our day-to-day work. To this end, the HR Department has worked with service management to confirm staffing to volume targets, rolled out a new performance management framework and developed a Learning & Development strategy with staff input, combining a focus on must-do training and training to support strategic priorities. Further, as the society has embarked on an ambitious journey of aligning strategy with talent management, HR has developed and executed a multi-year HR strategy of identifying key competencies, developing a skill-set inventory and supporting the evolving service model. The focus of this work over the next five years is shown in Figure 10:

#### FIGURE 10: HUMAN RESOURCES STRATEGY COMPONENTS



## 8. Budget

Allocating resources to support strategy while giving due regard to economy, efficiency and effectiveness is a critical part of planning. Our allocation from government, in addition to other revenue sources like grants from the CCAF, allow us to deliver services that make an impact. This is within the context of a shrinking budget overall from government as they work to shift resources to more rural CASs and to better support Indigenous Child Well-Being agencies. Notwithstanding the pressures of a contracting budget, shifting available resources in line with the overall direction of the organization is a clear goal.



#### FIGURE 11: SHIFTING RESOURCES TO SUPPORT STRATEGIC DIRECTION

Figure 12 shows the budget summary for the following five (2023-24 through 2027-28) :

Projections \$ (in '000s)	2022-23 Budget	2022-23 Actuals	2023-24 Budget	Proj. 2024-25	Proj. 2025-26	Proj. 2026-27	Proj. 2027-28	23/24 to 27/28 %	22/23 to 27/28 %
Wages and Benefits	45,708	46,180	46,976	46,332	45,700	45,078	44,140	-6%	-5%
Travel and Training	1,089	1,269	1,444	1,360	1,356	1,196	1,090	-25%	-16%
Board Expense	21,943	23,734	22,077	20,985	20,137	19,350	18,583	-16%	-28%
Service & Program Expense	5,451	5,424	5,409	4,418	4,449	4,439	4,274	-21%	-27%
Building Occupancy	3,180	3,145	2,797	1,692	1,726	1,760	1,796	-36%	-75%
Initiatives & Administration	3,752	2,789	4,952	4,905	4,170	3,173	2,626	-47%	-6%
Total Operating Expenses	81,123	82,541	83,655	79,692	77,538	74,996	72,509	-13%	-14%
Other Income	(2,007)	(2,805)	(4,484)	(2,397)	(2,224)	(2,199)	(2,070)	-54%	-36%
Ministry Funding	(79,116)	(79,732)	(79,171)	(77,295)	(75,314)	(72,797)	(70,439)	-11%	-13%
Net Projected (Surplus) / Deficit	0	4	0	0	0	0	0		

FIGURE 12: FIVE YEAR BUDGET SUMMARY

## 9. IOP Measurement Framework

Figure 14 (page 11) outlines the measurement framework for the IOP. It includes indicators related to each section of the Plan and we will continue to build on the framework as we develop approaches to data collection. The measurement framework is also accompanied by sound project/change management approaches to each PIP, a skill set that we are seeking to expand and deepen across the organization. All PIPs have an individualized workplan. We review the progress of all in-year PIPs quarterly and produce a summary of the status of the PIPs, including an assessment of progress, e.g., progressing well, progressing with some difficulty, or progress at risk.

## 10. Communication & Reporting

The updated IOP will be shared with the CCAS community at an all-staff meeting to be held in May 2023, and is posted on our internal and external websites. Moving forward, it is important to keep the conversation alive through the various communication channels at the organization, such as Senior Leadership Team, Direct Services Supervisors Team, Departmental Meetings, Team Meetings and Organization-wide Town Halls so that staff continue to hear about the work of the IOP, the strategic priorities and projects, and see themselves and their contributions in this work.

Progress against the major components of the plan (Strategic Priorities and PIPs, budget, staffing and volume assumptions) are monitored on a quarterly basis and reported through the society's Quarterly Review process. A communication plan will be developed to share relevant results at both a project and organizational level with all staff, considering creating a space on MyCCAS for updates regarding the IOP. Reporting also occurs through the various Board committees, the full Board, and as part of our accountability requirements to MCCSS. Certain aspects of the IOP are also relevant for sharing with the partners with whom we collaborate and the communities we serve.



#### FIGURE 13: REPORTING PROGRESS TO KEY STAKEHOLDER GROUPS

#### FIGURE 14: IOP MEASUREMENT FRAMEWORK

Measurement Area	Indicator	Data Source	Data Availability	Data Quality
STRATEGIC PRIORITIES & OBJECTIVES			<b>1</b>	
Differential Response				
Provide services that meet needs/Ensure effective decision-making	Sensitivity/Specificity rates	CPIN report		
Provide services that meet needs; focus on prevention/early help	Disposition breakdown	CPIN report		
Help me stay connected to my family and community	Admission rate/prevention	CPIN report		
Help me stay connected to my family and community	% removals that go to kinship	CPIN report		
Respect, honour and celebrate identity	Disproportionality/disparity	CPIN report		
Partnerships and collaboration cross-sectoral	# partnership agreements	Manual report		
Youth Readiness				
Provide services that meet needs	Developmental assets	OnLAC		
Provide services that meet needs	Age to grade; Graduation rates	OnLAC & Manual		
Help me stay connected to my family and community	% Family based care	Quarterly Report		
Respect, honour and celebrate identity	Ethno-cultural placement match	OnLAC; CPIN		
Nothing about me without me; provide services that meet my needs	% participating in collaborative planning	Manual tracking		
Provide services that meet my needs	Discharges in line with timelines	Manual tracking		
Clinical Development				
Implementation of clinical model	Number of people trained	HR/Training Data	TBD	TBD
All Service user experience objectives	Several service user feedback questions	Service User Survey	TBD	TBD
Develop a culture of learning, creativity and innovation	Staff feedback re: clinical training	Staff Survey	TBD	TBD
Organizational Culture				
All culture and capacity objectives in strategy map	Staff feedback about 6 domains of culture	Culture assessment	TBD	TBD
Learning & Development				
Develop a culture of learning, creativity and innovation	Staff feedback about learning opportunities	L&D Staff Survey	TBD	TBD
Workplace Reconfiguration				
	Project on track with relocation timelines	Project Plan		
	Staff feedback about new configuration	Staff Survey	TBD	TBD
PIP Progress				
Aggregate report card for PIPs	% PIPs on track	Project Manager		
SERVICE VOLUMES (ACCURACY OF FORCASTING)				
Investigations, Ongoing, CIC and Days of Care	Variance-Budget to Actuals	QA Tracking		
STAFFING REQUIREMENTS (ALIGNING RESOURCES WITH NEED)				
Staffing to Volume	Staffing to volume aggregate stat	Finance/HR		
BUDGET PROJECTIONS (LIVING WITHIN OUR MEANS)				
Balanced budget	Allocation/budget to expenditures	Finance tracking		



Data are available and regularly updated OR data quality is excellent



We have data but no analysis or a way to regularly update, OR data need improvement



We have no data to measure this OR data quality needs significant improvement 11

## Appendix A: Organizational Theory of Change



## Catholic Children's Aid Society Theory of Change

Vision: Catholic children, youth, families and communities are safe, strong and resilient



For those we serve	We provide	In a way that	So that	Which will lead to
Families who have experienced adversity, and who may be strugglingdue to personal challenges and/or structural issuesto safely care for their children and promote their development and wellbeing	<ul> <li>Flexible individal and family-focused intake and assessment</li> <li>Tailored family and protection services</li> <li>Services and support to children living with kin or in care</li> <li>Adoption placement and support</li> <li>Support to kin, foster and adoptive parents</li> <li>Advocacy and connection to community services</li> <li>A broad range of specialized clinical programs</li> </ul>	<ul> <li>Ensures voice and choice</li> <li>Is inspired by Catholic values and teachings</li> <li>Is culturally safe and identity affirming</li> <li>Acknowledges and meets the needs of all equity- deserving groups</li> <li>Recognizes and screens for the impact of trauma including racial trauma</li> <li>Prioritises and builds developmental relationships and resilience</li> <li>Engages a broad range of partners in the community</li> <li>Understands and addresses the role of economic and material hardships in family life</li> <li>Is informed by the best available evidence, including service user input and feedback</li> </ul>	<ul> <li>All children and youth have family and community</li> <li>All children remain connected to their communities, culture and traditions</li> <li>Structural and systemic barriers are identified, reduced and eliminated</li> <li>Families possess the assets and skills to support healthy growth and development for all members and to keep children safe</li> <li>Children possess the assets and skills that help them grow into healthy, engaging members of their communities</li> </ul>	Strong and resilient Catholic families and community with access to the highest quality support, whenever needed, to reach their full potential