Catholic Children's Aid Society of Toronto

# Integrated Operating Plan

2024-25 through 2026-27







# Table of Contents

1.	Purpose of the IOP	1
2.	CCAS Mission, Vision & Values	1
3.	IOP Planning Process	2
4.	Strategic Priorities & Objectives	2
4	4.1 Strategic Priorities	2
4	4.2 Strategic Objectives	3
5.	Projects, Initiatives & Pilots	4
6.	Key Service Volumes	5
7.	Human Resources Planning	7
8.	Budget	7
9.	IOP Measurement Framework: Key Performance Indicators	8
10.	Communication & Reporting	10
App	pendix A: Organizational Theory of Change	11
	ist of Figures	
	gure 1: Components of the Integrated Operating Plan (IOP)	
_	gure 2: IOP Planning Process	
_	gure 3: Strategic Priorities Refresh	
_	gure 4: CCAS Strategy Map	
	sure 5: Projects Mapped to Strategic Objectives	
Fig	sure 6: Volume Trends & Projections	6
Fig	sure 7: Key Service Volume Statistics	6
Fig	sure 8: Human Resources Strategy Components	7
Fig	sure 9: Shifting Resources to Support Strategic Direction	8
Fig	ure 10: Three Year Budget Summary (in 000s)	8
Fig	ure 11: Key Performance Indicators	9
Fig	gure 12: Reporting Progress to Key Stakeholders	10

# **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 multi-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 Integrated Operating Plan (IOP), covering a five-year time horizon. The IOP has been updated annually each year since then. The current plan represents a change to a three-year plan, for the period of 2024-25 through 2026-27.

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

committed to providing social services that protect children and strengthen family life

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

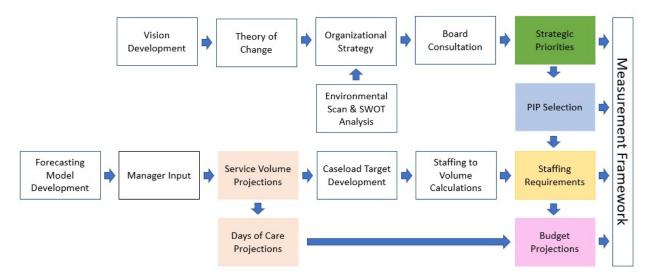
#### Values: We value:

- 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 (2023) and winter (2024) to support volume projections, staffing requirements 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, CCAS Senior Leadership and the Board collaborated to identify a set of strategic priorities, taking into account the society's work on Differential Response (now known as Holistic Assessment & Response Pathway, or HARP), Youth Readiness, the importance of focused partnerships within the context of these initiatives, along with the need to engage with referral sources differently through the work on HARP (see the left hand side of Figure 3, following page). Subsequently, a Theory of Change exercise was conducted (shown in Appendix A) and identified Clinical Development as a necessary ingredient for success throughout all the work of the society.

In October 2022, the Board endorsed the strategic priorities on the right-hand side of Figure 3, updated from those identified earlier in the year, all viewed through the lenses of Catholic Identity, Anti-Racism &

Anti-Oppression and Trauma-Informed Practice. These strategic priorities continue to inform our work moving forward into 2024-25 and beyond.

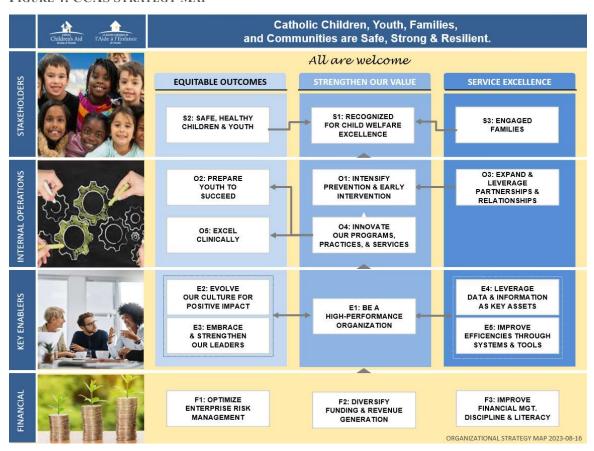
FIGURE 3: STRATEGIC PRIORITIES REFRESH

Draft Strategic Priorities FROM	Finalized Strategic PrioritiesTO				
Organizational Culture	Organizational Culture				
Differential Response (HARP)	Halistia Assessment & Basesses Batheren				
Engagement of Referral Sources	Holistic Assessment & Response Pathways  Youth Readiness				
Partnerships	routh Reduitess				
	Clinical Skills Development				
Strategic relationship with the Foundation (CCAF)	Strategic Relationship with the CCAF				
Developed through the lenses of Catholic Identity, Anti-Racist, Anti-Oppressive and Trauma-Informed Practices					

#### 4.2 Strategic Objectives

In the fall of 2023, CCAS revised its strategy map, shown below in Figure 4. The strategy map is organized using a balanced scorecard approach and encompasses objectives across four perspectives: 1) Stakeholders; 2) Internal Operations; 3) Key Enablers; and 4) Financial. 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).

FIGURE 4: CCAS STRATEGY MAP



## 5. Projects, Initiatives & Pilots

Through a process of planning in the fall of 2023, the society has confirmed 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 strategic objectives outlined in the strategy map. Figure 5 (below) outlines PIPs and their associated strategic objectives.

FIGURE 5: PROJECTS MAPPED TO STRATEGIC OBJECTIVES

Project Name	Link to Strategic Objective	Project Type	Priority	Continuous Improvement Project	Active Q4 2023-24	Active 2024-25	Executive Sponsorship
Clinical Development (PACE)	O5: Excel Clinically; S1: Engaged Families	Strategic	High	No	Yes	Yes	Director of Service
Differential Response (HARP)	O1: Intensify Prevention & Early Intervention	Strategic	High	No	Yes	Yes	Director of Service
Organizational Culture Assessment (Culture Compass)	E2: Evolve our Culture for Positive Impact	Strategic	Med	No	Yes	Yes	Chief Executive Officer
Youth Readiness	O2: Prepare Youth to Succeed	Strategic	High	No	Yes	Yes	Director of Service
Workplace Redesign (WIP)	F3: Improve Financial Management, Discipline & Literacy	Operational	Med	Yes	Yes	Closed	Director of IT, Admin & CFO
Administrative Restructuring	E5: Improve Efficiencies through Systems & Tools	Operational	Med	Yes	Yes	Yes	Director of Service
Extraction & Reporting	E4: Leverage Data & Information as Key Assets	Operational	High	Yes	Yes	Yes	Director of Quality, Strategy & Planning
Payroll System Implementation	E5: Improve Efficiencies through Systems & Tools	Operational	Med	Yes	Yes	Closed	Director of IT, Admin & CFO
AS/400 CIC Migration (Phase 1)	F1: Optimize Enterprise Risk Management	Operational	High	Yes	Yes	Yes	Director of Quality, Strategy & Planning
Digitization	E4: Leverage Data & Information as Key Assets	Operational	Med	Yes	Yes	Yes	Director of Quality, Strategy & Planning
Male Engagement Worker Pilot	O4: Innovate our Programs, Practices & Services	Operational	Med	No	Yes	Closed	Director of Service

Project Name	Link to Strategic Objective	Project Type	Priority	Continuous Improvement Project	Active Q4 2023-24	Active 2024-25	Executive Sponsorship
Policy Database Implementation	E4: Leverage Data & Information as Key Assets	Operational	Med	Yes	Yes	Yes	Director of Quality, Strategy & Planning
Young Parents Wraparound (Rosalie Hall)	O1: Intensify Prevention & Early Intervention	Strategic	Low	No	Yes	Yes	Director of Service
Growing Project Leaders Initiative	E3: Embrace & Strengthen our Leaders	Operational	High	Yes	Yes	Yes	Chief Executive Officer
Balanced Scorecard Implementation	E1: Be a High Performance Organization	Strategic	High	No	Yes	Yes	Director of Quality, Strategy & Planning
Staff Hub	E5: Improve Efficiencies through Systems & Tools	Operational	Low	Yes	Yes	Yes	Director of IT, Admin & CFO
Mindfulness Program for Youth	O2: Prepare Youth to Succeed	Operational	Med	No	Yes	Yes	Director of Service

#### 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 6 (following page) shows the trends related to volumes, both historically, and projected, using the three-year forecast developed in February 2024. Projected trends at the front end of the system (Intake and Investigation) show a levelling off of volumes as HARP 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 declining as we close legacy cases and provide more services in collaboration with community partners. Children in care are also expected to 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 HARP.

FIGURE 6: VOLUME TRENDS & PROJECTIONS



Figure 7 (below) shows projections for key service volumes over the three years from 2024-25 through 2026-27. 2023-24 data represent December/January forecasts and are presented for comparative purposes. Projections include the assumptions noted above with respect to the impact of HARP, the continuing work on admission prevention, and the significant number of discharges expected over the next two to three fiscal years.

FIGURE 7: KEY SERVICE VOLUME STATISTICS

Service Element	2023-24 Forecast	2024-25 Budget	2025-26 Forecast	2026-27 Forecast
Community Links	660	700	700	700
Investigations Completed	1,310	1,310	1.310	1.310
Ongoing - Year End	401	364	341	328
Admissions	93	61	59	58
Discharges	205	112	94	84
Children in Care - Year End	460	409	377	351
Paid Days of Care	182,115	153,040	138,231	127,737
Group Care Days	7,537	6,787	6,345	6,049
Cases before the Court	134	138	138	138

#### 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. In the coming year, the performance management framework will include the cascading of individual goals tied to the strategic objectives throughout the organization.

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 three years is shown in Figure 8:

Selection and Hiring

Career
Development

Compensation and Benefits

Succession
Management
Performance
Management
and
Feedback

FIGURE 8: 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 (see Figure 9) is a clear goal.

FIGURE 9: SHIFTING RESOURCES TO SUPPORT STRATEGIC DIRECTION

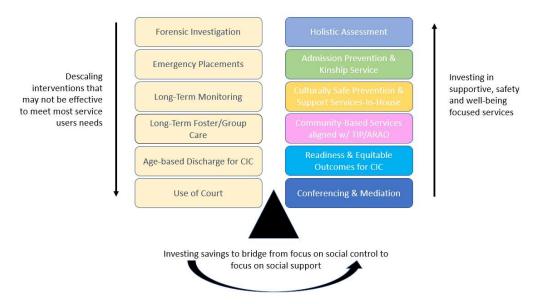


Figure 10 shows the budget summary for the following 3 years (2024-25 through 2026-27):

FIGURE 10: THREE YEAR BUDGET SUMMARY (IN 000S)

EXPENSE CATEGORY	2022-23 Full Year Actual	,	2023-24 Annual Budget	2024-25 Annual Budget	2025-26 Annual Projection	F	026-27 Annual ojection	2024-25 vs 2026-27 %	2023-24 vs 2026-27 %
TOTAL SALARIES	\$ 34,558	\$	33,725	\$ 34,515	\$ 35,618	\$	36,842	7%	9%
TOTAL BENEFITS	\$ 11,709	\$	11,825	\$ 11,956	\$ 12,192	\$	12,457	4%	5%
TOTAL BOARDING RATES	\$ 23,734	\$	22,077	\$ 24,575	\$ 22,109	\$	18,422	-25%	-17%
TRAVEL	\$ 748	\$	1,139	\$ 1,063	\$ 1,053	\$	1,043	-2%	-8%
STAFF TRAINING	\$ 143	\$	234	\$ 190	\$ 180	\$	170	-11%	-27%
SERVICE RELATED EXPENSES	\$ 4,387	\$	4,049	\$ 4,159	\$ 4,010	\$	3,876	-7%	-4%
CORPORATE EXPENSES	\$ 6,920	\$	6,615	\$ 5,853	\$ 5,803	\$	5,753	-2%	-13%
PIP INITIATIVES	\$ 342	\$	1,455	\$ 396	\$ 400	\$	410	0%	na
CONTINGENCY, LEVERS & IN-YEAR INVESTMENTS	\$ -	\$	500	\$ 500	\$ 500	\$	500	0%	0%
SAVINGS INITIATIVES TO BE FOUND	\$ -	\$	-	\$ -	\$ (1,861)	\$	(2,326)	na	na
SUBTOTAL EXPENDITURE	\$82,541		\$81,619	\$83,207	\$80,004		\$77,147	-7%	-5%
OTHER REVENUE & RECOVERIES	\$ (2,805)	\$	(2,448)	\$ (5,718)	\$ (4,218)	\$	(3,010)	-47%	23%
FUNDING	\$ (79,732)	\$	(79,171)	\$ (77,489)	\$ (75,786)	\$	(74,137)	-4%	-6%
NET (SURPLUS)/ DEFICIT	\$4		\$0	\$0	\$0		\$0		

#### 9. IOP Measurement Framework: Key Performance Indicators

Figure 11 (following page) outlines the measurement framework for the IOP, i.e., the key performance indicators (KPIs) related to each strategic objective. We will continue to build on the KPIs, which will be introduced in Phases throughout 2024-25. As KPIs are achieved, new ones will be introduced. Currently, the Senior Leadership Team is working on annual targets. Progress against each is reported at the Quarterly Review and will be shared with the Board.

FIGURE 11: KEY PERFORMANCE INDICATORS

STRATEGIC OBJECTIVE	КРІ	STRATEGIC OBJECTIVE	КРІ				
STAKEH	IOLDERS	KEY ENABLERS					
S1: RECOGNIZED FOR CHILD WELFARE EXCELLENCE	TBD	E1: BE A HIGH-PERFORMANCE ORGANIZATION	% Completion of the Balanced Scorecard Project				
	% of service objectives on target	E2: EVOLVE OUR CULTURE FOR POSITIVE	% Completion of Org. Culture Assessment project				
S2: SAFE, HEALTHY CHILDREN & YOUTH	Number of Youth and Family Client Complaints	IMPACT	% Decrease In YOY Employee Complaints / Grievances				
	Number of Serious Occurrence reports		% Completion of Annual Performance Reviews				
C2. ENCACED FAMILIES	% of cases served by function where a conference was held	E3: EMBRACE & STRENGHTEN OUR LEADERS	% Achievement of all Management Staff Development Objectives				
S3: ENGAGED FAMILIES	% Young people in care where youth centered conference was held		% Completion of Supervisors' Development Program				
		E4: LEVERAGE DATA & INFORMATION AS KEY ASSETS	% completion of Extraction & Reporting or Data Integrity Project Milestones				
		E5: IMPROVE EFFICIENCIES THROUGH SYSTEMS & TOOLS	% Completion of active Continuous Improvement Projects				
INTERNAL (	DPERATIONS	FINANCIAL					
	% of all referrals that are dispositioned as Community Links at the point of screening		% Variance YOY of Mitigated Enterprise Risks (Medium to High Risks)				
O1: INTENSIFY PREVENTION & EARLY INTERVENTION	Number of Admissions (Intake & Ongoing)	F2: DIVERSIFY FUNDING & REVENUE GENERATION	Number of External Grant Applications made in Each Fiscal Year				
INTERVENTION	% of children investigated that are admitted to care within 12 months of their investigation	F3: IMPROVE FINANCIAL MGT. DISCIPLINE & LITERACY	Forecasted year end Balanced Operating Position				
	% Completion of Youth Readiness Program Milestones	& LITERACT	% Financial Report Sessions with service and non service Budget Managers				
O2: PREPARE YOUTH TO SUCCEED	% of young people aged 18 & 19 who have graduated highschool by the fall of their 18th/19th birthday						
O3: EXPAND & LEVERAGE PARTNERSHIPS & RELATIONSHIPS	% Increase YOY in Formal Partnerships						
O4: INNOVATE OUR PROGRAMS, PRACTICES, & SERVICES	% of Programs meeting 90% or above of EIP Criteria						
O5: EXCEL CLINICALLY	% Achievement of PACE Project Milestones						

#### 10. Communication & Reporting

The updated IOP will be shared with the CCAS community at an all-staff meeting in May 2024 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 is under development to share relevant results at both a project and organizational level with all staff, including 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, particularly projects like HARP, Youth Readiness and other key service initiatives, are also relevant for sharing with the partners with whom we collaborate and the communities we serve.

FIGURE 12: REPORTING PROGRESS TO KEY STAKEHOLDERS



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