

Services/Leadership

Priority	Strategic Directions & Objectives	Activities/Outputs	Outcomes/Indicators	Methods	Timeline[1]	Person Responsible	Progress
Practice Development for Continuous Improvement using our Service Model Signs of Safety, Equity, Trauma, and Indigenous Justice will be woven through all of our work and will be observable to workers, families, children and staff.	SE 1 SE 2 SE 3 SE 4	<ul style="list-style-type: none"> Develop New Team of Advanced practitioners to coach and mentor, and onboard new and existing workers on SOS, Network Building, Equity and Indigenous Justice. 	<ul style="list-style-type: none"> Team of 3 new positions up and running supporting all new workers, and coaching/mentoring existing staff who have identified growth areas for practice. 	<ul style="list-style-type: none"> Hire and develop new manager and 3 mentor position; establish clear expectations for this team and a clear process for others to use the support of this team. 360 evaluation of managers on agreed upon and documented measures. Meaningful Measures: <ul style="list-style-type: none"> Collaborative Case Audits and/or Critical Case Review processes Staff Surveys Family Surveys 	Nov 2020 – Mar 2022	Natalie Dixon-Judah	<ul style="list-style-type: none"> Completed. Team hired and working to coach and mentor all newly hired workers. Feedback from all stakeholders has been very positive.
		<ul style="list-style-type: none"> Management team to develop performance measures so that continuous improvement expectations are clear and management performance is rated according to Service Model priorities. 	<ul style="list-style-type: none"> All workers and Managers will be seen as competent in coaching and mentoring the micro skills of our Practice Model including using regular Group Supervision - minimum monthly. 			Erin Harvey, Natalie Dixon-Judah	<ul style="list-style-type: none"> In progress. Measures completed, staff and leadership surveys completed; ongoing measurement for improvement is underway. Family Surveys are not yet complete.
		<ul style="list-style-type: none"> Develop new SOS learning team that will provide weekly consultation and practice workshops – focusing on SOS micro skills and network building micro skills. 	<ul style="list-style-type: none"> All staff are attending consultations and workshops and feeling supported in improving their SOS and network building micro skills. 			Erin Harvey, Natalie Dixon-Judah	<ul style="list-style-type: none"> Completed. SOS Learning Team has been created, curriculum developed, and ongoing consultations and workshops scheduled accordingly.
		<ul style="list-style-type: none"> Work in consultation with Equity leads to build Indigenous Justice and Equity practice into all child welfare practice. 	<ul style="list-style-type: none"> All staff are consistently collecting IDBD. Data is being analyzed, and hypotheses created and tested every 6 months. Managers' report Indigenous justice, equity, and trauma analysis and reflection in supervision, team meetings, and management meetings. 			Erin Harvey	<ul style="list-style-type: none"> In progress. IDBD collection is standard practice and our compliance with this requirement remains high. All managers are incorporating Equity and Indigenous Justice learning into their supervision, team meetings and management meetings. Data has been analyzed; further ongoing analysis is needed to measure trends for success in our progress.
		<ul style="list-style-type: none"> Develop an ongoing plan for trauma training and assessment for all staff. 	<ul style="list-style-type: none"> Training on trauma has been delivered to all service staff and staff report this has increased their ability to assess the impact of trauma on the families and children they are working with and know where to get support for the family to heal. 			Natalie Dixon-Judah	<ul style="list-style-type: none"> In progress. Plan has been developed. This will be a main focus for fall 2022, and into 2023.
LEADERSHIP Define and clarify expectations about	SE2 OH3	<ul style="list-style-type: none"> Leadership development is prioritized through dedicated activities, time and facilitated sessions. 	<ul style="list-style-type: none"> Active participation is evidenced, feedback indicates that progress has been made. 	<ul style="list-style-type: none"> Dedicated leadership meetings to explore leadership topics. 	2021-2023	Senior Team	<ul style="list-style-type: none"> Completed. Leadership topics are regularly incorporated into all meetings.

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Leadership behaviours within the organization.			<ul style="list-style-type: none"> Leaders are feeling more competent and demonstrating desired leadership competencies. 	<ul style="list-style-type: none"> Performance discussions Feedback from leadership group including use of results of Staff Engagement Survey. 	Ongoing	Senior Team	<ul style="list-style-type: none"> In progress. Ongoing coaching, and performance reviews are occurring in line with desired leadership competencies.
SERVICE REALIGNMENT	SE1, SE2, SE3, SE4	<ul style="list-style-type: none"> Realignment of Service Roles to align new Service Model including Equity and SOS discipline at the front end of our service. 	<ul style="list-style-type: none"> Workers feel more competent and able to meet the expectations of the Service Model specifically, SOS and IDBD at the from end. 	<ul style="list-style-type: none"> Restructuring process taking into consideration staff feedback, SOS methodology, and workflow efficiencies. 	21 - 22	Natalie Dixon-Judah, Erin Harvey	<ul style="list-style-type: none"> In progress. Plan developed for 18 month pilot from Oct 2022 to April 2024. Implementation is occurring presently.

Quality Assurance/Equity

Priority	Strategic Directions & Objectives	Activities/Outputs	Outcomes/Indicators	Methods	Timeline[1]	Person Responsible	Progress
Improve our understanding and quality of our IDENTITY BASED DATA.	SE 1 SE 2 SE 3 SE 4 AD 2	<ul style="list-style-type: none"> Ensure workers are collecting identity based data for all clients and recording this information in our records system. 	<ul style="list-style-type: none"> We have a clear understanding of the client populations we serve and the Management team is using data from these reports regularly to inform planning and decision making. 	<ul style="list-style-type: none"> Manual audit 	1/1/2021 Completed	Debbie Zen	<ul style="list-style-type: none"> Quarterly IDbD completion reports are completed and reviewed regularly Identity Based data File review was completed November 2021.
		<ul style="list-style-type: none"> Evaluate our identity based data to better understand the clients we serve so we are able to serve our various community populations better. 	<ul style="list-style-type: none"> We are able to report our identity based data to the Ministry and our Board with greater accuracy. 	<ul style="list-style-type: none"> Ongoing CPIN reporting as required 			
COMPLIANCE WITH STANDARDS	SE 3 OH 3	<ul style="list-style-type: none"> Continue to use data to inform management about the areas of improvement for Standards compliance 	<ul style="list-style-type: none"> Improved QIP results to ensure standards are met 	<ul style="list-style-type: none"> Quality Improvement Plan completion quarterly or as required by the Ministry 	Complete and Ongoing	Debbie Zen	<ul style="list-style-type: none"> Ministry has put formal QIP submissions on hold.
Improved results using the SIGNS OF SAFETY QUALITY ASSURANCE PROCESS		<ul style="list-style-type: none"> Directors of Service are working with all managers to identify targets for improvement with each supervisor. Plan developed for ongoing implementation of Signs of Safety and measuring impact on quality of service Develop SOS/IT Alignment. 	<ul style="list-style-type: none"> Managers have improved understanding of how the process can improve outcomes for kids and families, and workers feel more competent in the methodology and discipline of the SOS service model 	<ul style="list-style-type: none"> Directors of Service individual measurement plans with managers 	2020 - 2022	Erin Harvey and Natalie Dixon-Judah	<ul style="list-style-type: none"> Completed. Directors have individual plans with each manager. SOS IT alignment has occurred.
INDIGENOUS CHILDREN AND FAMILIES Review and continue to improve our practice with Indigenous families and children	SE 1 SE 2 SE 3 SE 4 EH&P 1 EH&P 3	<ul style="list-style-type: none"> Monitor and measure our work in the areas of the 9 Ontario Child Welfare Indigenous Commitments particularly in the areas of: identification of all children in care with Indigenous Heritage, identification of all legal files where there is Indigenous heritage, use of Customary Care agreements, regular ongoing training for staff, continued development of relationships with the Indigenous community, file disclosure that is fulsome and prompt. 	<ul style="list-style-type: none"> Report on our progress with the 9 Indigenous commitments annually and use that information to develop a plan for improvement. 	<ul style="list-style-type: none"> Annual report, completion of our data related to the Indigenous commitments. 	In progress	Debbie Zen and Erin Harvey	<ul style="list-style-type: none"> In progress. Internal reporting completed yearly; Deep dive qualitative review happened in summer of 2021 to better understand circumstances of the child in care as compared with white children in care.

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EQUITY AND ANTI-OPPRESSION Re-commitment to strengthen and deepen understanding and practice regarding Equity and Anti-Oppression	SE 1 SE 2 SE 3 SE 4	<ul style="list-style-type: none"> Intentional exploration of systemic oppression, identities, and other factors influencing the families we work with beginning with looking at IDBD and creating important first questions to follow over the next 3 – 5 years looking for trends, from which to then determine other information needed in order to then take action on any trends that are concerning regarding colonial systems that re-enforce systemic oppression 	<ul style="list-style-type: none"> Continue collecting IDBD and run reports every quarterly Create key questions to start with regarding the data and analyze with those questions in mind over 5 years to measure trends and make sense of the data to inform plans and decisions at a case level, and at a systems level 	<ul style="list-style-type: none"> Identity Based Data Collection Include in Staff Engagement Survey Feedback from AO-Equity Committee Feedback from Leadership group and Board Service Excellence Committee 	In progress- Fall 2020 – Spring 2025	Erin Harvey Debbie Zen	<ul style="list-style-type: none"> IDBD data collection is occurring and compliance remains high. Deep Dive into CIC cases comparing White, Indigenous, and Black children and the circumstances surrounding their entry into care.
		Identity Based Data (IDbD) <ul style="list-style-type: none"> Ensure Workers are collecting identity based data for all clients and recording this information in our records system 	<ul style="list-style-type: none"> Workers report increase in confidence and competence in getting IDBD from clients; CPIN reports show high compliance with IDBD in our system 	<ul style="list-style-type: none"> Meaningful Measures ·Collaborative Case ·Audit Family feedback 			
		<ul style="list-style-type: none"> Intentional exploration of systemic oppression, identities, and other factors influencing the families we work with beginning with looking at IDBD and creating important first questions to follow over the next 3 – 5 years looking for trends, from which to then determine other information needed in order to then take action on any trends that are concerning regarding colonial systems that re-enforce systemic oppression. 	<ul style="list-style-type: none"> Continue collecting IDBD and run reports every 6 months. Create key questions to start with regarding the data and analyze with those questions in mind over 5 years to measure trends and make sense of the data to inform plans and decisions at a case level, and at a systems level. 	<ul style="list-style-type: none"> Staff surveys ·Capture management impressions from supervision discussions ·CPIN reporting every 6 months. 	Annually every 6 months	<ul style="list-style-type: none"> In progress - ongoing team discussions and reflections in supervision occurring regularly. All agency discussion regarding results from deep dive into CIC cases. 	

Human Resources

Priority	Strategic Directions & Objectives	Activities/Outputs	Outcomes/Indicators	Methods	Timeline[1]	Person Responsible	Progress
PERFORMANCE MANAGEMENT Have a consistent approach developing and supporting staff to maintain a sustainable and effective workforce meeting the service needs of the families we serve.	SE2 OH1 OH3	<ul style="list-style-type: none"> Use Leadership Competencies, SOS approach, Engagement/Census Surveys and AOE lens as guides to maintain ongoing Leadership development. 	<ul style="list-style-type: none"> A consistent, manageable and relevant Performance Appraisal/Agreement (PA) process. Annual PA requirements are met. 	<ul style="list-style-type: none"> HR drives annual PA process 	In Progress 2022/2023	Bethany Comeau	<ul style="list-style-type: none"> Consistent and effective PA process is in process. Director of HR to work with Manager of EDI to incorporate Equity lens as well as with SMT to ensure alignment with strategic planning.
		<ul style="list-style-type: none"> Use HR Toolkit from OACS to guide HR practices with an AO-E lens. 	<ul style="list-style-type: none"> Job Descriptions are reviewed and updated as vacancies occur. Interview Guides are reviewed and updated as vacancies occur. 	<ul style="list-style-type: none"> HR and Equity Lead to review and update job descriptions as vacancies occur. HR and Equity Lead to review and update interview guides as vacancies occur. HR and Equity Lead to review HR Practices through the AOE lens as part of ongoing practice. 	Complete / Ongoing		
		<ul style="list-style-type: none"> Support Directors to ensure Leaders are setting SMART team/individual goals ensuring a link to staff/leadership development and agency strategic vision. Identify staff for succession planning. Support leadership to engage in difficult conversations, applying an AOE lens, for staff development and accountability. 	<ul style="list-style-type: none"> An equitable approach to overall performance management that aligns with agency strategic plans 	<ul style="list-style-type: none"> PA process Employee Engagement Survey results are reviewed and incorporated into PM/PA. Incorporate PM/PA processes into Succession planning. Goals set per team and/or per individual and reflected in the PM process. Goals from previous years should be reviewed by Leaders and link to staff development, client services, strategic directives; though an AOE lens. 	In Progress 2021-2023		
SUCCESSION PLANNING Have a succession plan in place across the Agency to ensure a smooth and continuous service to our clients; and development of and engagement of employees	SE2 SE4 OH1 OH3	<ul style="list-style-type: none"> Utilize PM process, internal development & training opportunities, stretch and coverage assignments to develop staff for future opportunities. 	<ul style="list-style-type: none"> Have an active list of employees being developed for further leadership vacancies. 	<ul style="list-style-type: none"> Retirement Forecast analysis. PA Tracker 	Complete	Bethany Comeau	<ul style="list-style-type: none"> Critical roles have been identified and reviewed at SMT. List of emerging leaders to be updated in 2023. Leadership Development Program under review at SMT to identify critical focus areas.
		<ul style="list-style-type: none"> Review Succession Plan annually to identify critical roles and development opportunities for staff. Support Directors/Senior Leaders develop and maintain list of emerging leaders. 	<ul style="list-style-type: none"> Have Critical Roles identified to be reviewed at SMT annually. 	<ul style="list-style-type: none"> Staff development list. HR Succession Plan Tracker. 	In Progress 2021-2023		

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		Leadership Development Program for Succession Planning	<ul style="list-style-type: none"> A Leadership Development Program in place, communicated to staff. 	SMT, in conjunction with HR, to develop Leadership Development Program plan.	In Progress 2021-2023		
		<ul style="list-style-type: none"> Review staffing needs as vacancies arise to confirm FTE allocation as it applies to Succession Planning 	<ul style="list-style-type: none"> Effective allocation of FTE to align with agency strategic plans. 	<ul style="list-style-type: none"> HR Staffing Reports to be reviewed with DOS's semimonthly or more often as needed. 	Complete / Ongoing		
COLLECTIVE BARGAINING	SE4 OH1 OH3	<ul style="list-style-type: none"> Successfully bargain a new agreement with CUPE Local 4325 by Mar 31, 2021 when current CA expires. Obtain approval from Board of Directors and confirm ratification with CUPE. Implement changes and train leadership team on new CA. 	<ul style="list-style-type: none"> CA bargained by Mar 31st, 2021 CA ratified and approved by Board of Directors 	<ul style="list-style-type: none"> Engage CUPE Local Executive in more effective and timely bargaining process with a goal to complete before CA expires, Mar 31, 2021. 	Complete Q4 2020	Bethany Comeau	
			<ul style="list-style-type: none"> CA changes implemented 	<ul style="list-style-type: none"> Changes implemented, retroactive payments completed. 	Complete Q2 2021		
			<ul style="list-style-type: none"> Complete CA training with Leadership team 	<ul style="list-style-type: none"> New terms of CA reviewed during All Management Meeting. 			
			<ul style="list-style-type: none"> New CA on CASi and Booklets Printed/Distributed 	<ul style="list-style-type: none"> CA placed on CASi, booklets completed and distributed. 			
AODA (Accessibility for Ontarians With Disabilities Act)		<ul style="list-style-type: none"> Review AODA requirements Work with other teams as required to implement required actions File an Accessibility Compliance Report with the Ontario Government 	<ul style="list-style-type: none"> AODA requirements are in place and the online Compliance Report is complete. 	<ul style="list-style-type: none"> AODA compliance requirements are implemented. 	Complete Q1 2021	Bethany Comeau	
ONBOARDING	SE2 SE4 OH1 OH3	<ul style="list-style-type: none"> Work with Practice Development Team and DOS's to build onboarding for new Service Staff. 	<ul style="list-style-type: none"> Service Onboarding plan will incorporate revised New Worker Training requirements and a strong focus of AO-E, SOS and Trauma Enforced Practice focus. 	<ul style="list-style-type: none"> Liaise with Practice Development Team, DOS's, Equity Lead, Clinical Support Leader. 	Complete / Ongoing Q4 2020	Bethany Comeau	<ul style="list-style-type: none"> Director of HR and Manager of EDI to work on incorporating Equity lens in onboarding program. Director of HR working with SMT to confirm onboarding responsibilities by department. * Overall Agency Onboarding program to be reviewed in 2023.
		<ul style="list-style-type: none"> Work with all departments to confirm and incorporate their role in onboarding of all new staff. 	<ul style="list-style-type: none"> Customized 30/60/90+ day Onboarding Program with general agency objectives/requirements and customizations per Department. 	<ul style="list-style-type: none"> Review with SMT and Service Leaders. 	In Progress Q2/3 2021 - 2023		
		<ul style="list-style-type: none"> Identify accountability levels and logistics of the program. 					
		<ul style="list-style-type: none"> Link to probation review expectations. 	<ul style="list-style-type: none"> Department Leaders trained on new Onboarding Program and Implement Agency Wide. 	<ul style="list-style-type: none"> Probation PA reviews HR monitor / track Onboarding progress and provide report to Senior Leaders. 	In Progress Q2/3 2021 - 2023		
		<ul style="list-style-type: none"> Involve Equity Lead to incorporate AO-E lens to onboarding program. 	<ul style="list-style-type: none"> Successful and mindful Onboarding and probation decisions made 	<ul style="list-style-type: none"> Senior Leaders follow up with Management team(s) and action as required. 			

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EMPLOYEE SAFETY Employee Safety programs to ensure staff feel heard, valued, respected and safe in the workplace.	SE2 SE3 SE4 OH1 OH3	<ul style="list-style-type: none"> Review Employee Engagement Survey Agency results with SMT. 	<ul style="list-style-type: none"> Employee Engagement Survey results reflect improvement and identify focus areas. 	<ul style="list-style-type: none"> Meet with staff working group to provide feedback to re-focus and possibly re-structure the Wellness Strategy. 	In Progress 2021-2023	Bethany Comeau	<ul style="list-style-type: none"> Working with SMT to schedule Worker Safety Training by 2023. Working with Directors of Service regarding Sign in Sign Out / Get Home Safe' protocol, goal to complete in 2022-2023.
		<ul style="list-style-type: none"> Continue to work with Workplace Violence Committee (WPVC) to identify recommendations from the Worker Safety Project (WSP) for potential action. 	<ul style="list-style-type: none"> Continued review of WSP Recommendations with WPVC and update/remit WSP Tracker to OACAS as needed and review recommendations with SMT. Supported recommendations within the Worker Safety Project are implemented. 				
		<ul style="list-style-type: none"> Work with Provincial HR Leadership Group to focus on gaps of implementation of WSP Recommendations. Focus on Psychological Safety and Wellbeing. 	<ul style="list-style-type: none"> HR Data (Employee Engagement Survey, Staff Feedback) will reflect improvement. 				
		<ul style="list-style-type: none"> Enhance the agency Wellness Strategy. 	<ul style="list-style-type: none"> Staff will be able to identify Wellness Strategy. 				
EMPLOYEE ENGAGEMENT Employee Engagement initiatives ensure staff feel heard, valued, and respected in the workplace.	SE2 SE3 SE4 OH1 OH3	<ul style="list-style-type: none"> Conduct annual Employee Engagement Survey in the Fall 	<ul style="list-style-type: none"> Results of Employee Engagement Survey demonstrate improvement (or sustainment). 		Complete	Bethany Comeau	
		<ul style="list-style-type: none"> Review Agency Employee Engagement Survey Results with SMT and share with staff/post on CASi. 	<ul style="list-style-type: none"> Leaders review their results with their direct leader and incorporate into their PA process as required. 		Complete		
		<ul style="list-style-type: none"> Provide Leadership with individual Employee Engagement Survey Report. 	<ul style="list-style-type: none"> Incorporation into PA could result in performance gaps being identified and a supportive development plan being put in place. 		Complete		
		<ul style="list-style-type: none"> Use Employee Engagement Survey results in annual strategic planning activities. 	<ul style="list-style-type: none"> Enhanced Leadership skills demonstrated 		Complete / Ongoing		
		<ul style="list-style-type: none"> Communication to staff regarding actions taken as a result of the survey. 	<ul style="list-style-type: none"> Outside of a bargaining year, formal complaints and grievances should be greatly reduced. 		Complete / Ongoing		
		<ul style="list-style-type: none"> Review benefits provided for wellness support – locally with our current provider and provincially as part of the OACAS Benefits Consortium. 	<ul style="list-style-type: none"> HR Data will reflect a positive impact. 		Complete / Ongoing		<ul style="list-style-type: none"> New EFAP Provider brought on board in 2022. Town hall with new provider held for all staff in 2022 to re-launch EFAP.
POLICY REVIEW AND COMPLIANCE	SE2 SE3 OH3	<ul style="list-style-type: none"> Review all HR, Health & Safety, Facilities and Volunteer Program Policies and update/circulate/train as required. 	<ul style="list-style-type: none"> Policies reviewed and incorporated into Navex system. 	<ul style="list-style-type: none"> HR tracking system for policy review and sign off Review at SMT and relevant committees 	In Process 2023	Bethany Comeau	<ul style="list-style-type: none"> Disconnecting from work policy completed to ensure compliance with legislation. Remaining policies are under review with goal to complete all in 2023.

Finance

Priority	Strategic Directions & Objectives	Activities/Outputs	Outcomes/Indicators	Methods	Timeline[1]	Person Responsible	Progress
FINANCE DATA ANALYSIS	SE2 OH3	<ul style="list-style-type: none"> Enhance financial reporting for better management, corporate services and Board visibility Analyse data to understand the relationship between the families we serve; use IDBD data, children in care and non-residential costs to better understand how our children and youth are supported 	<ul style="list-style-type: none"> Reports and analysis to share with management to support current situation and to assist Service in decision-making 	<ul style="list-style-type: none"> Solicit feedback from Service to understand what would be beneficial to them Use CPIN and excel to build relevant reports 	In Progress Q1-Q4 2022/2023	Stéphane Chalifour	<ul style="list-style-type: none"> Financial & management reports built to support Corporate Services and the Board. Further work to be done on internal management reporting for budgeting and tracking. Initial financial IDBD report built & reviewed with Corporate Services. Next step is to socialize with managers and workers to determine further analysis required.
FINANCE & SERVICE INTEGRATION	SE2 SE3 OH3	<ul style="list-style-type: none"> Complete a gap analysis of processes and address any issues to ensure a clear roadmap from the initiation of Services in Curam by workers to the application of payments in Oracle Review RESP, OCBE and funding processes, recommend improvements and integrate processes with Service 	<ul style="list-style-type: none"> Documented and accessible processes that Service & Finance understand, can easily access and use to simplify work 	<ul style="list-style-type: none"> Engage with Service leaders to review current gaps and agree on collaborative improvements Review output with Services teams, including review of any changes Implement and communicate to organization 	In Progress Will be on-going	Stéphane Chalifour	<ul style="list-style-type: none"> This is an on-going process. Recent work includes integrating CCSY youth payments into CPIN in the Fall of 2022. Also on-going reviews of all youth eligible for RESP and OCBe funds.
CORPORATE CREDIT CARDS	OH3	<ul style="list-style-type: none"> Review current process, understand gaps, control and financial issues Recommend a change to the process to provide better fiscal management and internal control 	<ul style="list-style-type: none"> Minimal issues with cards (compromising) Improved accountability Clear Visa reporting details 	<ul style="list-style-type: none"> Create a task force of key Agency members to discuss issues Review recommendations with Senior Management Implement and provide clear guidance to organization 	In progress Q2-Q3 2022/2023	Stéphane Chalifour	<ul style="list-style-type: none"> Implemented a new Corporate Card Management System & issued new cash back visa cards. Next steps is to streamline submission, approval and reconciliation process.
FUND DEVELOPMENT	SE2 OH3	<ul style="list-style-type: none"> Work in partnership with the Fund Development and Communications Coordinator to implement a new Fund Development software (replacing Income Manager) Assign a Finance person dedicated to supporting Fund Development on an ongoing basis Provide a clear roadmap for financial reporting, including the transfer & reconciliation of financial information between Fund Development and Finance 	<ul style="list-style-type: none"> Clear reporting of Fund Development activities, both historical, current and future An integrated system linkage between Fund Development and Finance Fund Development Committee and Board reporting that supports and helps in decision making for campaigns 	<ul style="list-style-type: none"> Work in collaboration with Fund Development and Communications Coordinator Agree on processes Project plan with clear milestones to implement system Joint communication to organization 	Completed	Stéphane Chalifour	<ul style="list-style-type: none"> Implemented a new Fund Development software called Blackbaud and increased financial reporting support between Finance and Fund Development.
CPIN SUSTAINABILITY	OH3	<ul style="list-style-type: none"> Ensure a clear plan for on-going CPIN support for the organization, including Service, Finance, IT, QA 	<ul style="list-style-type: none"> Ensure an appropriate staffing resource plan for ongoing CPIN helpdesk support, data clean up, staff training and onboarding, upgrade and Business Harmonization implementation support, etc. 	<ul style="list-style-type: none"> Prepare a job description, present to Senior Management Team Ensure a continuous improvement plan, standardization of practice 	Completed	Debbie Zen Stéphane Chalifour	<ul style="list-style-type: none"> Prepared a CPIN sustainability business case based on data and hired a full time CPIN Sustainment Worker to support the Agency with CPIN guidelines, training and on-going support.