

OPERATIONAL PLAN (Q4 Update)



2022-2023

The Operational Plan outlines what is expected of the Executive Director and how actions will contribute to Maltby Centre's accomplishments. This plan describes initiatives (one time or new activities designed to grow and develop the organization) and the deliverables contained in the ministry service contracts. The Operational Plan will also guide the work of the entire management team at Maltby Centre over the next year.

There are 4 strategic pillars within the Operational Plan. These are:

1. Access
2. Inspired People
3. Operational Excellence
4. Partnerships & System Integration

In addition to the Operational Plan the following documents shall provide focus and guidance for the current year:

1. Strategic Plan 2021-2024
2. Executive Director Objectives 2022/2023
3. MCCSS and MoHLTC Service Contracts 2022/2023

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Pillar #1 Access

Right supports & services at the right time, in the right place

Objective	Initiative	Action	Measure	Q4 Status Report
Best practice, evidence-informed, flexible & adaptable services.	<p>Develop/implement evidence-informed, specialized services that are inclusive & responsive to client needs. (Karen L)</p> <p>Develop individualized client plan in collaboration w/client & family to meet client goals. (Karen L)</p>	<p>Educate our clients and community partners about the services we provide</p> <p>Engaging specialized personnel to develop/deliver programs.</p> <p>Develop and implement one new integrated program/group for autism/CYMH clients</p> <p>Involve client/family/other partners in development of client plan.</p>	<p>80% of walk-in clients in this fiscal are aware of services at Maltby in advance of referral/receiving them. (Karen L/Derek)</p> <p>85% of clients who require specialized assessment in this fiscal receive the specialized services identified through clinical assessments (e.g., psych., SLP, OT, etc).</p> <p>One program developed and implemented.</p> <p>75% of clients receiving ongoing services in this fiscal will have an individualized service plan.</p>	<p>63.3% were very familiar or somewhat familiar of services while 36.7% were either not so familiar or not at all familiar.</p> <p>By the end of Q4, 2 out of 7 clients (28.6%) who required specialized assessment had received it in CYMH. In AUT, no clients had an assessment done.</p> <p>Achieved – Maltby Musicians</p> <p>50.5% of clients receiving counselling and therapy or intensive child and family support had an individualized service plan in Q4. 75.4% of clients receiving autism services had an individualized</p>

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		<p>Clients/families receiving Walk-In services state they had an excellent experience w/Maltby staff/services.</p> <p>Maltby demonstrates reduced wait time in CYMH.</p> <p>Clients/families have access to support while on wait list.</p>	<p>90% Walk-In clients/family state they had an excellent experience.</p> <p>3% reduction in wait time this fiscal between 1st contact and first service initiation. (Karen L/Derek)</p> <p>85% clients this fiscal have access to support while on wait list for services.</p>	<p>service plan in Q4. Overall, the percentage is 63.0%.</p> <p>Achieved - 93.8% of Brief therapy clients/families who completed the survey strongly agree or agree that they had an excellent experience.</p> <p>54% increase of WIC/Brief wait time was seen from Q3 of 2022-2023 to Q4 of 2022 -2023. (11.61 days to 17.83 days)</p> <p>Achieved - 100% of clients have access to support while on a wait list.</p>
<p>Build an inclusive care environment and provide access to services within 24 hours.</p>	<p>Cultivate relationships with underserved communities and provide culturally appropriate services. (Karen F/PS/Karen L)</p>	<p>Develop/implement/expand culturally appropriate services.</p> <p>Develop/implement/expand BIPOC and LGBTQ2S services and service environments.</p>	<p>Develop and implement plan for culturally appropriate services.</p> <p>Develop and implement plan to expand BIPOC and LGBTQ2S services and environments.</p>	<p>In progress – work with EDI Committee to be done in fiscal 23/24</p> <p>In progress – work with EDI Committee to be done in fiscal 23/24</p>

Pillar #2: Inspired People

Be a competitive practice destination and a recognized community care employer of choice.

Objective	Initiative	Action	Measure	Q4 Status Report
Recognize and reward staff for delivering exceptional service to clients.	Develop and implement a staff recognition program (PS)	Work with the Culture Committee, Family Advisory Committee, Youth Advisory Committee to develop a staff recognition program linked to Maltby Centre values and exceptional client service.	Develop project plan and communicate to all staff, YAC, and FAC. (Implementation to occur next fiscal.)	Achieved
	Develop and implement a bursary programs for all staff. (PS/Derek)	Environmental scan of similar programs at other organizations.	Scan complete with recommendations. (PS)	Achieved
		Develop bursary program.	Explore options to potentially initiate development of program based upon results of scan. (PS /Derek)	On Hold – budget constraints and used little, if at all in our sector
Invest in staff ensuring they have the training and professional development needed to succeed.	Develop and implement an annual professional development program and an organizational development plan informed by best practices. (PS)	Review and enhance new staff onboarding program.	Onboarding/orientation program is reviewed and updated.	In Progress – To be finalized once Director PS hired
		Develop and implement a plan for organizational development that is aligned to the strategic plan.	Organizational development plan is developed and implemented.	Not Started – to be completed in fiscal 23/24 by new Director PS

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		Develop and implement a process that supports individualized professional development planning.	Develop a process to support individualized professional development based on an environmental scan of best practices.	Not Started – to be completed in fiscal 23/24 by new Director PS
Focus on retaining and recruiting people who share our Values and move us toward achieving our Mission and Vision.	<p>New staff selection process to align with Values of Maltby. (PS)</p> <p>Performance appraisal documents/process to align with strategic priorities. (PS)</p> <p>Expand Maltby’s recruitment tactics to increase the number of BIPOC, LGBTQ2S candidates to be more reflective of our community. (PS)</p>	<p>Revise the job posting template, the interview template(s), and the reference check template(s) to align with Maltby’s Values, Mission, and Vision.</p> <p>Update the Maltby performance appraisal documents to reflect the Mission, Vision, Values.</p> <p>Develop recruitment strategy that identifies specific tactics to be implemented in order to diversify Maltby’s staffing compliment.</p>	<p>All documents updated to reflect the alignment to Maltby’s Mission, Vision, Values and implemented.</p> <p>Updated performance appraisal documents implemented.</p> <p>100% of performance appraisals to be completed every 2 years.</p> <p>Strategy document developed and communicated.</p> <p>100% of strategies implemented.</p>	<p>Achieved – new language in postings and questions in interviews to assess fit with values</p> <p>Achieved</p> <p>Not Achieved – 78.9%</p> <p>Not Started – due to Director PS vacancy</p>
Strengthen interprofessional collaborative practice, ensuring professionals work together and optimize the health, wellness of clients and their families. (Karen)	Establish an interprofessional practice committee.	<p>Interprofessional practice committee implemented.</p> <p>Identify practice guidelines.</p>	Committee implemented with a Terms of Reference and work plan.	<p>Achieved</p> <p>Not started due to Director PS vacancy</p>

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			Practice guidelines incorporated into performance appraisals for front-line staff. (PS)	
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Pillar #3: Operational Excellence

Deliver quality, efficient and effective systems and services that demonstrate a clear, positive impact for our diverse Mental Health and Autism Spectrum Disorder clients.

Objective	Initiative	Action	Measure	Q4 Status Report
Manage our resources in an efficient and effective manner that ensures our long-term sustainability.	We will diversify fundraising for the organization. (Derek)	Assess strategies for fundraising.	Adoption of a donation button on the website.	Achieved
	Demonstrate efficient and effective use of resources for long-term sustainability. (Derek)	Develop a strategy for fundraising and allocation of funds.	Strategy developed, approved by SLT and sent to the Board for information.	Achieved – 5 year strategy presented and approved by Board.
		Assess budget management quarterly.	All budgets on target each quarter.	Achieved – Surplus of \$28k to be returned to MCCSS as a result of subcontractor last minute surplus
Increase Maltby's ability to generate revenue. (Derek/Karen L)		All senior leaders and Managers complete monthly variance analysis.	100% compliance with variance analysis completion.	Achieved – Monthly variance reports completed by Managers and included in summary report
		Develop and implement service packages for fee-for-service in Autism.	Implement at least 4 new packages. (Derek/Karen L)	Achieved

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<p>Use data to drive quality of services delivered.</p>	<p>Implement the Quadruple Aim. (Derek)</p> <p>Identify and monitor benchmarks aligned with strategic priorities. (Derek)</p>	<p>Develop, implement, and sustain a process that allows data to drive quality.</p> <p>Identify benchmarks and establish baselines.</p>	<p>Develop and implement a balanced score card that reflects the Quadruple Aim.</p> <p>Identify and implement benchmarks for service targets that align with strategic priorities.</p>	<p>BSC is being revised for 2023-2024 fiscal year to capture needs for Accreditation, and meet needs of the Board.</p> <p>In Progress – Benchmarks in Maltby’s field are not well established or shared. Work is still underway to finalize</p>
<p>Develop a communications engagement strategy that sets Maltby apart as the recognized leader in Mental Health and Autism Services in Ontario.</p>	<p>Create a brand in order to unify our sites and improve social media/website reach. (Michael)</p> <p>Market fee for service menu options. (Michael)</p>	<p>Create a new website and implement a social media calendar that supports our brand.</p> <p>Increase online reach.</p> <p>Promote Autism Services online.</p> <p>Create refreshed Autism marketing plan in conjunction with implementation of new website.</p>	<p>With consultants, input from staff and Board of Directors, develop and implement new website.</p> <p>Quarterly communications scorecard.</p> <p>Promote Project IMPACT, and introduce new out-of-the-gate campaign. Promote new packages.</p> <p>Completed marketing plan</p>	<p>Achieved – Website went live March 31, 2023</p> <p>Achieved – Hits to social media posts significantly increased in fiscal 22/23</p> <p>Achieved – Project IMPACT reached target service volume, new Autism groups reaching maximum enrollment</p> <p>Achieved – new plan in place to be implemented fully in 23/24</p>
<p>Build strategic relationships with the private sector to generate new revenue streams and ways of providing innovative care to Maltby’s Mental Health and</p>	<p>Develop relationships with corporate/private sector for the purposes of generating revenue to support new/existing service streams at Maltby Centre. (Derek/Karen L)</p>	<p>Contact 4 corporate/private sector companies to explore revenue generation and/or partnership options.</p>	<p>Successfully identify one new corporate partner supporting a new model of service delivery and/or enhancing an existing model of service delivery.</p>	<p>Achieved – URS in Autism Services</p>

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Autism Spectrum Disorder clients.				
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Pillar #4

Continue to build exceptional partnerships to create a thriving, high performing care delivery system for Mental Health and Autism Spectrum Disorders in the region and beyond.

Objective	Initiative	Action	Measure	Q4 Status Report
Partner with clients/families to meet their service deliver needs.	Ensure a system is in place to connect clients/families to the right services. (Karen L)	Incorporate feedback received from clients/families into our operations and service delivery.	Implement 2 new concepts brought forward from clients/families.	Achieved
Focus on strengthening partnerships in order to improve system integration and navigation.	Work with community partners to plan, implement, and evaluate integrated service delivery for both autism and mental health. (Karen L)	Work with OHT partners to plan, implement and integrate mental health and/or autism services.	Develop, implement, and evaluate 1 new program/service with OHT partner(s).	Achieved - YWHO
	Collaborate with Francophone service providers and explore ways to better serve Francophone community.	Engage Francophone partners in developing and implementing new systems and programs to better serve this population.	Initiate a Francophone community partner planning table.	Achieved – due to duplication in the community Maltby to review need for this committee in fiscal 23/24
	Identify and expand partnerships with BIPOC and LGBTQ2S+ communities/organizations to facilitate access to services. (Karen F/Karen L)	Work with Indigenous Health Council to enhance Indigenous partnerships.	Develop and implement 1 joint initiative with IHC to support the KFLA Indigenous community. (Karen F)	Not Achieved

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		Develop new programs that support the BIPOC and LGBTQ2S+ communities.	Engage partners and advisory committees to develop 1 new BIPOC/LGBTQ2S+ program. (Karen L)	Achieved - Brief services with a focus on LGBTQ2S+
Implement new ways of providing back-office services to external partners that are more efficient without sacrificing quality.	Develop and implement business plan to support back-office services. (Derek)	Develop business plan to be approved by Board of Directors. Solicit agencies to support back-office service delivery.	Business plan approved and implemented. Establish contracts/agreements for 1 new back-office contract.	Removed - This was agreed to not move forward due to the funding changes and department changes expected. Complete – Maltby completed a financial department review including reporting, structure, areas for development and controls for Resolve Counselling.