



Alberta Fetal Alcohol Spectrum Disorder (FASD) Cross-Ministry Committee

2010/2011 Annual Report

Alberta 

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1. Executive Summary

The Alberta Fetal Alcohol Spectrum Disorder Cross-Ministry Committee (FASD-CMC) is a coordinating body that facilitates collaboration between ministries, government agencies, and stakeholders, within the framework of Alberta's FASD 10-Year Strategic Plan. A total of \$16.5 million was allocated under the Strategic Plan for FASD programs and services in 2010/2011.

This report provides a synopsis of the activities and results from programs and initiatives funded by the FASD-CMC and partner ministries during the 2010/2011 fiscal year. Programs and initiatives fit into one of two categories (1) the Provincial FASD Service Network Program; or (2) Provincial and Ministry-specific Initiatives.

Provincial FASD Service Network Program

The Provincial FASD Service Network Program is made up of 12 Networks across the province, each providing a single point of entry for individuals and caregivers seeking assistance. The Networks are responsible for developing or expanding FASD services in three areas:

Awareness and Prevention – The Networks and the FASD-CMC conducted a number of awareness activities to increase the profile of FASD and the services provided by the Networks. In 2010/2011, approximately 250 women received prevention services through the Parent-Child Assistance Programs (PCAP). This was a 71% increase in the number of clients receiving PCAP services through the Network funding across the province.¹

Assessment and Diagnosis – In 2010/2011, there were 15 FASD assessment and diagnostic clinics in the province that received some level of funding from the Networks. Over 560 Albertans accessed assessment and diagnosis services through Network-funded clinics, a 36% increase over the previous fiscal year.²

Supports for Individuals and Caregivers – Network funding was provided to 39 community-based organizations to provide a wide variety of support services to individuals across the lifespan. Overall, close to 1,400 individuals received support services in 2010/2011, a less than 1% decrease from the previous year.³

¹ 144 women accessed PCAP services in 2009/2010 over a 15-month reporting period.

² 413 assessments were conducted in 2009/2010 over a 15-month reporting period.

³ 1399 individuals accessed support services in 2009/2010 over a 15-month reporting period.

Provincial and Ministry-specific Initiatives

A total of 16 initiatives were carried out in 2010/2011 in five service areas. Highlights include:

Awareness and Prevention – The Parent-Child Assistance Program (PCAP) Council collaborated with the 24 PCAP programs across the province, including seven in First Nations' communities, to provide training to PCAP mentors to ensure they are better able to support women at risk of having a child affected by FASD.

Assessment and Diagnosis – The Adult Assessment and Diagnostic Clinic Project developed assessment and diagnosis guidelines applicable across the lifespan, not just for children and youth.

Supports for Individuals and Caregivers

- An FASD Community of Practice was developed to examine the impacts of promising practices on 98 children with FASD in provincial government care and their caseworkers and foster parents. The project found that when case worker, supervisors and foster parents worked together, the child experienced greater placement stability and better success in school.
- Funding targeted to support services for children, youth and adults was provided to each of the 12 FASD Networks.
- Specific supports were provided to offenders affected by FASD, including specialized mentoring and case conferencing for young offenders, life skills and employment transition programs for adult male offenders, and healthy living and healing programs for adolescent and adult female offenders.
- Employment support programs led to 17 adults with FASD finding employment in two regions of the province.
- 109 students affected by FASD were supported by success coaches in 16 Alberta schools through the Wellness, Resiliency and Partnerships Project (WRaP).

Research and Evaluation – The Corrections and Connections to Community Research Project investigated the community integration challenges faced by 49 male offenders with FASD upon their release from custody. Information collected is intended to guide future programs for adults affected by FASD serving time in correctional facilities.

Training and Education

- 212 service providers supporting clients with FASD took part in FASD training sessions coordinated by the Supports and Services Council of Alberta.
- 888 frontline staff with Solicitor General and Public Security were provided with FASD training materials and sessions through the Frontline Staff Awareness and Educational Program.
- Four Awareness Training sessions were held for 31 staff working in employment and immigration areas and 28 staff from Aboriginal service providers.
- A FASD training program for pharmacists began development through the Clinical Pharmacists Initiative.
- The Lakeland Centre for FASD produced a Diagnostic and Assessment Clinic Manual and Internet resources in response to a survey of clinic teams about their training needs.
- Awareness materials were distributed to liquor stores, bars and post secondary institutions.
- The FASD Learning Series provided FASD training to over 1,200 individuals through videoconference sessions.

2. Introduction

Fetal Alcohol Spectrum Disorder (FASD) describes a cluster of birth defects caused by prenatal exposure to alcohol. Alcohol during pregnancy causes brain damage in the developing fetus. FASD is a lifelong condition with no cure; the damage is irreversible. Each year more than 450 babies are born in Alberta with FASD.

Difficulties experienced by individuals affected with FASD include health issues, speech and language problems, learning difficulties and behavioural problems, with varying levels of severity. The stigma associated with drinking alcohol while pregnant makes FASD a particularly complex issue to address.

In recognition of the significant individual, community and societal impacts of FASD, the Alberta FASD Cross-Ministry Committee (FASD-CMC) was formed in 2002 with the mandate to support a collaborative approach for planning and delivering government FASD programs and services.

The FASD-CMC is a coordinating body that facilitates collaboration between ministries, government agencies and stakeholders to:

“Building collaborative systems of care for this population [individuals with FASD] is a critical step in decreasing the societal burden of FASD and its personal costs to families, and increasing the likelihood that affected individuals will be able to lead productive and fulfilling lives.”

- Dr. Jacqueline Pei

“The total direct and indirect cost of the individuals now living with FASD in the province of Alberta has been estimated at \$575 million for the year 2011. Specifically, the lifetime incremental cost of one case of FASD is about \$820,000 for the year 2011. This means that the opportunity cost, or rate of return from investing in prevention of one single case of FASD, is more than \$800,000.”

-Dr. Egon Jonsson

- Develop and promote a comprehensive and culturally sensitive cross-ministerial approach to FASD awareness, prevention, assessment, diagnosis, and interventions across the lifespan.
- Guide implementation and evaluation of the Cabinet-approved FASD 10-Year Strategic Plan.
- Ensure effective communication with senior officials from all partnering ministries regarding FASD.
- Support strategic planning, research, evaluation and resource development.
- Support the sharing of expertise, best practices and resource materials.

10-Year FASD Strategic Plan

Alberta’s FASD 10-Year Strategic Plan (Strategic Plan) was signed by the 10 partnering Ministers in 2008. It was designed as a “direction-setting” document to provide a broad framework for the coordination, planning and delivery of FASD services throughout the province.

FASD 10-Year Strategic Plan Vision

Alberta has a comprehensive and coordinated provincial response to Fetal Alcohol Spectrum Disorder across the lifespan and a continuum of services that is respectful of individual, family, culture and community diversity.

By providing a continuum of coordinated supports for individuals with FASD and their caregivers across the lifespan, strategies under the Strategic Plan align with a number of other Alberta cross-ministry initiatives⁴, including:

- A Plan for Alberta: Ending Homelessness in 10 Years
- Creating Connections: Alberta's Addiction and Mental Health Strategy and Action Plan.
- The Alberta Crime Prevention Framework (including Safe Communities).
- Healthy Kids Alberta

In Focus: 2010/2011

In 2010/2011, a total of \$16.5 million was allocated under the Strategic Plan to FASD programs and services in the following areas:

- 1. Provincial FASD Service Network Program,** to build and enhance community capacity to address FASD by providing specialized services across the province.



⁴ For example, strategies under the Addiction and Mental Health Action Plan focus on maternal, child and family health and recommend prenatal and at-birth screening for all children and mothers, including those at risk. Both the Addiction and Mental Health Action Plan and the 10-Year plan to end homelessness emphasize the need for coordinated, wraparound programs and services, which is in line with the philosophy guiding the ongoing implementation of the FASD Service Network Program.

2. **Provincial Initiatives**, province-wide FASD activities with an integrated and coordinated cross-ministry scope.
3. **Ministry-specific Initiatives** undertaken by individual ministries using their allocated portion of the FASD funding in alignment with the Strategic Plan and ministry priorities.

The remainder of this report highlights activity and results from programs and initiatives that received FASD-CMC and partner ministry funding during the 2010/2011 fiscal year.

3. Provincial FASD Service Network Program

The Provincial FASD Service Network Program (the Networks) was established in 2007. Currently **there are 12 Networks across the province, each providing a single point of entry for individuals and caregivers seeking assistance.** The Networks are community-based partnerships of agencies and organizations working with individuals and caregivers affected by FASD. They are responsible for developing or expanding FASD services in the areas of:

FASD Networks provide a single point of entry for individuals and caregivers seeking assistance and are tasked with developing or expanding FASD programs and supports across the lifespan.

- Awareness and Prevention
- Assessment and Diagnosis
- Supports for Individuals and Caregivers

Due to the complex nature of FASD, individuals, families and caregivers often require a spectrum of programs and services. The Networks were established to help coordinate access to FASD supports across the lifespan, to enhance existing FASD services, and to build new ones where none exist.

In 2010/2011, \$10.5 million was allocated to the FASD Service Network Program.

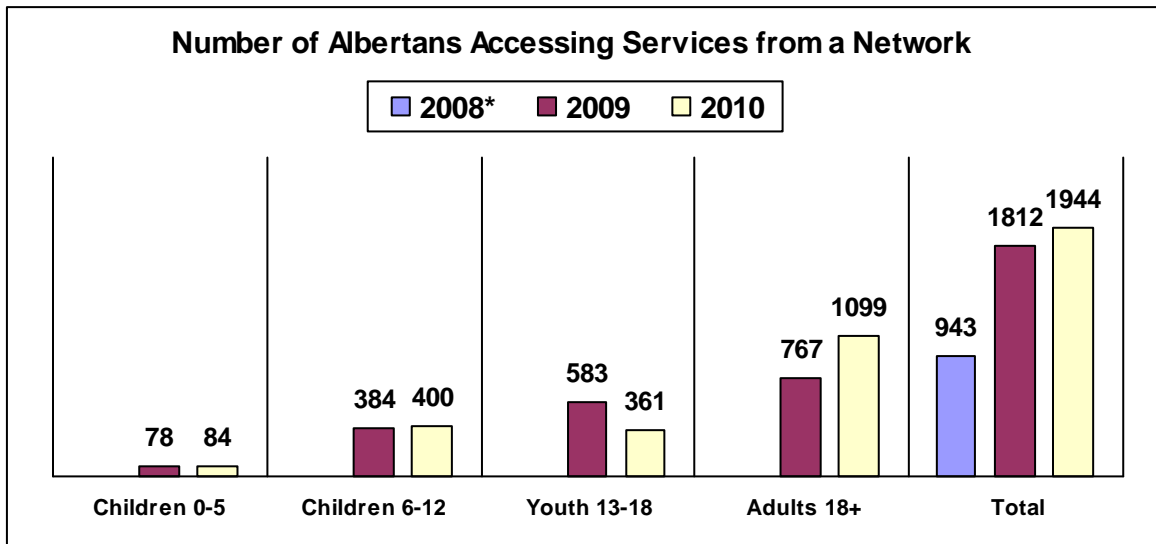
3.1 Summary: Albertans Served by the FASD Service Network Program (2010/2011)

Approximately 2,000 individuals received services from the Networks in the 2010/2011 fiscal year.⁵ This represents an increase of approximately 7% over the 2009/2010 fiscal year⁶. Of particular note, **the number of adults served by Networks increased by 37% in the past fiscal year**, in part due to the increased profile of the Networks as they worked to bring greater awareness of their role as a support source for individuals affected by FASD across the lifespan.

⁵ The results reported in this section are limited to the FASD Service Network Program. It is important to note that in addition to these services, Albertans have access to programs and services outside of the FASD Service Network Program.

⁶ The 2009/2010 reporting year was 15 months in length.

The following table compares the number of Albertans accessing Network services since the inception of the program in 2007.



* Age breakdown data not available for 2008

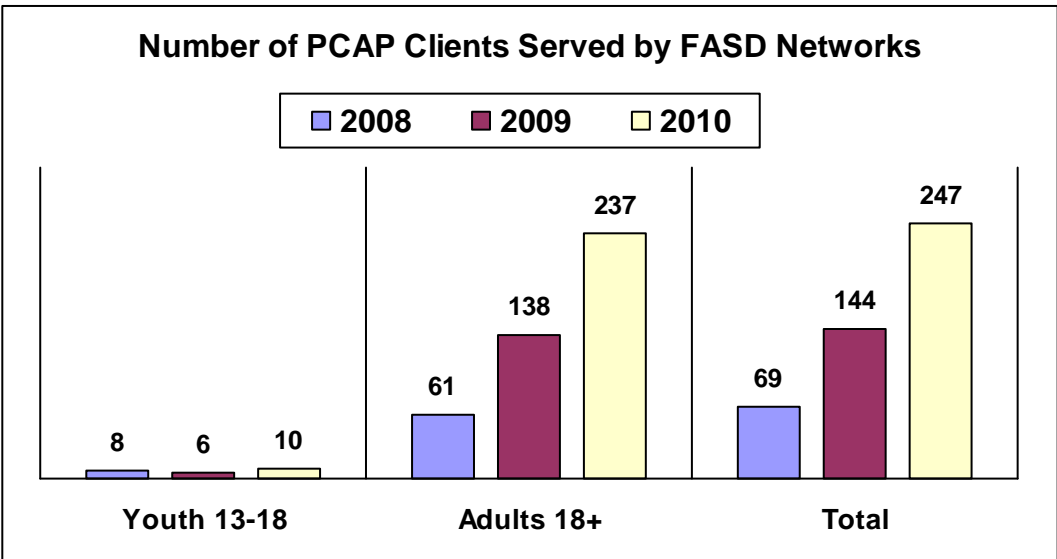
3.2 Awareness and Prevention

FASD prevention includes support, information, and referrals to educate and inform about: (1) the dangers of drinking alcohol while pregnant; (2) planned healthy pregnancy; and (3) the effects of FASD. Information sharing and education is aimed at both the general population and at-risk populations.

Targeted and indicated prevention is focused on directly supporting at-risk populations. **All Networks follow the Parent-Child Assistance Program (PCAP) model**, a program that works directly with women who are at high risk of having a child affected by FASD. Each client is paired with a mentor, who works closely and intensively with her for a three-year period to help her set goals, acquire basic life skills, and connect with service providers.

Although there are several PCAP programs across the province (including on-Reserve), this report is limited to those that received funding from the FASD Networks. Within these programs, 247 women were enrolled and supported by 22 PCAP mentors. The following graph illustrates the expansion of the Network-funded PCAP programs between 2008 and 2010. **In 2010/2011, there was a 71% increase in the number of clients receiving PCAP services through the Networks compared to the previous year.**

All of the organizations funded by Networks to provide PCAP services are now collaborating with other agencies and ministries in their catchment area.



The FASD-CMC organized a media campaign to coincide with International FASD Awareness Day (September 9) that featured radio announcements about the risks of drinking alcohol while pregnant. Awareness activities were also conducted within the Networks in support of FASD Awareness day, such as the development of brochures on FASD, creation of blogs on FASD, mocktail competitions and other activities designed to bring greater awareness about FASD to their communities.

What does it mean for Albertans?

Networks are beginning to report significant success with PCAP. For example, **in one Network all 28 PCAP clients report having stable housing and using reliable birth control.**

The potential return on investment for PCAP is very significant. Most importantly, preventing FASD prevents a lifelong disability for the individual and creates an opportunity for the individual to realize their full potential. **In addition, for each FASD pregnancy that is prevented, Alberta can realize cost savings in excess of \$742,000.**⁷

3.3 Assessment and Diagnosis

Assessment and diagnosis services include medical, cognitive, and behavioural assessments to guide planning by a multidisciplinary team that involves: physicians; psychologists or

Success Story

When she started receiving PCAP services, a client reported weekly consumption of alcohol to the point of intoxication. This had been occurring from the age of 10 to the day of her positive pregnancy test. She has remained sober except for very planned isolated special events for the last year.

Her baby, now a 1-year-old, shows no apparent adverse effects.

The client has gained exceptional parenting skills and has been sharing her story with students at a local school program for young moms. She continues to work with her mentor as she begins transitioning into independent living.

neuropsychologists; and other developmental and/or behavioural specialists as required by the age or presentation of the client. Assessment and diagnosis services may or may not lead to a confirmed diagnosis under the spectrum of FASD, which includes full Fetal Alcohol Syndrome (FAS), partial FAS and Alcohol-Related Neurodevelopmental Disorder (ARND). A confirmed diagnosis of FASD is one in which that individual has sufficient evidence of organic brain damage from the prenatal alcohol exposure to be assigned the FASD diagnosis. This is a life long diagnosis of brain damage and supports and resources need to be put in place with that in mind, including modified educational programming, the need for life long support and supervision, dependent living arrangements, supported employability, and protection from victimization in the community. This requires multiple systems, including justice and diversions, mental health, education and human resources (Dr. Gail Andrew, 2012).

Of the 25 FASD assessment and diagnosis clinics in Alberta, 15 receive some level of funding from the Networks. While the Networks administer the assessment and diagnostic clinics in

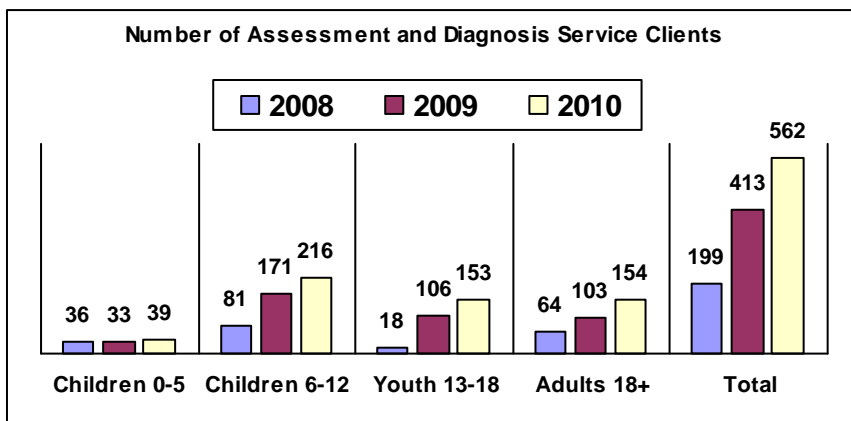
⁷ Institute of Health Economics. (2011). Introduction in *Prevention of Fetal Alcohol Spectrum Disorder: Who is Responsible?* Eds. S. Clarren, A. Salmon & E. Jonsson. Weinheim, Germany: Wiley-Blackwell, p 8.

different ways, all Network assessment and diagnostic clinics are required to follow the *Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis*⁸, a thorough guide incorporating current approaches to diagnosis to provide a standard in Canada, and *Prevention & Diagnosis of Fetal Alcohol Syndrome*.⁹

2010/2011 Highlights in Assessment and Diagnosis:

- Schools are referring more students to the assessment and diagnostic clinics than they have in the past.
- Clinic professionals are being invited to participate in case conferencing in the schools.
- Clinic staff are taking an active role in ensuring clients are connected with post-diagnosis supports.
- One Network partnered with a Primary Care Network to ensure funding for 24 youth assessment and diagnostic clinics.

Over 560 Albertans accessed assessment and diagnosis services in 2010/2011 through Network-funded clinics, a 36% increase over the previous fiscal year. The graph below illustrates the number of individuals receiving assessment and diagnosis services between 2008 and 2010.



⁸ National Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis (Chudley et al., 2005)

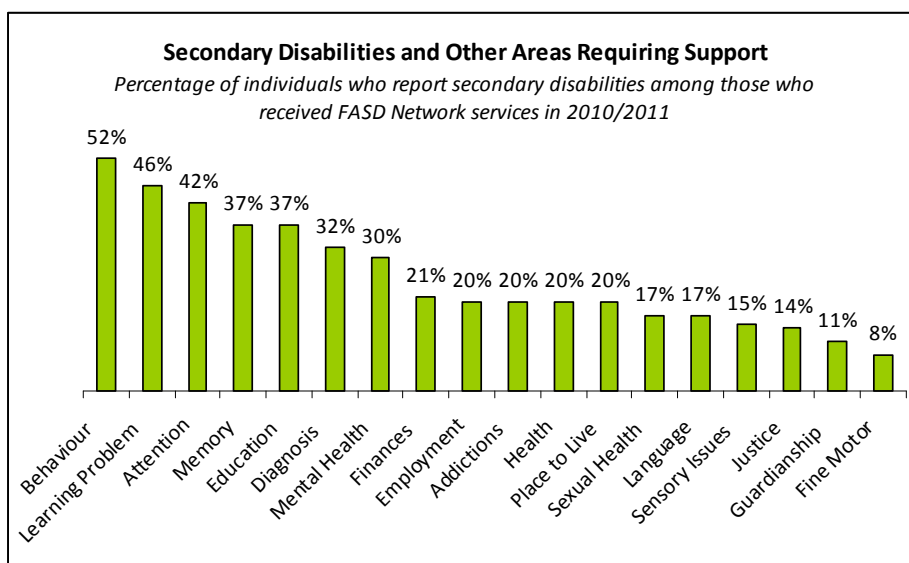
⁹ Prevention & Diagnosis of Fetal Alcohol Syndrome (FAS) (Alberta Medical Association, 1999)

What does it mean for Albertans?

Assessment and diagnosis is fundamentally important for individuals who are suspected to be affected by FASD. An FASD diagnosis is an important first step in accessing supports, including identification of any other issues that might be affecting the individual’s quality of life.

Individuals with FASD can be susceptible to developing secondary disabilities such as mental health problems including addictions, problems in the education system, inappropriate sexual behaviour, and involvement with the criminal justice system. During the assessment and diagnosis process information on secondary disabilities and other issues is collected to ensure clients are connected with the appropriate community supports at the completion of their assessment.

The following graph illustrates the percentage of the 1,944 individuals who accessed the Networks in 2010/2011 and reported FASD-associated secondary disabilities or issues.



In 2010/2011, Networks identified a number of successes related to assessment and diagnosis, including:

- Each of the eight Métis Settlements across the province now has access to an assessment and diagnostic clinic.
- Networks indicated that because of their diagnoses, youth were able to access supports in their schools and communities that would otherwise not have been available to them.

Success Story

One mom reported that after adopting her son at 9 years of age she connected with a Network-funded clinic and her son was diagnosed with FASD. **His diagnosis allowed for special programming in school, including a computer program to assist with note taking and scribing.**

Thanks to this support, he will graduate from grade 12 in June 2012, and has been accepted into a post-secondary program.

- One Network reported that families felt more supported and involved in the assessment process thanks to a partnership that brought an assessment and diagnostic clinic to a rural Alberta community.
- One Network indicated that the community is becoming more aware of the clinic and the process for referring individuals. The Network felt that the support from the community for the clinic has been overwhelming.

[An FASD diagnosis] "is a lifelong diagnosis of brain damage and supports and resources need to be put in place with that in mind... This requires multiple systems, including justice, mental health, education and human resources. Diagnosis of FASD opens the door to that pathway."

- Dr. Gail Andrew

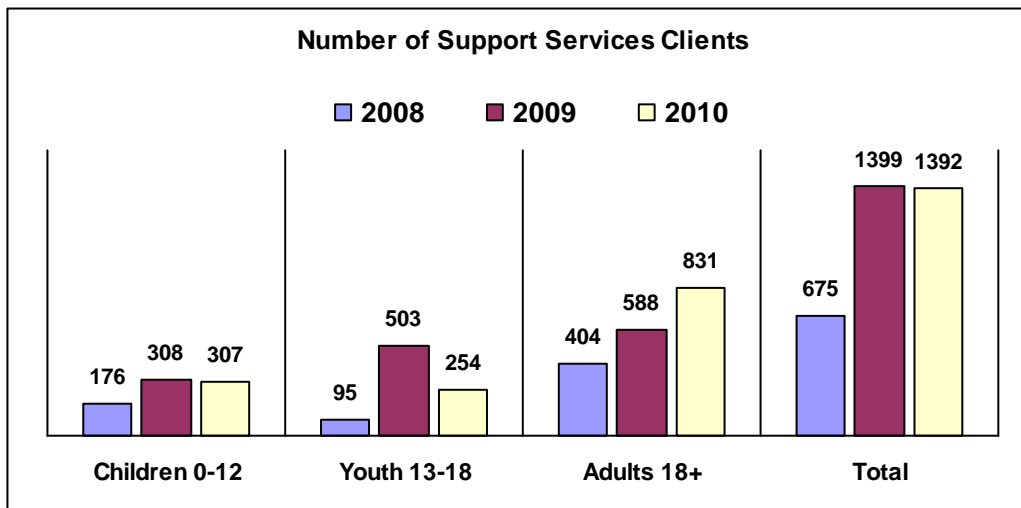
3.4 Supports for Individuals and Caregivers

Support services promote the development and well-being of FASD-affected individuals and their caregivers, keep them safe and protected, and promote healthy communities that are responsive to FASD across the lifespan.

Network funding was provided to 39 community-based organizations to provide a wide variety of support services to individuals across the lifespan. Services ranged from supports to children and youth in schools to help them succeed in course completion and attendance, to supports for homeless men affected by FASD. Supports were provided in a number of different ways, including services in group settings, through one-on-one mentoring programs, and respite services.

Close to 1,400 individuals received support services in 2010/2011, nearly the same number as the previous year (however 2009/2010 was a 15-month reporting year).

The following graph illustrates the number of individuals receiving support services from 2008 to 2010.



2010/2011 Network Highlights:

- Support services were made available on all eight Métis Settlements through a partnership between a Network, Justice Canada, and Alberta Seniors (formerly Alberta Seniors and Community Supports).
- One Network partnered with a First Nations counseling organization and Alberta Health Services to reach out to populations in remote areas.
- A collaboration with a community partner resulted in the organization of a summer camp for young people with FASD.

What do support services mean for Albertans?

Networks reported a number of successes related to the support services they fund. Of particular note:

- After several years of living a transient and unhealthy lifestyle, one mother receiving Network-funded services regained sobriety and has been able to maintain a relationship with her children.
- One Network funded an employment program to provide support to 12 individuals. Of those individuals, 75% were placed in a job position of their choice and 100% were placed in a paid employment, work experience, or volunteer position.
- Data collection tools were developed and implemented in one Network to assess client changes related to: knowledge and education about FASD; skill development; awareness and access to community resources; self care; and access to educational supports. Information collected will be used to inform future program planning and service delivery.

Success Story

A young man who became involved in the justice system due to addiction issues was recommended to a residential program for individuals with FASD in Northern Alberta. **With that help, he successfully completed his probation and dealt with his addiction issues.**

He often spoke about family and his feelings of being alone, in particular that he believed his mother had passed away and that is why he had been raised by an aunt. With help from his support worker, he was able to access assistance to travel to Toronto to visit his aunt. Once there, he was able to reconnect with his family, including his mother who in fact, was not deceased. **The program helped him explore ways of dealing with his stress and addictions, develop skills required for problem solving and making healthy personal choices, and cultivate a strong personal support system within the community.**

3.5 Accountability and Quality Improvement

Key aspects of the FASD Service Network Program include demonstrating accountability and promoting quality improvement. To these ends, the following key activities occurred in 2010/2011:

- Service Network Program Evaluation: the Networks were provided with funding from Alberta Human Services (formerly Alberta Children and Youth Services) to complete a five-year evaluation of the Networks. Results of this evaluation will be available in 2012.
- Service Network Program Guideline Review: the FASD-CMC undertook an external review of how the Networks are performing with respect to implementing the non-service delivery aspects of the program guidelines (i.e., those relating to development of the Network, such as governance and infrastructure). The review assessed each Network's stage of development and current operations in core areas, recognizing that the Networks continue to develop and progress, and that the guidelines should similarly evolve. The Network Program Guideline review found that the majority of Networks receiving funding from the program are in alignment with non-service delivery aspects of the program guidelines and/or are making positive progress to that end.
- Improving governance and operations: the Networks continue to develop their governance and operational processes, particularly in response to new Network guidelines implemented in 2010 and with the help of governance grants provided by Alberta Seniors (formerly Alberta Seniors and Community Supports). Many Networks were able to develop standardized templates and tools to support their business practices. Improvements in infrastructure and supporting processes will in turn support enhancement of Network services to clients.

4. Provincial and Ministry Initiatives

FASD-CMC partnering ministries undertake critical initiatives that contribute greatly to the continuum of services for individuals impacted by FASD. They use their allocated portion of the FASD funding in alignment with the FASD 10-Year Strategic Plan and ministry priorities.

Provincial initiatives include province-wide FASD activities with a cross-ministry scope. Ministry-specific initiatives are undertaken by individual ministries. **In 2010/2011, \$6 million was allocated to provincial and ministry initiatives.** For ease of reporting, both types of initiatives are discussed in this section, and include those focused on:

- Awareness and Prevention
- Assessment and Diagnosis
- Supports for Individuals and Caregivers
- Research and Evaluation
- Training and Education

4.1 Awareness and Prevention

Parent-Child Assistance Council (PCAP)

Provincial Initiative

The PCAP Council supports programs to operate throughout the province and assists programs with adhering to the research-based, validated PCAP model to promote program fidelity and quality assurance. The PCAP Council includes representatives from various stakeholder groups across the province, including one representative from the FASD-CMC and one representative from a FASD Service Network.

As of March 2011, 24 PCAP programs were operating province-wide, including seven in First Nations communities. In the 2010/2011 fiscal year, the PCAP Council reported on several deliverables, including:

- **Training Opportunities:** Training for PCAP mentors and supervisors is paramount to ensure fidelity to the PCAP model. To make optimal use of limited resources, the PCAP Council encourages coordinated efforts to support training and supplemental funding options. In particular:

- The PCAP Council coordinated two training sessions with the PCAP model originator, Dr. Therese Grant from the University of Washington, as well as two training sessions on administering the Addiction Severity Index. The Council has also partnered with First Nations and Inuit Health (FNIH) to sponsor the next training session with Dr. Grant, which will be open to all Alberta programs.
- The PCAP Council drafted a chart of mandatory, recommended and suggested training for PCAP employees and developed a training schedule for the province.
- Data Collection and Reporting: The PCAP Council developed a PCAP program module outlining a standard for forms and data collection protocols which is under final revisions to encourage consistency in information collected and reported. FNIH funding has been secured to support the distribution of the completed program manual in the 2011/2012 fiscal year.

4.2 Assessment and Diagnosis

Adult Assessment and Diagnostic Clinic Project

Lead Ministry: Alberta Health and Wellness (AHW)

AHW identified that assessment and diagnostic guidelines have not been well established for adults suspected of FASD. In an effort to meet updated FASD-CMC guidelines¹⁰ which encourage service providers to offer assessment and diagnosis services across the lifespan, AHW initiated the Adult Assessment and Diagnostic Clinic project. The project includes four phases of work:

- Planning, Project Establishment, and Research/Reassessments: The project team is investigating existing models of adult assessment, identifying community linkages, establishing an advisory committee, and developing a diagnostic service model. The research project was initiated for three purposes: (1) to investigate change over time; (2) to investigate the impact of an early FASD diagnosis on quality of life; and (3) to inform the adult diagnostic process.

¹⁰ *The Assessment and Diagnosis of FASD Among Adults: A National and International Systematic Review* commissioned by PHAC (2011)

- Service Delivery and Evaluation: Service delivery goals aim for 10 adult assessments to be completed for the first year of the project and for 30 assessments to be completed in years 2 and 3 of the project.
- Evaluation of the Adult Assessment and Diagnostic Clinic: This project is currently underway and will incorporate formative¹¹ and summative¹² findings in order to guide the project's evolution.
- Contribution to Public Policy and Development of Training Materials: An end goal of the Adult Assessment and Diagnostic Clinic project is to contribute to Alberta policy on adult FASD assessment and diagnosis. In addition, the development of training, service delivery, and evaluation materials is slated for Year 3 of the project.

11 adults affected by FASD were recruited to participate in the research component of the project and 36 referrals for adult assessment are in progress.

4.3 Supports for Individuals and Caregivers

4.3.1 FASD Community of Practice Initiative

Lead Ministry: Alberta Human Services (formerly Alberta Children and Youth Services)

The FASD Community of Practice (FASD-COP) was held between 2009 and 2011 in five regions across Alberta through a partnership between the Faculty of Social Work (University of Calgary), the ministry's Research and Innovation Branch, and an FASD consultant. The aim of the project was to improve outcomes and placement stability for children and youth in care.

The project was founded on the belief that the application of promising practices such as respite, collaboration, training, and worker contact could improve the care and support of children with FASD in provincial government care. The project examined impacts on children,

¹¹ Formative evaluation is defined as a means of validating and ensuring the goals of the project are being achieved and to improve the project by identification and subsequent remediation of problematic aspects (Weston, McApline and Bondonaro (1995). Westin, C. McApline, L. and Bondonaro, T. (1995). A model for understanding formative evaluation in instructional design. Educational Technology Research and Development, 43(3), 29-46.

¹² Summative evaluation is defined as providing information on the project's efficacy, that it's the ability to do what it was designed to do. The focus is on the outcome (Bhola, 1990). Bhola, H. (1990) "Literacy for development " projects, programs and campaigns: Evaluation planning, design and implementation, utilization of evaluation results. Hamburg, Germany: UNESCO Institute for Education, p. 306.

their caseworkers and foster parents over 15 months in four Project Regions (n=98) and a Comparison Region (n=84).

Services were provided to 98 individuals in the four project regions. A final evaluation report was completed in 2011. Funding has been dedicated by the FASD-CMC to address the recommendations of the report, focused in three areas:

- Practice – As the implementation of promising practices is well aligned with the goals of the ministry, they should become standard casework practice.
- Policy – With the implementation of promising practices as standard, a cultural framework should be established to work with Aboriginal communities.
- Research – Establish prevalence rates as well as collect information to track children in care. Longitudinal (both short- and long-term) case studies should be developed in order to aid in establishing best practice.

What does it mean for Albertans?

The project found that when case workers, supervisors, and foster parents worked together there was greater placement stability, positive interactions at home, success in school, and reduced caregiver strain.

4.3.2 Community of Practice Grants

Lead Ministry: Alberta Seniors (formerly Alberta Seniors and Community Supports)

Alberta Seniors awarded grant funding to four agencies across the province providing FASD services to develop a community of practice to address service delivery, education and standards of practice in the field of FASD. Four FASD Communities of Practice met regularly across Alberta to develop shared values, language, and a collective focus on the unique service delivery challenges faced by individuals living with FASD.

4.3.3 Support Services for Adults

Lead Ministry: Alberta Seniors (formerly Alberta Seniors and Community Supports)

Alberta Seniors supported agreements for services to adults in all 12 FASD Networks across the province. Support services are provided to approximately 250 adults living with FASD with the goal of assisting the individual to meet their full potential.

4.3.4 Supports for Offenders Impacted by FASD

Lead Ministry: Solicitor General and Public Security (SGPS)

Seven programs provided supports for offenders living with FASD:

- **FASD Justice Support Project for Youth:** This project was initially established in Edmonton to provide assessment and case-conferencing for young offenders affected by FASD. It addresses the need for further assistance and resources, especially around sentencing and release. Case conferences were held for 10 young offenders in the 2010/2011 fiscal year. The project was expanded to Calgary in 2010/2011.
- **Beyond Trauma: A Healing Journey for Women:** The program explores the interrelationship of substance abuse, trauma and mental health, through three modules with a total of 11 sessions, including user workbooks. Resource materials have been purchased and the program will be adapted for clients in the correctional system
- **Courage to Change:** The program focuses on the use of interactive journaling as a method of changing criminal and substance abuse behaviours. Train the Trainer occurred in February 2011. The content has been adapted for offenders with FASD and the program will be implemented in young offender centres and youth attendance centres in 2011/2012.
- **Voices:** The program addresses the unique needs of adolescent girls and young women, encouraging them to seek and celebrate their “true selves” by providing a safe place, encouragement, structure and support to embrace their journeys of self-discovery. The program consists of four modules: Self, Connecting with Others, Healthy Living and the Journey Ahead. It is grounded in theory, research and clinical experience. The contents of the program have been adapted for the offenders with FASD and two young offender centres are implementing this program.
- **Specialized FASD Mentoring Program:** The program will assist in addressing homelessness and other significant issues faced by young offenders affected by FASD upon their release from custody. Catholic Social Services (CSS) has been contracted to implement the program. In 2010/2011 two mentors were hired to work with identified youth reintegrating into the community. The mentors have been meeting with offenders for initial assessment for the program, and a drop-in centre for the youth has been set up.

- Life Skills Program and Employment Transition: A life skills program targeting adult male offenders suspected of having FASD was developed by SGPS staff at the Peace River Correctional Centre and was delivered to 70 sentenced offenders. In addition, SGPS funded safety courses for 97 offenders to enhance their employability upon release from custody.
- Resource Materials: Resource materials specific to FASD needs in a correctional setting have been and will continue to be distributed to offenders and staff in adult and youth correctional centres, attendance centres, probation offices, and Sheriff's offices. The resources include topics such as parenting skills, employability, addictions, gang affiliation, and life skills.

What does it mean for Albertans?

Through transition programs, offenders report that they have been able to obtain employment immediately after release.

4.3.5 Employment Supports

Lead Ministry: Alberta Human Services (formerly Alberta Employment and Immigration)

Human Services provided funding to initiatives supporting individuals affected by FASD in both the Calgary and Northeast Region.

- Calgary Region: An employment placement service supported clients through an employability assessment, an individualized service plan, pre-employment skill training, job placement supports, and temporary on-the-job supports to get settled. The program also provided awareness and sensitivity training for employers.
- As of March 31, 2011, nine of 15 clients with FASD were placed in full- or part-time paid employment or are actively seeking employment. Three of the placed clients maintained employment for 180 days. Six clients have withdrawn from the program as a result of their significant barriers. Two new clients are currently being assessed to determine eligibility for the service.
- Northeast Region: Several planning sessions were arranged to complete transition plans with the members of the pre-employment group. The process supported clients in direction setting and identifying strengths, interests and employment possibilities. Of the 16 clients participating in the pre-employment program, eight were connected to employment. Additionally, one client was supported in discussing his dismissal with an employer and another position has been provided that meets his needs.

4.3.6 Wellness, Resiliency and Partnerships (WRaP) Coaching Demonstration Project

Lead Ministry: Alberta Education

Edmonton Regional Educational Consulting Services continued to support and expand the WRaP project in Alberta junior and senior high schools for the 2010/2011 school year. The WRaP project completed its second year of operation in June 2011.

109 students were supported by 10 success coaches in 16 schools across Alberta. The students were provided with one-on-one support from a success coach. Overall, the WRaP project demonstrated significant positive impacts for participating students and schools. FASD-affected students working with WRaP coaches are staying in school, completing and passing courses, setting and achieving personal goals, seeking and finding supports and services for healthy living, and participating in school and community activities. The relationship-based nature of the project was a significant contributor to achieving improved outcomes for students, their families, and the schools.

What does WRaP mean for Albertans?

- ***More students with FASD are staying in school and completing courses.***

84% of participating students' courses were completed and 78% completed the school year without a suspension.

- ***There has been a significant improvement in the behaviour and well-being of participating students.***

Behavioural and Emotional Rating Scale scores from teachers, parents, students and coaches increased over the course of the school year.

4.4 Research and Evaluation

4.4.1 Corrections and Connections to Community (3C) Research Project

Provincial Initiative

Alberta Seniors (formerly Alberta Seniors and Community Supports) and Alberta Health and Wellness provided funding for this project and Alberta Solicitor General and Public Security organized the facilities. The three ministries coordinated with the Occupational Performance Analysis Unit from the University of Alberta to develop the 3C project. The project used a collaborative approach to address the community integration challenges faced by male offenders with FASD being released from the Fort Saskatchewan Correctional Centre. The project was extended from 2008/2009 to 2010/2011. The final report, due in 2012, will provide

a more substantive description of adult inmates in Alberta suspected to have FASD and the necessary supports needed to successfully transition these adults to community post-release.

To date, 49 offenders have participated in the project. Bosco Homes provided transitional support functions including life skills training, recreation programming, Elder and psychological services, and assessment and diagnosis. A transitional support worker worked with each participant while they were incarcerated and continued contact with them throughout their re-integration into their community.

4.5 Training and Education

4.5.1 Supports and Services Council of Alberta

Provincial initiative

The Supports and Services Council of Alberta (SSCA) is a Community of Practice Council that functions in an advisory and guidance capacity. The SSCA is accountable to the broader community including the Alberta FASD Service Networks, individuals with FASD, their caregivers, and the FASD-CMC. The SSCA is dedicated to supporting FASD service and intervention model programs in Alberta, in order to ensure the best possible services are delivered to clients.

Systemic training of professionals and community members support them to work differently in helping to prevent FASD and toward supports and intervention for people who are already affected. Through training they create collaborative partnerships that are linked to provide “no wrong doors” for individuals with FASD and their families and caregivers. During 2010/2011, 212 participants took part in the training at six different sites.

4.5.2 Frontline Staff Awareness and Educational Programs

Lead Ministry: Solicitor General and Public Security

Funding was provided by SGPS to develop training materials and engage training staff. Training programs for SGPS staff, correctional workers, probation officers and Sheriffs covered a variety of topics including: an overview of what the ministry is doing with respect to FASD in collaboration with the FASD-CMC; the criteria for a diagnosis of FASD; the cognitive deficits associated with FASD; strategies to manage the behaviours of individuals with FASD in a custodial or community setting; and tools to work with clients with FASD who have addictions issues.

FASD Initiatives Training was provided to 888 participants. Of the participants surveyed, 86% felt the information provided increased their knowledge base of FASD and 90% reported that the content was applicable to their work.

4.5.3 Awareness Training for Staff/Aboriginal Service Delivery Partners

Lead Ministry: Alberta Human Services (formerly Alberta Employment and Immigration)

Human Services provided funding to engage trainers and purchase course materials to provide four awareness training sessions for 31 Employment and Immigration staff and 28 of their Aboriginal service delivery partners. The awareness training was provided in High Prairie, Coaldale, Calgary and Hobbema.

4.5.4 Clinical Pharmacists Initiative

Lead Ministry: Alberta Health and Wellness (AHW)

AHW engaged the Alberta Centre for Child, Family, and Community Research (ACCFR) to survey 566 practicing pharmacists and found that 75% of respondents felt they would benefit from increased knowledge of FASD and expressed willingness to distribute prevention materials. To meet this need, AHW and ACCFCR partnered to develop and implement an evidence-based FASD curriculum for pharmacy students at the University of Alberta.

A three-hour educational program was presented to University of Alberta pharmacy students in April 2011 as part of a piloting process to submit the final program for accreditation.

4.5.5 Lakeland Training Contract

Lead Ministry: Alberta Health and Wellness (AHW)

AHW contracted the Lakeland Centre for FASD to produce training and informational materials about FASD. In 2010/2011, Lakeland surveyed provincial FASD assessment and diagnostic clinic teams to identify challenges with regard to training needs and identify the need for other types of documentation to aid in improving assessment and diagnostic clinics.

In response to the survey, Lakeland developed:

- **An Assessment and Diagnostic Clinic Manual:** This manual is intended as a guide for assessment and diagnostic teams and outlines processes and procedures around all facets of a diagnostic clinic, the components of service delivery, and a guide for diagnostic team members to follow from prevention and intervention to diagnosis, case planning, and evaluation.

- Internet Resources for Assessment and Diagnostic Clinics: A comprehensive document that contains information specific to FASD assessment and diagnostic teams has been developed. Future work will look to provide training to the needs identified by the clinic teams.

4.5.6 Training for Individuals in the Service Industry

Lead Ministry: Alberta Gaming and Liquor Commission (AGLC)

AGLC provided funding to increase awareness of FASD in the food and drink service industry and on Alberta campuses.

AGLC has developed an accreditation and award program for bars, clubs and lounges called Best BarNone. This program encourages licensed establishments to offer free or reduced cost non-alcoholic beverages to pregnant patrons.

In the fall of 2010, AGLC partnered with Canada’s National Brewers and the Alberta Liquor Store Association on a campaign to develop and distribute FASD awareness posters to 1,200 liquor stores across Alberta and approximately 1,000 Class A Minors Prohibited licensed premises. Information about Motherisk (an organization supporting safe pregnancy) was provided in the campaign messaging. In addition, 188,000 coasters and 2,000 FASD awareness posters were distributed to post-secondary institutions across Alberta.

4.5.7 FASD Learning Series

Lead Ministry: Alberta Human Services (formerly Alberta Children and Youth Services)

The FASD videoconference series was introduced in 2007 to increase capacity to support those affected by FASD through educational programs that target a wide variety of urban and rural audiences.

In 2010/2011, 11 sessions were presented to a total of 1,239 individuals. Participants included parents/caregivers (15%), youth/young adults (1%), and service providers (84%), which included both health care professionals and educators.

What does the FASD Learning Series mean for Albertans?

- ***Better access to educational opportunities***

85% of participants surveyed indicated the content of the training was relevant to them.

- ***Greater ability to support individuals with FASD***

82% of participants surveyed felt they would be able to apply what they have learned from the sessions.

- ***Greater understanding of FASD***

88% of participants surveyed agreed or strongly agreed that their awareness of FASD increased.