



FETAL ALCOHOL SPECTRUM DISORDER (FASD)

Alberta's FASD Service Network Program: A New Model for FASD Prevention and Service Delivery

Alberta becomes a leader in FASD Prevention and Service Delivery

The Government of Alberta launched a cross-ministry initiative to develop a comprehensive coordinated response to FASD, resulting in the implementation of Alberta's FASD 10-Year Strategic Plan (2007-2017). Over the past five years, the foundation has been laid for Alberta's new model for FASD prevention and service delivery. Now in its sixth year, a system-wide FASD Service Network model has made Alberta a leader in the field, in Canada and internationally.

MAJOR ACCOMPLISHMENTS OF THE FIRST FIVE YEARS

- The Year 5 Evaluation established baseline data to support future evaluations.
- 366 clients accessed the Parent-Child Assistance Program (PCAP) in 2011/12, an increase of 430% from 2008/09. PCAP has proven to be an excellent model of wraparound service delivery.
- 659 Albertans accessed assessment services in 2011/12, an increase of 231% from 2008/09.
- 1,770 Albertans accessed FASD supports in 2011/12, an increase of 162% since 2008/09.
- The FASD Learning Series and FASD Annual Conference offer access to training and education based on research and leading practices.
- Alberta's FASD Service Network model engages stakeholders at the provincial, regional and local levels in strategic planning, networking and information exchange.
- Research and evaluation has informed FASD strategic planning, prevention activities and programming, and an inventory of Alberta-based research has been developed.
- The FASD 10-Year Strategic Plan has received \$16.5 million per year since 2008/09.
- Alberta's FASD Service Network model demonstrates that it is cost effective and is providing Albertans with a positive social return on investment.

Albertans understand that alcohol use during pregnancy can lead to FASD, that FASD can be prevented, and that FASD prevention is a shared responsibility.

85.7% of respondents were aware of FASD, and of these:

- More than 96% know that alcohol use during pregnancy causes FASD, that FASD can be prevented, and that the best way to prevent FASD is by not drinking alcohol when pregnant or when planning to become pregnant.
- 40% know someone with FASD, and 39% know of someone who cares for an individual with FASD.

Alcohol use during pregnancy is eliminated.

Note: the Parent-Child Assistance Program (PCAP) was evaluated to determine the effectiveness of programs designed to prevent FASD.

The Parent-Child Assistance Program (PCAP) is a three-year, home visitation intervention program implemented across Alberta for vulnerable women who have a history of alcohol and drug abuse and are at risk of giving birth to a child with FASD. For clients in the program over a period of 6 to 24 months, results indicated:

- A significant increase in time spent sober
- Dramatic increase in overall use of birth control
- Significant increase in the number of clients employed and a decrease in the number of clients receiving income support.

Adults, children, and youth suspected as being affected by FASD have access to timely and affordable diagnostic and assessment services.

- All multi-disciplinary assessment teams have members from at least five different disciplines.
- Clinics achieved an increasingly consistent standard of practice by following Canadian guidelines for general procedures and using the University of Washington's 4-Digit Diagnostic Code.
- Challenges include waitlists, lack of post-assessment support services, and a need for more co-ordination between agencies.

Individuals affected by FASD and their caregivers have coordinated access to support services to meet their needs.

- Co-ordination occurs at three levels: provincial, regional and local.
- Service delivery improvements achieved through collaboration include waitlist minimization, improved navigation of services and follow-up planning.
- A high rate of referral was documented, especially to mental health services, health care, income supports, and housing.
- Parent and caregiver surveys indicated a high degree of satisfaction with services received.
- Assessment clinics in Alberta need to collect data linking diagnosis to service access to provide a better measure of access.

Service providers and families/caregivers have knowledge of and access to training and educational resources that are based on research and leading practices.

- The FASD Learning Series was introduced in 2007, reaching more than 600 service providers a year through videoconferencing.
- When the FASD Learning Series was made available on the FASD Cross-Ministry Committee website, 24,355 hits were received in seven months, with viewers accessing videos mainly in the individual and caregiver categories.
- Annual attendance at the FASD Conference (from 2008 to 2011) ranged between 550 and 600 per year.

The planning and delivery of provincial government programs and services associated with FASD is accomplished through a collaborative approach.

- Tools needed to manage FASD Service Network operations and accountability at both the provincial and local levels have been developed and implemented over the first five years.
- Networks are in varying stages of organizational development.
- There is a well-developed annual funding model. A three-year funding model would provide FASD Service Networks with stability and support long term planning.

Mechanisms are in place to facilitate stakeholder engagement in the strategic planning process, and provide stakeholder opportunities for networking and information sharing.

The FASD Cross-Ministry Committee engages stakeholders in strategic planning at the provincial level, while the FASD Service Networks engage their stakeholders in needs assessment and business planning at the local level.

- 10 of the 12 Networks have conducted formal needs assessments with their stakeholders since 2007.
- Four of the Networks reported conducting their business planning in a collaborative manner that included stakeholders and broader community members.

Basic and applied research findings, including those from monitoring and evaluation systems, are used to inform FASD strategic planning, FASD prevention activities, and FASD related programming.

- An inventory of Alberta-based FASD research was developed. There has been growth in the clinical research pillar, followed by FASD research in the health, population, and basic pillars.
- FASD Service Networks need funding to participate in community-based research.



Desired Outcomes of the FASD 10-Year Strategic Plan

Key Findings of the Year 5 Evaluation

**Secondary disabilities
(adverse effects)
associated with FASD
and their impact on
Albertans is reduced.**

**The cost of FASD to
Albertans is reduced.**

In 2012, the Institute of Health Economics estimated:

- The annual total cost of FASD in Alberta to be about **\$927.5** million, which includes the cost of health, social, educational, and correctional services, as well as productivity losses and other costs.
- For each prevented case of FASD, Albertans save about **\$800,000**, which is the incremental or extra cost of FASD.
- The total monetary benefit of reduced occurrences of secondary disabilities (adverse effects) associated with FASD is estimated to be between **\$8.87 to \$17.73 million per year based on annual spending by the FASD Service Networks of \$6.12 million** on assessment, diagnosis and supports, excluding costs of PCAP. Secondary disabilities include school disruptions for children, unemployment for adults, mental health problems, crime and homelessness.
- Overall social return of the FASD Service Networks is estimated at **\$1.50 to \$2.90 for every \$1 invested**.
- Preventing FASD in 10 newborns per year pays for the current annual amount allocated to the FASD Service Networks.